

Application for Nonprofit Food Recipient

Date of Request : _____

Name of Organization : _____

Address : _____

City, State : _____ Zip Code : _____

Food Delivery Contact : _____ Title: _____

Phone Number : _____ E-Mail : _____

Preferred Contact Method : ☐ Email ☐ Phone (Call) ☐ Phone (Text)

Organization Director/Manager : _____ Title: _____

Phone Number : _____ E-Mail : _____

Marketing Contact : _____ Title: _____

Phone Number : _____ E-Mail : _____

Marketing Information

Website address : _____

Facebook address : _____

LinkedIn address : _____

X (Twitter) address : _____

Instagram address : _____

Mission Statement : _____

Brief Description of Program(s) : _____

How many unique individuals did you provide food assistance to last year (estimate if not tracked) : _____

How many people do you provide food assistance to per month (estimate if not tracked) : _____

501(c)3 tax-exempt Fed Tax ID number (please include copy of IRS determination letter) : _____

Years in Operation : _____ ☐ Residential ☐ Non-Residential

Current Sources of Food Donations : ☐ Food Bank ☐ Individuals ☐ Business or Producers (please list) : _____
☐ Other : _____

Food is distributed to our partners between 10:00 am and 1:00 pm. What days would you be able to accept a food distribution? (Mark all that apply)

☐ Monday ☐ Tuesday ☐ Wednesday ☐ Thursday ☐ Friday ☐ Weekend (special occasions)

What is your capacity to safely handle perishable food? (Mark all that apply)

- ☐ We have a refrigerated vehicle that could pick up perishables from a business.
- ☐ We have staff or volunteers who could unload a delivery of perishable food at our location.
- ☐ We can distribute it or serve it on the same day we receive it.
- ☐ We have a refrigerator to store food for a short time.
- ☐ We have a freezer to freeze perishable food that we can't distribute immediately.
- ☐ We can accept large amounts of prepared food (ex. catering).
- ☐ We can accept large amounts of prepared food and break it down into smaller portions for distribution.

Applicant Signature : _____ Date : _____

Office Use Only (Saving Grace Complete)

1. Food Recipient Category:

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Pantry | <input type="checkbox"/> On Site Meals | <input type="checkbox"/> After School Programs |
| <input type="checkbox"/> Church | <input type="checkbox"/> Senior Center | <input type="checkbox"/> Transitional Living | <input type="checkbox"/> Health Center/Clinic |
| <input type="checkbox"/> Community Civic and Social Network | | | |

2. Status : _____ Wait List _____ On-boarded with signed MOU

3. Scheduled : _____ Monday _____ Tuesday _____ Wednesday _____ Thursday _____ Friday

4. Notes : _____

Submitted by : _____ Date : _____