

Office Use Only

New Re-open

Agency # _____

Password: _____

Harry Chapin Food Bank of Southwest Florida
Partner Agency Application

REFERRAL SOURCE

Was the program a previous Food Bank Partner? No Yes If so, When? _____

How did you hear about the Food Bank?

Food Bank Website Radio Former Partner Agency Existing Food Bank Partner Agency Word of Mouth 211
 Other Community Organization (*specify*) _____

PLEASE ENTER INFORMATION ABOUT YOUR AGENCY

Agency Name: _____

Program Name: _____

(*If different from above*)

Program Site Address: _____ County _____

Billing Address: _____

(*If different from above*)

Primary Phone: _____ Secondary Phone: _____

Agency Contact: _____ Program Contact: _____

Email Address: _____ Email Address: _____

WHAT TYPE OF PROGRAM DO YOU OPERATE?

<input type="checkbox"/> Food Pantry	<input type="checkbox"/> Youth Services	<input type="checkbox"/> School Pantry
<input type="checkbox"/> Soup Kitchen	<input type="checkbox"/> Back Pack	<input type="checkbox"/> After School Program
<input type="checkbox"/> Group Home	<input type="checkbox"/> Senior Program	<input type="checkbox"/> Animal Rescue
<input type="checkbox"/> Shelter	<input type="checkbox"/> Day Care	<input type="checkbox"/> Internal Pantry

What are the days and hours of distribution? _____

How long has the food program been in existence? _____

Where does the food come from? _____

How does the community know about the program? Sign Word of Mouth Flyers Other _____

WHO DO YOU SERVE? (Estimate)

<input type="checkbox"/> Hispanics % _____	<input type="checkbox"/> Caucasians % _____	<input type="checkbox"/> Men % _____	<input type="checkbox"/> Other % _____
<input type="checkbox"/> Women % _____	<input type="checkbox"/> African Americans % _____	<input type="checkbox"/> Children % _____	<input type="checkbox"/> Seniors % _____
<input type="checkbox"/> Working Poor % _____	<input type="checkbox"/> SNAP % _____	<input type="checkbox"/> Homeless % _____	<input type="checkbox"/> Other % _____

Food Storage

How many refrigerators and/or freezers do you have? _____ Refrigerators _____ Freezers

Where is the food kept? (*shed, closet, etc.*) _____

How is the food stored?(*shelves, palettes, etc.*) _____

Is food kept secured? (*I.e. Locks, cameras*): _____

Who has access to the food storage area?

1) _____ **Title:** _____

2) _____ **Title:** _____

3) _____ **Title:** _____

Do you have at least one staff member or regular volunteer with a Food Handling Certificate? Yes No

If Yes, Expiration Date: _____

a) If No, Are you willing to obtain a certificate? Yes No

Do you have access to a computer and internet? Yes No

Do you have reliable transportation to pick up food? Yes No Type: _____

Do you have a regular pest control service? Yes No

If not, are you willing to engage a regular pest control service? Yes No

I hereby state that the information on this application is correct and that the organization/agency which I represent is a 501(c)3 non-profit or religious organization feeding the needy and not a private foundation.

Signing this application does not equate partnership.

Date: _____/_____/_____

Authorized Program Signature: _____

Print Name: _____

Attach a copy of your 501 (c) (3) IRS Letter of Determination **or** proof of Religious Institution, a list of your Board of Directors including addresses and phone numbers, and a copy of your pest control contract or recent invoices. Incomplete applications will not be processed.