



388 Upper Oakwood Avenue Elmira, New York 14903
P: 607.796.6061 F: 607.796.6028 www.foodbankst.org

Prospective Partner Agency Application

Date: ____/____/____ Federal ID#: _____

1. Umbrella Organization/ Church:

Executive Director/ Pastor: _____

Phone: _____ Fax: _____ E-mail: _____

2. Program Name: _____ Type: _____

3. Physical Location

Address:

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____

4. Program Contact: _____

E-mail: _____ Phone: _____

5. Mailing Address:

City: _____ State: _____ Zip: _____

6. Billing Contact: _____

Title: _____

Billing Address:

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

7. Secondary Contact: _____

Title: _____ Phone 1: _____

Phone 2: _____ E-mail: _____

8. Order Contact: _____

Title: _____ Phone 1: _____

Phone 2: _____ E-mail: _____

9. Delivery Contact: _____

Phone: _____ E-mail: _____

10. Monthly Statistics Contact: _____

Title: _____ Phone 1: _____

Phone 2: _____ E-mail: _____

11. Food Safety Certified: _____

Title: _____ Phone 1: _____

Phone 2: _____ E-mail: _____

12. Food Safety Certified: _____

Title: _____ Phone 1: _____

Phone 2: _____ E-mail: _____

13. Advocacy Contact: _____

Title: _____ Phone 1: _____

Phone 2: _____ E-mail: _____

14. Food Recall Contact: _____

Title: _____ Phone 1: _____

Phone 2: _____ E-mail: _____

15. Service Information

Days & Hours of Operation:

Geographic Area Served:

Population Served: _____

Clients at or below 200% Poverty: _____

Meals Served: _____

Occupancy: _____

How does your agency determine eligibility? _____

Does your agency offer home deliveries? Yes No

16. How did you hear about the Food Bank?

17. Please describe your program & how Food Bank items will be utilized:

18. How long has your program been in operation? _____

19. Please describe the special features of your food distribution or meal program that have positive effects on people in need.

20. How will Food Bank membership improve your program?

21. Average number of people served monthly: _____

22. What are your main sources of food?

23. Do you charge any fees for your services? Yes No *If yes, please explain:*

24. Does this program charge for food? Yes No *If yes, please describe:*

25. Has someone who is regularly on site at your agency been certified in Food Safety Handling in the last five years? Yes No

Person(s) Certified: _____

Person(s) Certified: _____

Person(s) Certified: _____

Please attach a copy of the certificate.

26. Do you have a kitchen on site? Yes No (If no, continue to question #27)

a. Do you prepare meals on site? (If no, please continue to question #27)
Yes No

b. Has your kitchen ever been inspected by the Health Dept.?
Yes No

If yes, date of last inspection: _____

27. Please describe your food storage area(s):

28. Number of refrigerators: _____ Number of freezers: _____

29. Do you keep a record of clients served? Yes No

If yes, attach a copy of your intake sheet or describe:

30. What percentage of your food comes from the following sources?
(Your best estimate is fine)

Wholesale Club: _____ Supermarkets (Purchased): _____

Supermarkets (Donated): _____

Food Drives (Boy Scouts, Letter Carriers, Schools, etc.): _____

Food Rescue/ Gleaning (Farms, bakeries, cafes): _____

Discount Stores (Dollar Store, Aldi, etc.): _____

Restaurant Distributor (Maines, Sysco, etc.): _____

Other: (Please describe below):

31. Does your agency collaborate with other organizations in your community?

Yes No

a. If yes, what do you work together on?

Prospective Partner Agency Application Instructions

*Please make a copy of this sheet for each program that accesses the Food Bank.
e.g. if you have a soup kitchen and a pantry, you must fill out a separate application for each.*

1. **Umbrella Organization/ Church:** List your 501(c)(3) organization here.
Executive Director/ Pastor: The person responsible for the organization listed above. This is the person whose signature should also appear on the **Partner Agency Agreement**.

2. **Program Name:** What do you call your food program? **Type:** What type of food program do you have?

Choices:	Pantry	Emergency Shelter	Day Care
	Rehab/Transitional Housing	Community Meal	Afterschool Program
	Residential Program	Senior Program	Other (please describe)

3. **Physical Address:** The location where your food is stored and where our truck will deliver your order.

Phone: The number you give out to the public.

4. **Program Contact:** Name and e-mail address of the person who knows the most about the food program.

5. **Mailing Address:** Location where general mail is sent such as the Annual Agency Celebration invitation or Agency Newsletter.

6. **Billing Contact:** Name, address, and phone number of the person who should receive the monthly statements and who should be contacted regarding your account.

7. **Secondary Contact:** Name and e-mail address of the person who knows the most about the food program if the Program Contact is unavailable. The second in command.

8. **Order Contact:** Name, phone number, and e-mail address of the person who is responsible for placing food orders for this program.

9. **Delivery Contact:** Name and phone number of the person who is there to meet the truck if we deliver to your site.

10. **Monthly Statistics Contact:** Name, phone number, and e-mail address of the person who is responsible for submitting monthly statistics to the Food Bank.

11: **Food Safety Certified:** Name, phone number, and e-mail address of the person who is responsible for present at each distribution who also has a current Food Safety certification.

12: **Food Safety Certified:** Name, phone number, and e-mail address of the second person who is responsible for present at each distribution who also has a current Food Safety certification if the first person cannot be present.

13. **Advocacy Contact:** Name, phone number, and e-mail address of the person who will receive any Advocacy updates and be our pulse to the community to advocate for the needs of those we serve.

14. **Food Recall Contact:** Name, phone number, and e-mail address of the person who is responsible for handling food recall notifications from the Food Bank.

15. **Service Information:**

Days & Hours of Operation: If you are a residential program, write 24/7.

Geographic Area Served: Please be specific e.g. school district, zip code, city, county, etc

Population Served: Please be specific e.g. seniors, children ages 8 – 12, anyone in need, etc.

Meals Served (meal sites only): Programs that server meals should include which meals served.

B= breakfast, L= lunch, D= dinner, S=snack.

Maximum Occupancy (residential programs): What is the maximum number of residents your agency can accommodate at any given time?

Clients at 200% Poverty: Please give us your best estimate of the percentage of clients served by your program that are living at or below 200% of the Federal Poverty guidelines.

How does your agency determine eligibility: Please list any information gathered to determine whether an individual is eligible to receive services from your agency.