



## MEMBER AGENCY APPLICATION

GENERAL INFORMATION		
PROGRAM NAME:		
SITE ADDRESS:	CITY:	ZIP CODE:
PROGRAM'S CONTACT:	CONTACT PHONE NUMBER:	
SPONSORING AGENCY:		
SPONSOR ADDRESS:	CITY:	ZIP CODE:
SPONSOR'S CONTACT:	SPONSOR PHONE NUMBER:	
TAX EXEMPT NUMBER:	LIABILITY INSURANCE:	
BUSINESS ADDRESS:	CITY:	ZIP CODE:
BUSINESS CONTACT:	BUSINESS PHONE NUMBER:	
GEOGRAPHICAL AREA SERVED:		
PRINCIPAL FUNDING SOURCE:		
FOOD PLANNING, STORAGE & PREPARATION		
IF THE FOOD WILL BE STORED OR PREPARED, DESCRIBE THE FACILITIES YOU WILL BE USING*:		
NAME OF PERSON RESPONSIBLE FOR FOOD UPON ARRIVAL AT YOUR FACILITY:		
NAME OF PERSON/PEOPLE FROM YOUR PROGRAM WHO WILL BE PICKING UP FOOD (MAXIMUM 3)**:		
NAME OF PERSON FILLING OUT THIS APPLICATION:		
PLEASE BE SURE TO INCLUDE THE FOLLOWING WITH THIS APPLICATION:		
<ul style="list-style-type: none"> <li>● Signed Agreement</li> <li>● Copies of current licenses/health permits</li> <li>● Signed Authorized Voter Form</li> <li>● Proof of Liability Insurance</li> <li>● Copy of IRS Nonprofit Letter</li> <li>● Member Agency Application</li> </ul>		

\* SECOND HARVEST FOOD BANK or its designee, will monitor all food handling and storage facilities, and program records will also be reviewed every two years.

\*\* Each member agency has an authorization card at SECOND HARVEST FOOD BANK. Names may only be added or deleted from this authorization card by delivering a letter to SECOND HARVEST FOOD BANK. Only authorized representatives are allowed to pick up food.

## PROGRAM INFORMATION

Food obtained from SECOND HARVEST FOOD BANK must be used to feed the ill, needy and/or children. SECOND HARVEST FOOD BANK provides three types of food assistance programs:

- **Emergency Food Pantry**—Provides groceries on a one-time or short-term assistance
- **Supplemental (Brown Bag) Food**—Provides a supplement to other resources
- **On-Site Feeding**—Cooking and serving meals to clients

Unless your organization operates more than one of the above programs, you are only required to fill out the section below that pertains to you.

### Emergency Food Pantry Program

WHAT TYPE OF FOOD PROGRAMS DO YOU OPERATE, INCLUDING KITCHEN AND DINING FACILITIES?

NUMBER OF PEOPLE YOU SERVE IN AN AVERAGE MONTH:	HOW OFTEN CAN PEOPLE RECEIVE FOOD FROM YOU?
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DO YOU LIMIT WHO CAN RECEIVE FOOD FROM YOU? <input type="checkbox"/> YES <input type="checkbox"/> NO	IF YES, IN WHAT WAY?	DO YOU PROVIDE A 3-DAY SUPPLY? <input type="checkbox"/> YES <input type="checkbox"/> NO
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DESCRIBE THE FOOD IN ONE OF YOUR EMERGENCY FOOD BAGS:

DESCRIBE YOUR PANTRY AND HOW IT OPERATES:

HOW DOES A CLIENT CONTACT YOUR PROGRAM?

CAN THE **SECOND HARVEST FOOD BANK** HOTLINE REFER CLIENTS TO YOUR PROGRAM?  
 YES  NO

### Supplemental Food Program

WHAT TYPE OF FOOD PROGRAMS DO YOU OPERATE, INCLUDING KITCHEN AND DINING FACILITIES?

HOW OFTEN DO YOU DISTRIBUTE? <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other:	LIST DAY AND TIMES OF DISTRIBUTION:
NUMBER OF PEOPLE YOU SERVE IN AN AVERAGE MONTH:	IF YOU DISTRIBUTE MONTHLY, DO SAME PEOPLE RECEIVE? <input type="checkbox"/> YES <input type="checkbox"/> NO

DESCRIBE THE FOOD IN ONE OF YOUR SUPPLEMENTAL BROWN BAGS:

DESCRIBE WHERE AND HOW YOU ASSEMBLE THE FOOD BAGS, AND HOW THEY ARE DISTRIBUTED:

HOW DOES A CLIENT CONTACT YOUR PROGRAM?

CAN THE **SECOND HARVEST FOOD BANK** HOTLINE REFER CLIENTS TO YOUR PROGRAM?  
 YES  NO

## On-Site Feeding Program

WHAT TYPE OF FOOD PROGRAMS DO YOU OPERATE, INCLUDING KITCHEN AND DINING FACILITIES?

PLEASE CHECK CATEGORY(IES) THAT APPLY TO YOUR PROGRAM:

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> <b>Day Care</b>     | <input type="checkbox"/> <b>Foster Care</b>  | <input type="checkbox"/> <b>Rehabilitation</b> |
| <input type="checkbox"/> <b>Recreational</b> | <input type="checkbox"/> <b>Group Home</b>   | <input type="checkbox"/> <b>Foster Care</b>    |
| <input type="checkbox"/> <b>Seniors</b>      | <input type="checkbox"/> <b>Soup Kitchen</b> | <input type="checkbox"/> <b>Other:</b>         |

NUMBER OF PEOPLE SERVED:

HOW MANY DAYS PER WEEK?

HOW MANY WEEKS PER YEAR?

WHICH MEALS ARE SERVED?

- Breakfast**   
  **Lunch**   
  **Dinner**   
  **Snack**

NAME OF PERSON RESPONSIBLE FOR MEAL PREPARATION:

DESCRIBE A SAMPLE MENU FOR BREAKFAST:

DESCRIBE A SAMPLE MENU FOR LUNCH:

DESCRIBE A SAMPLE MENU FOR DINNER:

DESCRIBE A SAMPLE MENU FOR A SNACK:

PREPARED BY:

DATE:

**Return completed application to:**

**Second Harvest Food Bank**  
**800 Ohlone Parkway**  
**Watsonville, CA 95077-0990**