



2020 Partner Agency Renewal Application

Date

Agency Number

Agency Name

- Agency Type**
- Pantry
 - Shelter
 - Soup Kitchen
 - Youth Program
 - Senior Program
 - Day Care
 - Residential Program
 - Rehab/Transitional Housing
 - Other

If other, please describe

Physical Location Address

City

State NY

Zip Code

Phone

Fax

- How will your agency submit payment of the annual \$35 partnership fee?**
- Please add the \$35 fee to our agency's next invoice (preferred)
 - Our agency will mail payment to FBST

501(c)(3) Sponsor Organization/Church

Name of Sponsor Organization

Executive Director/Pastor

Phone Number

Fax

E-Mail Address

Primary Agency Contact

Name

Mailing Address

Phone

Cell

E-mail Address

Secondary Agency Contact

Name
(Must be different from Primary Agency Contact)

Phone

Cell

E-mail Address

Order Contact

Name

Phone

Cell

E-mail Address

Delivery Contact

Name

Phone

Cell

E-mail Address

Monthly Statistics Contact

Name

Phone **Cell**

E-mail Address

Billing Contact

Name

Address

Phone **Cell**

E-mail Address

Food Recall Contact

Name

Phone **Cell**

E-Mail Address

Primary Food Safety Contact

Name

Phone **Cell**

E-mail Address

Food Safety Certified? Yes
 No

Secondary Food Safety Contact

Name

Phone **Cell**

E-mail Address

Food Safety Certified? Yes
 No

Partner Driven Pounds (PDP) Contact

Name

Phone **Cell**

E-mail Address

Coalition Meeting Contact

Name

Phone **Cell**

E-mail Address

PantryTrak Contact (if applicable – pantries only)

Name

Phone **Cell**

E-mail Address

Advocacy Contact

Name

Phone **Cell**

E-mail Address

Service Information

- Days of Operation** Monday
(Check All that Apply) Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday
 Other

Hours of Operation (where applicable)

Monday Hours

Tuesday Hours

Wednesday Hours

Thursday Hours

Friday Hours

Saturday Hours

Sunday Hours

Geographic Area Served

Population Served

Home deliveries offered Yes

No

If offered, please describe who receives home deliveries

Any Restrictions on Home Deliveries? (Explain)

How often can *all* clients receive food?
(Check all that apply)

Every Distribution

Once per Month

Once per Week

Emergency Basis

Other (describe)

Other Services Offered
(500 characters or less)

Meals Served (Meal Sites Only)

Breakfast

Lunch

Dinner

Snack

Maximum Occupancy
(Residential Programs Only)

Please complete one sheet for each program or location that receives food from the Food Bank.

To ensure the timely processing of your application, be sure to complete all sections.

For assistance, please contact the Food Bank at (607) 796-6061.

Thank you!