



388 Upper Oakwood Avenue Elmira, New York 14903  
P: 607.796.6061 F: 607.796.6028 www.foodbankst.org

## Prospective Partner Agency Application

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Federal ID#: \_\_\_\_\_

### 1. Umbrella Organization/ Church:

\_\_\_\_\_

Executive Director/ Pastor: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

2. Program Name: \_\_\_\_\_ Type: \_\_\_\_\_

### 3. Physical Location

Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

4. Program Contact: \_\_\_\_\_

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

### 5. Mailing Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

6. Billing Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Billing Address:

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**7. Secondary Contact:** \_\_\_\_\_

Title: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_ E-mail: \_\_\_\_\_

**8. Order Contact:** \_\_\_\_\_

Title: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_ E-mail: \_\_\_\_\_

**9. Delivery Contact:** \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

**10. Monthly Statistics Contact:** \_\_\_\_\_

Title: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_ E-mail: \_\_\_\_\_

**11. Food Safety Certified:** \_\_\_\_\_

Title: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_ E-mail: \_\_\_\_\_

**12. Food Safety Certified:** \_\_\_\_\_

Title: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_ E-mail: \_\_\_\_\_

**13. Advocacy Contact:** \_\_\_\_\_

Title: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_ E-mail: \_\_\_\_\_

**14. Food Recall Contact:** \_\_\_\_\_

Title: \_\_\_\_\_ Phone 1: \_\_\_\_\_

Phone 2: \_\_\_\_\_ E-mail: \_\_\_\_\_

**15. Service Information**

Days & Hours of Operation:

\_\_\_\_\_

Geographic Area Served:

\_\_\_\_\_

Population Served: \_\_\_\_\_

Clients at or below 200% Poverty: \_\_\_\_\_

Meals Served: \_\_\_\_\_

Occupancy: \_\_\_\_\_

How does your agency determine eligibility? \_\_\_\_\_

Does your agency offer home deliveries? Yes No

**16. How did you hear about the Food Bank?**

---

---

**17. Please describe your program & how Food Bank items will be utilized:**

---

---

---

---

**18. How long has your program been in operation? \_\_\_\_\_**

**19. Please describe the special features of your food distribution or meal program that have positive effects on people in need.**

---

---

---

---

**20. How will Food Bank membership improve your program?**

---

---

---

---

21. Average number of people served monthly: \_\_\_\_\_

22. What are your main sources of food?

\_\_\_\_\_

23. Do you charge any fees for your services? Yes No *If yes, please explain:*

\_\_\_\_\_  
\_\_\_\_\_

24. Does this program charge for food? Yes No *If yes, please describe:*

\_\_\_\_\_  
\_\_\_\_\_

25. Has someone who is regularly on site at your agency been certified in Food Safety Handling in the last five years? Yes No

Person(s) Certified: \_\_\_\_\_

Person(s) Certified: \_\_\_\_\_

Person(s) Certified: \_\_\_\_\_

Please attach a copy of the certificate.

26. Do you have a kitchen on site? Yes No (If no, continue to question #27)

a. Do you prepare meals on site? (If no, please continue to question #27)  
Yes No

b. Has your kitchen ever been inspected by the Health Dept.?  
Yes No

If yes, date of last inspection: \_\_\_\_\_

27. Please describe your food storage area(s):

\_\_\_\_\_  
\_\_\_\_\_

28. Number of refrigerators: \_\_\_\_\_ Number of freezers: \_\_\_\_\_

**29. Do you keep a record of clients served?** Yes          No          If yes, attach a copy of your intake sheet or describe:

---

---

---

**30. What percentage of your food comes from the following sources?** (Your best estimate is fine)

Wholesale Club: \_\_\_\_\_ Supermarkets (Purchased): \_\_\_\_\_

Supermarkets (Donated): \_\_\_\_\_

Food Drives (Boy Scouts, Letter Carriers, Schools, etc.): \_\_\_\_\_

Food Rescue/ Gleaning (Farms, bakeries, cafes): \_\_\_\_\_

Discount Stores (Dollar Store, Aldi, etc.): \_\_\_\_\_

Restaurant Distributor (Maines, Sysco, etc.): \_\_\_\_\_

Other: (Please describe below):

---

---

**31. Does your agency collaborate with other organizations in your community?**

Yes      No

a. If yes, what do you work together on?

---

---

---

---

## Prospective Partner Agency Application Instructions

*Please make a copy of this sheet for each program that accesses the Food Bank. e.g. if you have a soup kitchen and a pantry, you must fill out a separate application for each.*

1. **Umbrella Organization/ Church:** List your 501(c)(3) organization here.  
**Executive Director/ Pastor:** The person responsible for the organization listed above. This is the person whose signature should also appear on the **Partner Agency Agreement**.

2. **Program Name:** What do you call your food program? **Type:** What type of food program do you have?

<b>Choices:</b>	Pantry	Emergency Shelter	Day Care
	Rehab/Transitional Housing	Community Meal	Afterschool Program
	Residential Program	Senior Program	Other (please describe)

3. **Physical Address:** The location where your food is stored and where our truck will deliver your order.

**Phone:** The number you give out to the public.

4. **Program Contact:** Name and e-mail address of the person who knows the most about the food program.

5. **Mailing Address:** Location where general mail is sent such as the Annual Agency Celebration invitation or Agency Newsletter.

6. **Billing Contact:** Name, address, and phone number of the person who should receive the monthly statements and who should be contacted regarding your account.

7. **Secondary Contact:** Name and e-mail address of the person who knows the most about the food program if the Program Contact is unavailable. The second in command.

8. **Order Contact:** Name, phone number, and e-mail address of the person who is responsible for placing food orders for this program.

9. **Delivery Contact:** Name and phone number of the person who is there to meet the truck if we deliver to your site.

10. **Monthly Statistics Contact:** Name, phone number, and e-mail address of the person who is responsible for submitting monthly statistics to the Food Bank.

11: **Food Safety Certified:** Name, phone number, and e-mail address of the person who is responsible for present at each distribution who also has a current Food Safety certification.

12: **Food Safety Certified:** Name, phone number, and e-mail address of the second person who is responsible for present at each distribution who also has a current Food Safety certification if the first person cannot be present.

13. **Advocacy Contact:** Name, phone number, and e-mail address of the person who will receive any Advocacy updates and be our pulse to the community to advocate for the needs of those we serve.

14. **Food Recall Contact:** Name, phone number, and e-mail address of the person who is responsible for handling food recall notifications from the Food Bank.

15. **Service Information:**

**Days & Hours of Operation:** If you are a residential program, write 24/7.

**Geographic Area Served:** Please be specific e.g. school district, zip code, city, county, etc

**Population Served:** Please be specific e.g. seniors, children ages 8 – 12, anyone in need, etc.

**Meals Served (meal sites only):** Programs that server meals should include which meals served.

B= breakfast, L= lunch, D= dinner, S=snack.

**Maximum Occupancy (residential programs):** What is the maximum number of residents your agency can accommodate at any given time?

**Clients at 200% Poverty:** Please give us your best estimate of the percentage of clients served by your program that are living at or below 200% of the Federal Poverty guidelines.

**How does your agency determine eligibility:** Please list any information gathered to determine whether an individual is eligible to receive services from your agency.