SECOND HARVEST FOOD BANK SANTA CRUZ COUNTY
Member Agency Application

I.      GENERAL INFORMATION

Name of program: _____

Site Address: _____      City: _____ Zip: _____

Program Contact: _____      Phone: _____

Mailing Address: _____      City: _____ Zip: _____

Email:_____ .

Sponsoring Agency: _____

Sponsor Address: _____      City: _____ Zip: _____

Sponsor Contact: _____ Phone: _____

Tax Exempt #: _____      Liability Insurance: _____

Business Address: _____ City: _____ Zip: _____

Business Contact: _____ Phone: _____

Geographical area served: _____

Principal funding source for your program: _____
_____

**If the food will be stored or prepared, describe the facilities you will be using.  [Note: The Food Bank, or its designee will monitor all food handling and storage facilities, as well as program records of each program, at least once every two years.]**

_____
_____

Who will be responsible for the food when it arrives at your facility? _____

Who will be picking food up at the Food Bank for your program (3 people maximum)?

_____
_____

**Note: This is very important!  You will have an authorization card at the Food Bank.  Names may only be added or deleted by mailing or delivering a letter to the Food Bank.  Only authorized representatives will be able to pick up food.**

Name of person filling out the application: _____

Please be sure you have included the following:

☐ Signed Agreement                              ☐ Proof of liability insurance policy

☐ Copies of all current licenses &/or health permits          ☐ Copy of IRS nonprofit letter

☐ Signed Authorized Voter Form          ☐ Member Agency application

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The following pages ask for information about 3 different kinds of food assistance programs.

**A. Emergency Food Pantry Assistance Program**
**B. Supplemental (Brown Bag) Food Program**
**C. On-Site Feeding Program**

Unless your organization operates more than one food assistance program you only need to complete the section that pertains to your program.

II.     PROGRAM INFORMATION
[Please feel free to attach extra pages if necessary to give detailed information. Answer only the questions that apply to your program.]

**Food obtained from the Food Bank must be used to feed the ill, needy and/or children.**

What type of food programs do you operate? Please include all appropriate information such as kitchen and dining facilities.

A.     Emergency Food Pantry Program (providing groceries to those in need of onetime or short-term assistance)

How many people do you serve in an average month? _____
How often can people receive food from your pantry? _____

Do limit who can receive your service?     ☐ Yes          ☐ No
        If yes, in what way? _____
What foods might be in one of your emergency food bags? [Please describe.] _____

Do you attempt to provide a 3-day supply?     ☐ Yes ☐ No

Describe your pantry and how it operates: _____

How would a client contact your program? _____

Would you be willing to allow the Food Bank Community Food Hotline to refer clients to your program?   ☐ Yes        ☐ No

B.      **Supplemental Food Program (Brown Bag Program that provides a supplement to other resources)**

How often do you distribute? ☐ Weekly    ☐ Biweekly  ☐ Monthly  ☐ Other _____

Please give day and times: _____

If you distribute more once a month, do the same people receive service each time?

        ☐ Yes        ☐ No

How many people do you serve in an average month? _____

What might be in one of your supplemental brown bags? [Please describe.]

_____

_____

Describe where and how you assemble the food bags and how they are distributed.

_____

_____

_____

How would a client contact your program? _____

Would you be willing to allow the Food Bank Community Food Hotline to refer clients to your program? ☐ Yes ☐ No

C.      **On-Site Feeding Program (cooking and serving meals to clients)**

        Please check the appropriate category(ies): ☐ Day Care          ☐ Foster Care

        ☐ Rehabilitation Program       ☐ Recreational Program       ☐ Group Home

        ☐ Senior Program          ☐ Soup Kitchen

How many people served? _____     How many days per week? _____

How many weeks per year? _____ What meals? ☐ breakfast ☐ lunch ☐ dinner ☐ snack

Name of person in charge of meal preparation? _____

        **[Please attach a sample menu for each type of meal served.]**

**PLEASE CHECK ALL RESPONSES CAREFULLY; INCOMPLETE OR INACCURATE INFORMATION WILL DELAY ELIGIBILITY.**

Prepared by: _____     Date: _____

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