



Date: _____ Initials: _____

Does your agency have a 501(c) (3) letter of determination from the IRS? ☐ Yes ☐ No

If yes, which one? _____

SERVICE INFORMATION

Geographic service boundaries (if any): _____

Client restrictions (if any): _____

How does your organization screen clients for eligibility? _____

Describe your intake process, and attach sample screening/intake forms: _____

Does your organization require income verification and/or client identification? Please explain: _____

Describe your record-keeping system: _____

Do you charge a fee or require clients to work or volunteer for services? ☐ Yes ☐ No

If yes, describe fee/work requirement system: _____

Do you have adequate transportation to pick up product from Food Bank? ☐ Yes ☐ No

Do you have regular pest control? If **Yes**, please provide company name: _____

If **No**, please state the method you use to control pest/rodent problems: _____

PANTRY PROGRAMS

(Complete if your agency distributes bags/boxes of food)

Days/Hours of Operation: _____

How many households are served: _____ Daily _____ Weekly _____ Monthly

How many total individuals in the above households: _____ Daily _____ Weekly _____ Monthly

How many days worth of food do you provide? _____

Is your pantry open for emergencies? ☐ Yes ☐ No

If yes, number to call: _____

How often may clients receive food? _____

ON-SITE MEAL PROVIDERS

(Complete if clients eat meals or snacks at your location)

Days/Hours of Operation: _____

What type of program (kitchen, shelter, rehab etc.)? _____

How many meals are served:

Breakfast: _____ Daily _____ Weekly _____ Monthly

Lunch: _____ Daily _____ Weekly _____ Monthly

Snacks: _____ Daily _____ Weekly _____ Monthly

Dinner: _____ Daily _____ Weekly _____ Monthly

Does your agency prepare meals on site? () Yes () No Use catered meals? () Yes () No

Is your agency licensed and inspected by the Board of Health? () Yes () No

If yes, what is your license number? _____

Describe kitchen facility: _____

STORAGE AREA

Is storage area secure and locked? () Yes () No

Describe dry storage area (size, shelves, cabinets, pallets, basement area, etc): _____

Indicate how many refrigerators and freezers your agency has:

_____ Residential refrigerators

_____ Commercial (reach-in or walk-in) refrigerators

_____ Chest freezers

_____ Upright freezers

_____ Commercial (reach-in or walk-in) freezers

Do you have thermometers in: () Dry storage area () Refrigerators () Freezers

Do you currently keep temperature logs? () Yes () No

Authorized people to **place food orders** at the Food Bank:

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

Authorized people to **pick up food orders** at the Food Bank (if different):

1. Name: _____ Phone: _____

2. Name: _____ Phone: _____

To the best of my knowledge the above information is correct.

Application completed by (please print)

Date

Signature of Agency Director

Date

Please Note: completion of this application does not guarantee membership. We reserve the right to refuse membership to agencies not meeting our criteria.