

**AGENCIES:  
WHEN PICKING UP  
ORDERS AND/OR  
SURPLUS, PLEASE  
BRING FREEZERS  
(ICE CHESTS),  
AND/OR BLANKETS  
FOR STORING THE  
PRODUCT.**

**THE WAREHOUSE**

<http://bit.ly/hpfbagencies>

HIGH PLAINS FOOD BANK

February 4, 2015 HIGH PLAINS FOOD BANK FOODLIST  
PHONE NUMBERS (806) 374-8562 TOLL FREE 1-800-774-8564

***Ordering times***

***8:30am to 11:00am***

***1:00pm to 2:30 pm***

***Closed for Inventory***

***February 26 & 27***



**PLEASE RETURN ALL BANANA BOXES, TOTES  
AND PALLETS TO THE WAREHOUSE  
OUT OF TOWN DELIVERIES PLEASE HAVE  
READY ON THE MORNING OF YOUR DELIVERY  
ATTENTION AGENCIES!!!!**

*IF YOU HAVE RECEIVED OUTREACH POSTCARDS FOR OUR SNAP (FOOD STAMP) PROGRAM, PLEASE DISTRIBUTE THEM! AS PARTNER AGENCIES, I ASK THAT YOU PLEASE DISTRIBUTE THE CARDS DIRECTLY TO THE CLIENTS, PLACE IN THEIR FOOD BOX, AND SEND WITH THEIR MEALS OR HOWEVER YOU INTERACT WITH THEM. THIS INFORMATION COULD HELP SOMEONE RECEIVE MUCH NEEDED ASSISTANCE THAT THEY WOULD NOT OTHERWISE RECEIVE. IF YOU NEED CARDS PLEASE LET ME KNOW. FOR THOSE AGENCIES WHO ARE DISTRIBUTING THE CARDS, I THANK YOU FOR YOUR SUPPORT. WITH THE HELP OF EVERY AGENCY, I CAN HELP MANY MORE PEOPLE. TOGETHER WE CAN MAKE A DIFFERENCE.*

*SINCERELY,*

*NELLIE RAMON, OUTREACH COORDINATOR*

Agencies on hold till reports received...no surplus product available  
If you have turned these in, please contact the office...thanks

**GRANTS WILL NOT GIVEN IF YOUR REPORTS  
ARE LATE AND YOU ARE ON HOLD!!**

***You can go online to HPFB and submit your agency  
report online...that is the easiest way. Please print a  
copy for your records and then hit submit.***

***If you don't receive a confirmation sheet, that means you didn't complete it.***

**September Agency Reports Due 10-15!!**

Greater Love Temple  
Skellytown Senior Enrichment

**October Agency Reports Due 11-15!!**

Greater Love Temple  
Iglesia  
Skellytown Senior Enrichment

**NOVEMBER AGENCY REPORTS DUE DECEMBER 15TH**

GREATER LOVE TEMPLE

**DECEMBER REPORTS DUE 1-15!!!!!!**

FIRST ASSEMBLY OF GOD OUTREACH PANTRY  
GREATER LOVE TEMPLE  
HOLY FAMILY MINISTRY CENTER  
IGLESIA BAUTISTA FUENTE VIVA  
KWAHADI HERITAGE INC  
MID-TULE VILLAGE  
OPPORTUNITY SCHOOL GRAND  
PARAMOUNT BAPTIST CHURCH RIVER ROAD CAMPUS  
Penecostal Temple Church of God in Christ  
SKELLYTOWN SENIOR ENRICHMENT

**AGENCIES ON HOLD FOR ACCTS PAYABLE:**

Amarillo Transitional Treatment Center

Services of Hope

Plainview Serenity Solutions

Catholic Charities

## **Attention:**

**Dear Agencies,**

**In preparing for a new year I will be doing an audit on our agency hardcopy files. I will be looking for some of these items and would like you to submit an up to date copy of the following. A current IRS determination letter where the address matches the address of the organization or a completed Church Qualifier Form (attached). Please submit these as soon as possible so that I can begin the New Year with our files audited and ready to go.**

**Thanks,**

**Edna Tucker Agency Relation Coordinator**

**High Plains Food Bank**

**815 S. Ross**

**Amarillo, TX 79120**

**Fax 806-371-7459**

Internal Revenue Service

Date: July 27, 2005

Department of the Treasury  
P. O. Box 2508  
Cincinnati, OH 45201

Person to Contact:  
Ms. K. Hilson 31-07340  
Customer Service Representative  
Toll Free Telephone Number:  
8:30 a.m. to 5:30 p.m. ET  
877-829-5500  
Fax Number:  
513-263-3756  
Federal Identification Number:  
75 [REDACTED]

[REDACTED]  
[REDACTED]  
**Example**

Dear Sir or Madam:

This is in response to your request of July 26, 2005, regarding your organization's tax exempt status.

In March 1997 we issued a determination letter that recognized your organization as exempt from federal income tax. Our records indicate that your organization is currently exempt under section 501(c)(3) of the Internal Revenue Code.

Our records indicate that your organization is also classified as a public charity under sections 509(a)(1) and 170(b)(1)(A)(vi) of the Internal Revenue Code.

Our records indicate that contributions to your organization are deductible under section 170 of the Code, and that you are qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Internal Revenue Code.

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely,

*Janna K. Skufca*

Janna K. Skufca, Director, TE/GE  
Customer Account Services

## Church Qualifier Form

The Internal Revenue Service uses 14 characteristics to determine whether an organization qualifies as a church. In accordance with this provision, the High Plains Food Bank has established a policy which requires that any church must certify that at least 9 (nine) of these characteristics are evidenced by their program. The characteristics are as follows: **Each item checked must be proven with copies of printed material from your church and submitted with your application.**

- \_\_\_\_ 1) A distinct legal existence *Example: Article of Incorporation filed with the State of Texas*
- \_\_\_\_ 2) A recognized creed and form of worship *Example: Cover Page and two pages of creed, copy of church bulletin*
- \_\_\_\_ 3) A definite and distinct ecclesiastical government *Example: Organization chart of parent organization as well as local church, indicating names and addresses of officials.*
- \_\_\_\_ 4) A formal code of doctrine and discipline *Example: Copy of cover and first three pages of document*
- \_\_\_\_ 5) A membership not associated with any other church or denomination *Example: Statement of mission, objectives and goals of the church signed by the pastor and three others*
- \_\_\_\_ 6) A distinct religious history *Example: If member of recognized association, a copy of the church bulletin; if not associated with other churches, a brief written history*
- \_\_\_\_ 7) A complete organization of ordained ministers ministering to congregations *Example: Church bulletin or other published document listing ministers*
- \_\_\_\_ 8) Ordained ministers elected after completing prescribed courses of study *Example: Appropriate documentation indicating ordination and courses of study*
- \_\_\_\_ 9) A literature of its own *Example: Copy of selected cover pages of appropriate literature*
- \_\_\_\_ 10) Established places of worship *Example: Copy of church bulletin*
- \_\_\_\_ 11) Regular congregations *Example: Copy of church bulletin*
- \_\_\_\_ 12) Regular religious services *Example: Copy of church bulletin*
- \_\_\_\_ 13) Sunday school for religious instruction of the young *Example: copy of church bulletin indicating times for Sunday School*
- \_\_\_\_ 14) Schools for the preparation of its ministers *Example: List of names and addresses of schools*

As the Pastor of \_\_\_\_\_ (church name), I certify that this organization meets the requirements indicated for identification as a church.

Signature of Pastor \_\_\_\_\_

Print or type name \_\_\_\_\_

Address \_\_\_\_\_, TX \_\_\_\_\_ (zip)

Date \_\_\_\_\_

Texas Commodity Assistance Program (TEXCAP)

Programa de Texas de Asistencia con Productos Básicos (TEXCAP)

Household Application for  
USDA Donated Commodities

Solicitud de productos  
básicos donados por el USDA

Section I — Application (to be completed by the household member)

Sección I. Solicitud (debe llenarla un miembro de la unidad familiar)

By signing below, I certify that: (1) I am a member of the household living at the address provided in Section II and that, on behalf of the household, I apply for USDA-donated commodities that are distributed through the Texas Commodity Assistance Program, (2) all information provided to the agency determining my household's eligibility is, to the best of my knowledge and belief, true and correct, and (3) if applicable, the information provided by the household's "Authorized Representative" (as named below or as authorized on a separate page) is also, to the best of my knowledge and belief, true and correct.

Al firmar a continuación, certifico que: (1) soy miembro de la unidad familiar que vive en la dirección que se da en la Sección II, y que solicito en nombre de la unidad familiar los productos básicos donados por el Departamento de Agricultura de Estados Unidos (USDA) y distribuidos por el Programa de Texas de Asistencia con Productos Básicos, (2) toda la información que le he dado al departamento que determinará si mi unidad familiar llena los requisitos del programa, es, a mi leal saber y entender, verdadera y correcta y (3) si es pertinente, la información presentada por el "representante autorizado" de la unidad familiar (como se asigna abajo o como se autoriza en otra hoja) también es verdadera y correcta a mi leal saber y entender.

Signature—Household Member  
Firma del miembro de la unidad familiar

Date/Fecha

Person authorized to act on behalf of household (optional)  
Persona autorizada para actuar en nombre de la unidad familiar (opcional):

Name of Authorized Representative/ Nombre del representante autorizado	Address of Authorized Representative/ Dirección del representante autorizado
---------------------------------------------------------------------------	---------------------------------------------------------------------------------

**Nondiscrimination:**

In accordance with federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call 202-260-1026, 1-866-632-9992 (toll free) or 1-202-401-0216 (TDD). USDA is an equal opportunity provider and employer.

Declaración de No-Discriminación. Esto explica qué hacer si usted cree que se le ha tratado injustamente. De acuerdo con la ley Federal y la política del Departamento de Agricultura, está prohibido que esta institución discrimine por motivo de raza, color, nacionalidad, sexo, edad o incapacidad.

Para presentar una queja por discriminación, por favor escriba a USDA, Director, Office of Adjudication and Compliance, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 o llame al 1-202-260-1026, 1-866-632-9992 (toll free) o 202-401-0216 (TDD). USDA no discrimina en sus programas y empleo.

Section II — Household Information (to be completed by the household member/authorized representative OR the recipient agency that is determining eligibility)

Sección II. Información sobre la unidad familiar (debe llenarla un miembro de la unidad familiar, el representante autorizado O la agencia beneficiaria que determinará la elegibilidad.

Name of Household Member/ Nombre del miembro de la unidad familiar	Number of Household Members/ Número de miembros de la unidad familiar
Residence/Mailing Address/Domicilio o dirección postal	
Household receives other assistance?/¿Recibe la unidad familiar otra asistencia? ..... Yes/Sí <input type="checkbox"/> No <input type="checkbox"/>	
If "Yes," what type of assistance?/Si contesta "Sí", ¿qué tipo de asistencia?	
Temporary Assistance to Needy Families (TANF)/ Asistencia Temporal a Familias Necesitadas	Supplemental Nutrition Assistance Program (SNAP)/ Programa de ayuda suplemental de la nutrición
Supplemental Security Income (SSI)/Programa de Seguridad de Ingreso Suplementario	Medicaid/ Medicaid
National School Lunch Program (NSLP)/ Programa Nacional de Almuerzos Escolares	Yes/Sí <input type="checkbox"/> No <input type="checkbox"/>



Total gross income\* (the amount before deductions) of all household members is:/  
Ingresos totales brutos\* (la cantidad antes de las deducciones) de todos los miembros de la unidad familiar son:

\$ \_\_\_\_\_  Per Year/ Por año  Per Month/ Por mes  Per Week/ Por semana

\* Farmers and self-employed persons may report NET income (the amount after expenses).  
\* Los agricultores y las personas que trabajan por cuenta propia pueden anotar los ingresos NETOS (la cantidad después de restar los gastos).

**Section III — Temporary Emergency Food Need (to be completed by the recipient agency only if the household is determined ineligible on the basis of Section II information)**

Is the household in need of temporary, emergency food assistance? ..... Yes No

**Section IV — Recipient Agency Documentation (to be completed by the recipient agency)**

Household is INELIGIBLE (Explain the reason for ineligibility in the Comments section below.)

Household is ELIGIBLE based on:

- Low Income (Enter Certification Period below; sign and date the form at the bottom.)
- Emergency Food Need (Describe emergency need in Comments section; enter Certification Period; sign and date the form.)
- Receipt of TANF (Enter Certification Period; sign and date the form.)
- Receipt of SNAP (Enter Certification Period; sign and date the form.)
- Receipt of SSI (Enter Certification Period; sign and date the form.)
- Receipt of Medicaid (Enter Certification Period; sign and date the form.)
- Receipt of NSLP free or reduced-price meals (Enter Certification Period; sign and date the form.)

**Certification Period:**

Beginning (Month/Year)	Ending (Month/Year)
------------------------	---------------------

**Comments:**

\_\_\_\_\_  
Signature—Recipient Agency Official

\_\_\_\_\_  
Date

**ATTENTION! ATTENTION! ATTENTION! ATTENTION! ATTENTION!**

**DO YOUR CLIENTS NEED APPLICATION ASSISTANCE FOR ANY OF THE FOLLOWING PROGRAMS?**

**SNAP (FOOD STAMPS)  
CHIP/MEDICAID  
MEDICAID FOR THE ELDERLY  
WOMEN'S HEALTHCARE  
MEDICAID FOR PREGNANT WOMEN  
TANF  
LONG TERM CARE  
MEDICARE SAVNGS PROGRAM**

**WE CAN HELP!**

**YOU MAY REFER CLIENTS DIRECTLY TO US OR YOU CAN SCHEDULE AN ON-SITE AT YOUR AGENCY TO ASSIST CLIENTS WHERE THEY ARE!**

**IF YOU ARE INTERESTED IN THIS SERVICE, PLEASE CALL:**

**NELLIE RAMON, OUTREACH COORDINATOR**

**806-374-8562**

**ALSO AVAILABLE FOR PRESENTATIONS AND COMMUNITY EVENTS AND/OR FAIRS.**

RURAL DELIVERY SERVICE SCHEDULE...PLEASE ALWAYS CHECK YOUR ORDER BEFORE OUR  
DRIVER LEAVES YOUR SITE!! TOLL FREE # 1-800-774-8564

INVENTORY FEBRUARY 26TH & 27TH		Orders before 11:00
TULIA/PLAINVIEW/QUITAQUE/KRESS	1/26/2015	2/2/2015
HEREFORD/FRIONA/DIMMITT/BOVINA	1/27/2015	2/3/2015
DUMAS/DALHART/STRATFORD	2/2/2015	2/4/2015
BORGER/SPEARMAN/FRITCH	2/3/2015	2/5/2015
QUANAHA/PADUCAH/CHILDRESS	2/4/2015	2/6/2015
CLARENDON/SHAMROCK/HEDLEY/ WELLINGTON/WHEELER	2/5/2015	2/9/2015
PAMPA/MCLEAN(I&f)/WHITEDEER/LEFORS	2/6/2015	2/10/2015
PERRYTON/LIPSCOMB CO	2/9/2015	2/11/2015
***DMD HALL***	2/10/2015	2/12/2015
VEGA/****DMD OLDHAM****	2/11/2015	2/13/2005
TULIA/PLAINVIEW/QUITAQUE/KRESS	2/12/2015	2/16/2015
PAMPA/GROOM/MIAMI/CANADIAN	2/13/2015	2/17/2015
DUMAS/DALHART/TEXLINE/HARTLEY	2/16/2015	2/18/2015
BORGER/SKELLYTOWN/FRITCH	2/17/2015	2/19/2015
QUANAHA/PADUCAH/CHILDRESS	2/18/2015	2/20/2015
CLARENDON/SHAMROCK/HEDLEY/ WELLINGTON/WHEELER	2/19/2015	2/23/2015
PAMPA/MCLEAN(TRINITY)/**DMD Armstrong**	2/20/2015	2/24/2015
***DMD BRISCOE***	2/23/2015	2/25/2015
<b>MARCH INVENTORY 30TH &amp; 31ST</b>		
TULIA/PLAINVIEW/QUITAQUE/KRESS	2/24/2015	3/2/2015
HEREFORD/FRIONA/DIMMITT/BOVINA	2/25/2015	3/3/2015
DUMAS/DALHART/STRATFORD	3/2/2015	3/4/2015
BORGER/SPEARMAN/FRITCH	3/3/2015	3/5/2015
QUANAHA/PADUCAH/CHILDRESS	3/4/2015	3/6/2015
CLARENDON/SHAMROCK/HEDLEY/ WELLINGTON/WHEELER	3/5/2015	3/9/2015
PAMPA/MCLEAN(I&f)/WHITEDEER/LEFORS	3/6/2015	3/10/2015
PERRYTON/LIPSCOMB CO	3/9/2015	3/11/2015
***DMD HALL***	3/10/2015	3/12/2015
VEGA/****DMD OLDHAM****	3/11/2015	3/13/2015
TULIA/PLAINVIEW/QUITAQUE/KRESS	3/12/2015	3/16/2015
PAMPA/GROOM/MIAMI/CANADIAN	3/13/2015	3/17/2015
DUMAS/DALHART/TEXLINE/HARTLEY	3/16/2015	3/18/2015
BORGER/SKELLYTOWN/FRITCH	3/17/2015	3/19/2015
QUANAHA/PADUCAH/CHILDRESS	3/18/2015	3/20/2015
CLARENDON/SHAMROCK/HEDLEY/ WELLINGTON/WHEELER	3/19/2015	3/23/2015
PAMPA/MCLEAN(TRINITY)/**DMD Armstrong**	3/20/2015	3/24/2015
**DMD HARDEMAN FOOD FOR FAMILIES**		3/25/2015

PO BOX 31803 AMA, TX 79120

FAX # 806-371-7459

E-MAIL: [reception@hpfb.org](mailto:reception@hpfb.org)

## Monthly Agency Report

All agencies are required to report numbers served for the month. The reports are due to be turned in by the 15<sup>th</sup> of the following month or agency will be put on suspension until report is turned in. Even if you had no activity for that month a report must be turned in with zeros filled in the blanks.

MONTH THAT IS BEING REPORTED \_\_\_\_\_

AGENCY # \_\_\_\_\_ AGENCY NAME \_\_\_\_\_

CITY \_\_\_\_\_ AGENCY SIGNATURE \_\_\_\_\_

*\*\*Please enter the agency name as we have it in our records, if agency name is different let us know so we can change your record in our system\*\**

**ON-SITE AGENCY:** Enter the total number of meals served. Then break down number of individuals by ethnicity. (Make sure each person is counted only 1 time no matter how many times they were served during that month!) For example: If you served 30 people 2 meals per day and you served meals 31 days that month, the total number of meals served that month would be 1860. (Take number of individual's 30 x number of meals 2 x number of days meals were served 31) Calculation:  $(30 \times 2 \times 31 = 1860)$

<u>Total Number of Individuals</u>	Caucasian	African American	Asian	Hispanic	American Indian	Other	<u>Total Number of Meals</u>

**PANTRY:** Enter the total number of families that you served for the month and then enter the number of individuals that made up those families broken down by ethnicity. (Make sure each family and individual are only counted once no matter how many times they received food during that month!)

<u>Total Number of Individuals</u>	Caucasian	African American	Asian	Hispanic	American Indian	Other	<u>Total Number of Families</u>

**Available Food List**

Product Storage: Product Storage is between Dry to Refrigerated

ORDERING TIMES ARE 8:30 AM TILL 11:00 AM AND 1 PM TILL 2:30 PM, M-F PICK UP HOURS ARE 8:00 AM TILL 11:30 AM AND PM TILL 3 PM, M-F NO AGENCY ACTIVITY ON THE LAST TWO WORKING DAYS OF EACH MONTH!!! 1-806-374-8562, toll free 1-800-774-8564 www.hpfb.org

**Warehouse: High Plains Food Bank**

ItemCode	Item Description	Unit Measure	Packing	Unit Weight	Service Fee/Lb	Selling Price	Agency Limit	Available Qty	Qty Ordered
<b>DONATED-DRY FOOD</b>									
<b>03-BEVERAGES</b>									
<b>05-CEREAL</b>									
10880	ASST CEREAL	CASE	ASSORTED	15.00	\$0.16	\$0.00		307	_____
12685	BOXED CEREAL ASST FLAVORS	CASE	12/13.5 OZ BOXES	15.00	\$0.16	\$0.00		219	_____
12696	CINNAMON CHEX CEREAL	CASE	2/1.4 OZ	3.00	\$0.16	\$0.00		41	_____
12532	CORN FLAKES	CASE	2/4# BAGS	8.00	\$0.16	\$0.00		394	_____
<b>06-MEALS/ENTREES/SOUP</b>									
<b>14-JUICES</b>									
12704	TANG ORANGE/PINEAPPLE JUICE	CASE	6/96 OZ BOTTLES	42.00	\$0.16	\$0.00		135	_____
<b>16-MIXED &amp; ASSORTED FOOD</b>									
<b>19-PAPER PRODUCTS - HOUSEHOLD</b>									
12701	CHINET ASST DINNER PLATES**LIMIT 5**	CASE	12 PACKS TO A CASE	23.00	\$0.16	\$0.00	5	183	_____
12703	CHINET COMFORT CUPS**LIMIT 5**	CASE	12/10 PACKS	8.00	\$0.16	\$0.00	5	4	_____
12702	STRONGHOLDER RED SOLO CUPS**LIMIT 5**	CASE	12/20 PACKS	5.00	\$0.16	\$0.00	5	94	_____
<b>21-PASTA</b>									
12608	MULTI-GRAIN ROTINI PASTA	CASE	2/10 LBS	20.00	\$0.16	\$0.00		4	_____
12616	MULTI-GRAIN ROTINI PASTA	CASE	2/10 LB	20.00	\$0.16	\$0.00		18	_____
<b>25-SNACK FOODS/ COOKIES</b>									
10876	ASST CHIPS	CASE	ASSORTED	6.00	\$0.16	\$0.00		244	_____
12588	ASST SNACK BOX	CASE	15 LBS ASST.	15.00	\$0.16	\$0.00		419	_____
<b>26-CONDIMENTS</b>									
12611	ASST IODIZED SALT	CASE	24/26 OZ	45.00	\$0.16	\$0.00		13	_____
<b>27-VEGETABLES(CANNED/DRY/FROZEN)</b>									
<b>DONATED-FROZEN FOOD</b>									
<b>15-MEAT/FISH/POULTRY</b>									
12432	WHOLE TURKEYS	CASE	2 TURKEYS	30.00	\$0.16	\$0.00		62	_____
<b>16-MIXED &amp; ASSORTED FOOD</b>									
12523	ASST FROZEN FOODS	CASE	35# ASST	35.00	\$0.16	\$0.00		367	_____
<b>DONATED-NONFOOD</b>									
<b>20-PAPER PRODUCTS - PERSONAL</b>									
<b>DONATED-REFR FOOD</b>									
<b>17-NON-DAIRY DAIRY PRODUCT</b>									
<b>PURCHASED-DRY</b>									

### Available Food List

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Warehouse: High Plains Food Bank

ItemCode	Item Description	Unit Measure	Packing	Unit Weight	Service Fee/Lb	Selling Price	Agency Limit	Available Qty	Qty Ordered
<b>PURCHASED-DRY (Cont'd)</b>									
<b>03-BEVERAGES</b>									
12487	#WATER	CASE	24/16.9 OZ BOTTLES	28.00	\$0.00	\$4.48		731	_____
<b>06-MEALS/ENTREES/SOUP</b>									
12541	#BEANS & FRANKS EZ OPEN CANS	CASE	24/7.75 OZ CANS	15.00	\$0.00	\$17.65		173	_____
12603	#BEEF STEW (POP TOP)	CASE	24/7.5 OZ	13.00	\$0.00	\$15.70		97	_____
12645	#BRYAN VIENNA SAUSAGES	CASE	48/4.75 OZ	16.00	\$0.00	\$25.20		225	_____
12379	#CHICKEN AND STARS SOUP	CASE	24/10.5 OZ CANS	18.00	\$0.00	\$11.95		78	_____
12402	#CHICKEN NOODLE SOUP	CASE	24/10.5 OZ CANS	19.00	\$0.00	\$11.95		83	_____
12318	#CREAM OF MUSHROOM SOUP	CASE	24/10.5 OZ CANS	18.00	\$0.00	\$13.75		12	_____
12600	#GREAT AMERICAN VEGETABLE SOUP	CASE	24/10.5 OZ	19.00	\$0.00	\$11.95		72	_____
12493	#MINI O'S WITH MEATBALLS	CASE	12/15 OZ CANS	9.00	\$0.00	\$7.95		13	_____
12602	#SOUTHGATE CHILI (POP TOP)	CASE	24/7.5 OZ	13.00	\$0.00	\$15.65		117	_____
12284	#SPAGHETTI & MEATBALLS	CASE	12/15 OZ	9.00	\$0.00	\$7.95		137	_____
12403	#TOMATO SOUP	CASE	24/10.75 OZ CANS	19.00	\$0.00	\$10.85		681	_____
<b>07-DAIRY PRODUCTS</b>									
12202	#BORDENS 1% SHELFSTABLE WHITE MILK	CASE	27/8oz	15.00	\$0.00	\$10.90		1,076	_____
12298	#MOO MATES SHELFSTABLE CHOCOLATE MILK	CASE	27/8OZ	16.00	\$0.00	\$11.70		134	_____
<b>10-FRUITS(CANNED-FROZEN-DRY)</b>									
12543	#APPLESAUCE CUPS	CASE	72/4 OZ CUPS	20.00	\$0.00	\$14.95		404	_____
12639	#CINAMON APPLE SAUCE CUPS	CASE	72/4 OZ CUPS	20.00	\$0.00	\$14.95		69	_____
12537	#DICED PEACH CUPS IN LIGHT SYRUP	CASE	12-4/4 OZ CUPS	12.00	\$0.00	\$23.95		332	_____
12640	#DICED PEACH CUPS	CASE	72/4 OZ CUPS	20.00	\$0.00	\$23.95		113	_____
12539	#TIPTON BRAND APPLESAUCE	CASE	12/24 OZ JARS	20.00	\$0.00	\$19.75		263	_____
<b>12-HEALTH/BEAUTY CARE</b>									
12622	#HERBAL BLEND SHAMPOO	CASE	12/12 OZ	11.00	\$0.00	\$10.70		23	_____
12635	#TOOTHBRUSH-INDIVIDUALLY WRAPPED	CASE	144 CT	2.00	\$0.00	\$16.35		15	_____
12648	#TOOTHPASTE W/TOOTHBRUSH	CASE	48 COUNT	26.00	\$0.00	\$34.35		199	_____
12597	#TOTAL SPORT MENS DEODORANT	CASE	24/2.25 OZ	5.00	\$0.00	\$16.25		201	_____
<b>13-CLEANING PRODUCTS</b>									
12595	#BEE SMART LAUNDRY DETERGENT	CASE	12/22 OZ	20.00	\$0.00	\$13.40		68	_____
12596	#ULTRA DISH DETERGENT	CASE	12/25 OZ	22.00	\$0.00	\$10.70		25	_____
<b>15-MEAT/FISH/POULTRY</b>									

**Available Food List**

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**Warehouse: High Plains Food Bank**

ItemCode	Item Description	Unit Measure	Packing	Unit Weight	Service Fee/Lb	Selling Price	Agency Limit	Available Qty	Qty Ordered
<b>PURCHASED-DRY (Cont'd)</b>									
<b>15-MEAT/FISH/POULTRY (Cont'd)</b>									
12654	#CANNED WHITE CHICKEN	CASE	24/5 OZ CANS	10.00	\$0.00	\$18.95		979	_____
<b>21-PASTA</b>									
12592	#BEEF SKILLET DINNER	CASE	12/5.60 OZ	12.00	\$0.00	\$6.95		99	_____
12590	#LASAGNA SIKILLET DINNER	CASE	12/6.40 OZ	12.00	\$0.00	\$6.95		128	_____
12591	#STROGANOFF SKILLET DINNER	CASE	12/5.60 OZ	13.00	\$0.00	\$7.95		170	_____
<b>24-RICE</b>									
12512	#BROWN BAG LONG GRAIN WHITE RICE	CASE	30/1 LBS	30.00	\$0.00	\$13.50		1,081	_____
<b>27-VEGETABLES(CANNED/DRY/FROZEN)</b>									
12414	#ARGO GREEN BEANS	CASE	24/14.5 OZ CANS	26.00	\$0.00	\$8.95		347	_____
12256	#INSTANT MASHED POTATOES	CASE	12/8OZ CARTONS	6.00	\$0.00	\$12.75		492	_____
<b>PURCHASED-FROZEN</b>									
<b>06-MEALS/ENTREES/SOUP</b>									
12652	#12" PEPPERONI PIZZA	CASE	10/33.77 OZ	25.00	\$0.00	\$19.95		350	_____
<b>15-MEAT/FISH/POULTRY</b>									
12508	#BEEF BOLOGNA	CASE	16/12 OZ	13.00	\$0.00	\$2.08		207	_____
12705	#HAM STEAKS	CASE	16/ .5 LB STEAKS	7.00	\$0.00	\$1.12		400	_____
12664	#LUNCHEON LOAF CHICKEN & PORK	CASE	12/6 OZ	5.00	\$0.00	\$8.50		106	_____
12674	#LUNCHEON LOAF-SPICED	CASE	12/6 OZ	5.00	\$0.00	\$8.50		219	_____
12312	#POPCORN CHICKEN	CASE	2/5#	10.00	\$0.00	\$5.50		360	_____
<b>PURCHASED-NON FOOD</b>									
<b>19-PAPER PRODUCTS - HOUSEHOLD</b>									
11852	#CUTLERY KIT(SPORK&NAPKIN)	CASE	1000/CASE	10.00	\$0.00	\$21.30		103	_____
<b>TEFAP-DRY</b>									
<b>04-BREAD &amp; BAKERY</b>									
11392	*LOW-FAT BISCUIT MIX	CASE	6/5# BAG	31.00	\$0.16	\$0.00		154	_____
<b>05-CEREAL</b>									
12677	*USDA CORN FLAKES	CASE	12/18 OZ	16.00	\$0.16	\$0.00		195	_____
12690	*USDA TOASTY O'S CEREAL	CASE	12/14 OZ	14.00	\$0.16	\$0.00		588	_____
<b>06-MEALS/ENTREES/SOUP</b>									
12400	*CANNED TOMATO SOUP	CASE	24/10.5 OZ CANS	19.00	\$0.16	\$0.00		167	_____
<b>21-PASTA</b>									
12383	*ELBOW MACARONI	CASE	24/1 # PKGS	26.00	\$0.16	\$0.00		591	_____

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#### Warehouse: High Plains Food Bank

ItemCode	Item Description	Unit Measure	Packing	Unit Weight	Service Fee/Lb	Selling Price	Agency Limit	Available Qty	Qty Ordered
<b>TEFAP-DRY (Cont'd)</b>									
<b>21-PASTA (Cont'd)</b>									
11381	*SPAGHETTI PASTA	CASE	12/32 OZ PKG	24.00	\$0.16	\$0.00		256	_____
<b>23-NON-MEAT PROTEIN</b>									
11223	*PINTO BEANS	CASE	12/2# PKG	24.00	\$0.16	\$0.00		102	_____
<b>25-SNACK FOODS/ COOKIES</b>									
12649	*USDA LION BRAND RAISINS	CASE	24/15 OZ	25.00	\$0.16	\$0.00		13	_____
<b>26-CONDIMENTS</b>									
12550	*VEGETABLE OIL	CASE	9/48 OZ BOTTLES	26.00	\$0.16	\$0.00		623	_____
<b>27-VEGETABLES(CANNED/DRY/FROZEN)</b>									
11222	*INSTANT MASHED POTATOES	CASE	12/1# PKGS	12.00	\$0.16	\$0.00		625	_____
11887	*USDA ARGO BRAND GREEN BEANS	CASE	24/15 OZ	28.00	\$0.16	\$0.00		246	_____
<b>TEFAP-FROZEN</b>									
<b>10-FRUITS(CANNED-FROZEN-DRY)</b>									
12439	*FROZEN BLUEBERRIES	CASE	12/2.5#	30.00	\$0.00	\$0.00		91	_____