PARTNER INTEREST PRE-SCREENING

REQUIREMENTS:

- 501c3
- BUILDING / SPACE FOR DISTRIBUTION
- VOLUNTEERS
- ABILITY TO PICK UP ORDERS
- FOOD HANDLER’S CERTIFICATE
- CIVIL RIGHTS TRAINING (PROVIDED)
- $100 DEPOSIT (IF ORDERING FROZEN FOODS)

CONTACT INFORMATION:

NAME OF ORGANIZATION CHURCH: ________________________________
ADDRESS: ___________________________________________________________________
CONTACT PERSON/TITLE: ___________________________________________________________________
PHONE NUMBER: _______________ EMAIL: __________________________________________

PROGRAM INFORMATION:

ARE YOU CURRENTLY RUNNING A FOOD PANTRY? YES / NO
IF YES, DATE FOOD ASSISTANCE PROGRAM BEGAN? __________________________
HOW OFTEN DO YOU DISTRIBUTE FOOD? ______________________________
HOW MANY PEOPLE DO YOU SERVE? ______________________________
WHAT ARE YOUR CURRENT SOURCES OF FOOD? IE: DONATIONS, PURCHASED, RETAIL DONATION

_________________________________________________________________________________________
WHO CURRENTLY RUNS THE FOOD PROGRAM? STAFF OR VOLUNTEERS
DO YOU HAVE A CURRENT CLIENT SCREENING PROCESS? _______________
COULD YOU PROVIDE ROSTER OF CLIENTS? OR SIGN IN SHEETS? ____________
PARTNER INTEREST PRE – SCREENING

DISTRIBUTION:

HOW MANY FAMILIES DO YOU PLAN ON SERVING? ____________________________

HOW OFTEN? MONTHLY/ BIMONHTLY/ WEEKLY? ____________________________

WHAT DAYS WILL YOU BE PICKING UP ORDERS? ____________________________

WHAT DAYS WILL YOU BE DISTRIBUTING? ____________________________

DO YOU HAVE COLD/ FROZEN STORAGE? ____________________________

DO YOU HAVE A BUDGET/ LIMIT? ____________________________