



## **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? \_\_\_\_\_