

Partner Agency Application

Organization Information

Name of Organization _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

Address of Pantry/ Distribution Location _____

City _____ State _____ Zip Code _____

Director/Pastor Name _____ Phone _____

Director/Pastor Email _____

How long has your organization been in operation? _____

Have you been a past FSEVA Partner Agency? YES ___ No ___

- If yes, list the year(s) and old agency acct. number _____

Does your organization possess a 501(c) 3/Public Charity Status? Yes ___ No ___

*If yes, submit copy of IRS Determination letter with application.

Key & Authorized Personnel

Organization Point of Contact Name _____

Phone _____ Email _____

Authorized Shoppers

List up to 4 people who are authorized to pick up and/or order food product from FSEVA on behalf of your organization:

1.) Name _____ Phone _____

2.) Name _____ Phone _____

3.) Name _____ Phone _____

4.) Name _____ Phone _____

How many staff/volunteers help you operate your food program?

Staff: _____ total weekly hours: _____

Volunteers: _____ total weekly hours: _____

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Organization Services & Client Information

Please describe your organization's purpose and/or mission statement:

Please define the geographic area your organization serves:

Please check the program(s) that is reflective of the service(s) you offer:

Pantry Soup Kitchen Shelter Other _____

How does your organization notify the public about your food program?

Signs on property Website Radio Newspaper Social Media

Other _____

Who are your clients?

Are the clients you serve considered low income and/or participating in government assistance programs?

Yes No

Check clients served by your organization:

Children Only (birth – 18) Household and/or Families Seniors only (60+)

Client Demographic:

% African American % Asian % Caucasian % Hispanic % Other

% American Indian or Alaskan Native % Native Hawaiian or Pacific Islander

Please list non-food services your organization provides to clients:

Clothing Rental Assistance Utility Assistance Bus Passes

SNAP Outreach Life Classes After Schools Activities other _____

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Finances

How is your food program funded? Check all that apply:

Donations Events/Fundraisers Grants Organization Budget Food Drives

Other _____

Of the above funding methods, how often did you conduct/apply during the last fiscal year?

of Grants applied for # of Events/Fundraisers conducted #of Food Drives conducted

Explain how you conduct outreach and raise awareness for private donations:

What will be your annual budget for your food program? \$ _____

Please break down by % your anticipated food resources to support your program:

- % Food Drives & Food Donations
- %Foodbank of Southeastern Virginia and the Eastern Shore
- % Food Rescue (donated product picked up from local retailers)
- % Retail (Purchased from local retailers)
- % **Total of all above percentages to equal 100%**

Outreach and Media

Please check all forms of outreach that apply:

Organization website address: _____

Facebook Twitter Instagram Snapchat Other _____

Are you currently using a data base for client intake/tracking? Yes No

If yes, which system are you currently using? _____

Are you willing to implement our database Link2Feed? Yes No

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Food Storage and Transportation

Building facility type. Please check the one which best describes your facility:

Church Business School Residential Program School

Other _____

Name on the building/facility: _____

If School, list name of School and District: _____

Pest Control Company Name: _____

Food Storage Information

Will food products be stored in a locked area/cabinet? Yes No

Dimensions of dry storage: Height _____ x Length _____ x Depth _____

_____ Total # of Freezers _____ # Chest _____ # Upright _____ # Walk In

_____ Total # of Refrigerators _____ # Upright _____ # Walk In

_____ Total # of Shelving Units _____

Does your organization have freezers blankets and/or coolers? Yes No

If yes, how many? # Freezer Blanket(s) # Cooler(s)

Does your organization have its own designated parking lot? Yes No

If yes, size: _____ ft. x _____ ft. Paved? Yes No

What type and how many of each of the following vehicles does your organization have for food product transport?

_____ Car/SUV _____ Pick Up _____ Box Truck _____ Van

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“On Site” Feeding Program

If clients are consuming food product “on site “in the form of hot/cold meals or snacks, please complete the section below:

Is an on-site feeding program currently in operation? Yes No

Do clients contribute a fee in which to partake in the meal? Yes No

If ‘Yes’ please explain:

What types of meals are being consumed? Check all that apply:

Hot Meal Cold Meals (Packaged) Snack Other _____

Which days and hours will you serve meals?

	Snack	Breakfast	Lunch	Dinner	Frequency
	List Hours of Distribution				
<i>Example</i>			11:30- 12:30		<i>Weekly</i>
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

How many clients, on average, will be fed at each serving period?

_____ Snacks _____ Breakfast _____ Lunch _____ Dinner

Has the Health Department inspected your facility? Yes No

If ‘YES’, date of last inspection: _____

****Please submit a copy of last inspection form with this application. ****

Name of person in charge of food preparation: _____

Do any/all of the food prepares have a Food Handler/ Food Managers card/certification on file? Yes No

Name: _____ Date of expiration: _____

Name: _____ Date of expiration: _____

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**** Please submit copies of Food Handlers/Food Managers certification(s). ****

Supplemental/ Emergency Food Pantry

If clients are receiving food product to take home for preparation and consumption, please complete this section.

Is a food pantry program currently in operation? Yes No

If yes, since when? _____

Which Days and Hours will clients be able to receive food assistance?

	List Hours of Distribution			Frequency
	Morning	Afternoon	Evening	
<i>Example</i>			<i>6PM- 8PM</i>	<i>Weekly</i>
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

How often may a client access your food pantry? _____

What are you eligibility guidelines? _____

What percentage of your clients are low-income and/or eligible for government assistance? _____ %

Approximately how many households a month do you serve? _____

Approximately how many days of food supply is provided to each household per visit? _____

What method of distribution do you use to serve your clients? Please check the one that applies:

Client Choice- (Clients are able to choose ALL items they receive.)

Premade boxes/bags- (Clients are handed a box/bag of pre-packaged food products- no choice or ability to express dietary needs or preferences.)

Combination of Client Choice/Premade boxes/bags- (A combination of both styles.)

Other Method: _____

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TO BE COMPLETED BY ALL APPLICANTS

How did you hear about the Foodbank of Southeastern Virginia and the Eastern Shore?

Check all that apply:

FSEVA website FSEVA Social Media

Referral who? _____

Other _____

Please check FSEVA programs your organization would be interested in Partnering with:

- Partner Agency
 - Sponsored Mobile Pantry
 - Kids Café
 - USDA/TEFAP
 - CSFP
-

By signing below, we agree that the information provided is complete and accurate to the best of our knowledge:

Organization Director- Print Name _____ Email _____

Signature of Director _____ Telephone _____

Organization Point of Contact- Print Name _____

Signature of Contact _____

Email: _____ Phone: _____

Please ensure you have completed, signed and included the following documents:

- Completed Application with all required signatures
- Copy of your 501c3 letter
- Health Permit/ Inspection Letter (when applicable)
- Copy of all Food Handlers/ Food Managers Cards (when applicable)