



# 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



# Partner Agency Renewal Application

## 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



# Partner Agency Renewal Application

## 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



# Partner Agency Renewal Application

## 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



# Partner Agency Renewal Application

## Service Information

---

**Days of Operation** (Check All that Apply)

Monday  
 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**

**Documentation Required by Clients to receive food.**



# Partner Agency Renewal Application

- 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!**