



4611 South 96th Street, Suite 112, Omaha, Nebraska 68127
www.savinggracefoodrescue.org
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Email: judy@savinggracefoodrescue.org

Date of Request _____

Name of Organization _____

Address _____

City _____ Zip _____

Telephone _____ Fax _____ E-Mail _____

Contact Person _____ Title _____

Name of Agency Director/Manager _____ Phone _____

Type and Description of Organization _____

501 (c) (3) tax-exempt Fed Tax ID Number _____

PLEASE INCLUDE A COPY OF YOUR 501 (C) (3)

Year Established _____ Residential _____ Non-Residential _____

Other Sources of Food Donations _____

What percent of your donated food supply do you anticipate Saving Grace will provide?

_____ 1-25% _____ 26-50% _____ 51-75% _____ 76-100%

Please continue on page 2

Recipient Agency Partnership Agreement

As a Saving Grace Recipient Partner Agency we understand that:

1. Saving Grace does NOT charge fees for food deliveries.
2. In order to support our deliveries, Saving Grace depends upon foundation and corporate funders who often require data on those we serve to substantiate the need for funding.

Therefore, as a recipient partner **we agree** to provide Saving Grace with demographic information – to the best of our knowledge – as well as provide annual survey feedback as requested.

Based upon your most recently completed fiscal year, please indicate the following:

Note: Please use annual numbers (not percentages) in all categories.

Number of unduplicated people served by your agency annually _____

Number of people receiving on-going services annually _____

Number of Gender/Age Served in Each Category Annually:

MEN: 18-30 _____ 31-49 _____ 50-64 _____ 65-74 _____ 75-84 _____ 85+ _____

WOMEN: 18-30 _____ 31-49 _____ 50-64 _____ 65-74 _____ 75-84 _____ 85+ _____

CHILDREN: 0-6 _____ 7-13 _____ 14-17 _____

TOTAL MALE CHILDREN _____ **TOTAL FEMALE CHILDREN** _____

Number of Race/Ethnicity in Each Category Annually:

Anglo _____ Asian/Pacific Islander _____ African American _____

Hispanic _____ Native American _____ Others _____

Number of clients (or family units) living at or below 100% of the Federal Poverty Level _____

We also certify that we will not sell, offer for sale, transfer or barter any of the food provided by Saving Grace that we have adequate refrigeration and food preparation/storage capabilities, and that we will not deny food provided by Saving Grace on the basis of race, creed, national origin, religious affiliations, gender, sexual preference, age or handicap.

Signature _____

Date _____

Printed Name & Title _____

FOR SAVING GRACE OFFICE USE ONLY

Major Crossroads:

Date of Saving Grace Initial Visit: _____ **By:** _____