

**SUMMER FOOD  
SERVICE  
PROGRAM 2026**

*Presented by*

*Louisiana Department of Agriculture and  
Forestry*

**ORDER INFORMATION**

SUMMER FOOD SERVICE PROGRAM

One Order Acknowledgement form will be mailed to your agency to cover the entire Summer Food Service Program. There will be no cancellation of the Order Acknowledgement. You will receive the Order Acknowledgement form by the first of the month. Please indicate the month you would like to receive your Order Acknowledgement for:

Month (**Check one**)

June

July

August

You have until the **last working day of the calendar month checked above to pick up your donated foods** at the warehouse. You will be responsible for storage costs after the last working day of the month, if commodities are not picked up. You will receive the warehouse address and telephone number at the time you receive your Order Acknowledgement. Contact the warehouse at least 24 hours prior to the time you plan to pick up your commodities. Please indicate the warehouse location that is most convenient for your program:

Warehouse (**Check one**)

Alexandria  
(Polar Bear)

Baton Rouge  
(LAFA)

Monroe  
(Robertson)

Chisesi

St. Martinville

**PRINT ALL INFORMATION BELOW**

SPONSOR'S NAME: \_\_\_\_\_ DATE OF APPLICATION: \_\_\_\_\_

SPONSOR'S ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PARISH: \_\_\_\_\_

NAME & TITLE OF CONTACT PERSON: \_\_\_\_\_

TELEPHONE: (\_\_\_\_) \_\_\_\_\_ FAX(\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ PARISH: \_\_\_\_\_

BEGINNING DATE OF SFSP: \_\_\_\_\_ TOTAL NUMBER OF SITES: \_\_\_\_\_

Mail Order Acknowledgement to the address below if different from the Sponsor's address:

<p><b><u>FOR STATE USE ONLY:</u></b>  <b>EST. NO. MEALS:</b> _____  <b>ENTITLEMENT:</b> _____  <b>CUSTOMER NUMBER:</b> _____  <b>FIELD SUPERVISOR:</b> _____</p>
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**FOOD DISTRIBUTION DIVISION**

**APPLICATION/ AGREEMENT**

**FOR DISTRIBUTION AND USE OF DONATED FOOD COMMODITIES**  
**SUMMER FOOD SERVICE PROGRAM**

Directions: (1) This Application, Order Information Form and Agreement (**pages 1-3**) **must be completed, signed and returned to the Louisiana Department of Agriculture and Forestry, Food Distribution Division. INFORMATION ON THE APPLICATION MUST MATCH INFORMATION SUBMITTED TO DEPARTMENT OF EDUCATION AND WILL BE VERIFIED THROUGH THEIR WEBSITE. ANY APPLICATIONS RECEIVED THAT DO NOT MATCH WILL NOT BE APPROVED.**

(2) To reduce mailing costs, do not return Agreement pages 4-9. When this agreement is approved, a copy of pages 1-3 will be returned for the files of the Recipient Agency.

NAME OF SPONSOR: \_\_\_\_\_

SPONSOR'S MAILING ADDRESS: \_\_\_\_\_

ZIP CODE: \_\_\_\_\_ PARISH: \_\_\_\_\_

SPONSOR'S TELEPHONE NUMBER: (        )                      FAX: (        ) \_\_\_\_\_

AUTHORIZED REPRESENTATIVE: \_\_\_\_\_

TITLE: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

PLEASE COMPLETE THE FOLLOWING:

1. Beginning and Ending dates of operations of the Summer Food Service Program:

FROM: \_\_\_\_\_ DATES TO: \_\_\_\_\_

2. Has the sponsor employed or contracted for the services of a food management company for the preparation of meals for its Summer Food Service Program?

(     ) YES                      (     ) NO

**If yes, according to Federal regulations, the sponsor is ineligible for commodity assistance under this program**

3. Did your agency receive \$500,000 or more to federal assistance either directly from the federal government or passed through a state agency during the period July 1, 2024 through June 30, 2025?

(     ) YES                      (     ) NO

Termination of this Agreement shall not affect the obligations of the Recipient Agency with respect to record keeping, audit, and administrative review.

This Agreement for Distribution and Use of Donated Food Commodities shall be effective on the date approved by the Director of the Food Distribution Division.

Complete Below:	FOR STATE USE ONLY
RECEIPIENT AGENCY:	DISTRIBUTING AGENCY: <b>Louisiana Department of Agriculture and Forestry</b>
<b>PRINT NAME OF AUTHORIZED PERSON FOR SUMMER FOOD SERVICE PROGRAM</b>	Mack Williams, Director of Distribution Program
SIGNATURE:	SIGNATURE:
DATE:	DATE:

This is to certify that the above-named authorized person is designated as the authorized representative of the public or private nonprofit organization named above.

Authority is given to the above designated representative to enter into written agreements on behalf of the public or private nonprofit organization with the Louisiana Department of Agriculture and Forestry, Food Distribution Division, for the operation of a Food Distribution Program. The authorized representative is hereby given full responsibility for all matters pertinent to the receipt, handling, storage, protection, accountability, and use of such donated food commodities, and the maintenance of all required records and reports incident thereto until such time as the Recipient Agency notifies the Louisiana Department of Agriculture and Forestry in writing of a change in the authorized person or official whose signature(s) appear on this Agreement.

SIGNATURE OF OFFICIAL (e.g., Superintendent of Schools, Mayor, Sheriff, President of Police Jury) OF PUBLIC OR PRIVATE NONPROFIT ORGANIZATION:

**PLEASE PRINT NAME OF OFFICIAL:**

**SIGNATURE:**

**TITLE:** \_\_\_\_\_

**DATE:** \_\_\_\_\_



LOUISIANA DEPARTMENT OF AGRICULTURE & FORESTRY  
Food Distribution Division

**DONATED FOOD COMMODITY  
REDONATION STATEMENT**

**DIRECTIONS:** This form should be completed in triplicate at the time of redonation of a commodity item to another eligible recipient agency. Prior approval for a redonation must be given by the Food Distribution Field Supervisor or Food Distribution Division as some categories of recipient agencies are not eligible for certain commodity items. The inventory of the recipient agency must also be considered. Copies of the Redonation Statement should be retained by both the donating and receiving agencies and the original should be sent to the Louisiana Department of Agriculture and Forestry's Food Distribution Division.

Name of Food Distribution Field Supervisor: \_\_\_\_\_

Date Approval Received: \_\_\_\_\_

The following donated food items have been redonated:

COMMODITY ITEM

QUANTITY

<u>COMMODITY ITEM</u>	<u>QUANTITY</u>

The reason for the redonation was:

- Excessive inventory
- Agency ceased participation in program on \_\_\_\_\_.
- Other. Explain \_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Donating Recipient Agency

\_\_\_\_\_  
Receiving Recipient Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

LOUISIANA DEPARTMENT OF AGRICULTURE AND FORESTRY  
FOOD DISTRIBUTION DIVISION

**ENDING INVENTORY / REDONATION STATEMENT**

**SUMMER FOOD SERVICE PROGRAM**

**DIRECTIONS:** Complete Part 1 or Part 2. Return to the State Office **within thirty (30) days** after the close of the program.

**PART 1.** I have no donated food inventory at the close of the program.

\_\_\_\_\_  
Name of the SFSP Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Title

**PART 2.**

**DIRECTIONS:** Prior approval for a redonation of a commodity item to another eligible recipient agency must be given by the Food Distribution Division Field Supervisor. This form must be completed in triplicate at the time of redonation. Copies of the Ending Inventory Statement must be retained by both the donating and receiving agencies and the original should be sent to the Louisiana Department of Agriculture and Forestry's Food Distribution Division.

Name of Food Distribution Field Supervisor: \_\_\_\_\_

Name of Approved Receiving Agency: \_\_\_\_\_

Date Approval Received: \_\_\_\_\_

The following donated food items have been redonated:

COMMODITY ITEM

QUANTITY

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Donating SFSP Agency

\_\_\_\_\_  
Receiving Recipient Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date





# REMINDER

- Department of Education must approve site
- LDAF Agreement must be submitted and approved.
  - **ALL** information **MUST** match DOE Website
- LDAF must review new sites before receiving product.
- Transfer of commodities from SFA to SFSP sites must be documented (attachment 2)
- Ending Inventory/Redonation Form **must** be submitted at the conclusion of your Summer Feeding Program
- David Ratner contact information:
  - (225)922-1329
  - dratner@ldaf.state.la.us