



Partnership Application

Date _____

Organization Name _____

Organization Address _____

Organization Phone Number (Public) _____ Fax Number _____

Website _____ Email Address _____

Highest Authority at Organization _____ Title _____

Name of Feeding Program (if different) _____

Primary Contact of Feeding Program _____ Title _____

Primary Contact Phone Number _____ Is this a personal cell phone? Yes No

Primary Contact Email Address _____

Approved Shopper #1 _____ Phone Number _____

Approved Shopper #2 _____ Phone Number _____

Approved Shopper #3 _____ Phone Number _____

Accounting Contact _____ Phone Number _____

Feeding Program Physical Address _____

Feeding Program Mailing Address _____

Feeding Program Operating Hours (please list days, times, and frequency) _____

Are the hours listed above current or anticipated hours of operation? _____

What food services do you currently offer to the community? (Please check all that apply)

- Food pantry Soup kitchen SNAP application assistance Meals to residents
- Nutrition or cooking classes After-school snacks None Other (Please explain) _____

Please describe your organization. What is your mission? Who do you serve?

Please describe the feeding program that you currently operate or are planning to start.

Why are you interested in partnering with Feeding Northeast Florida? How will the food that you receive from FNEFL be utilized?

What kind of storage space do you have available to store food for your feeding program? What is the approximate square footage?

Number of commercial or household refrigerators available _____

Number of commercial or household freezers available _____

Number of walk-in refrigerators or freezers available _____

How do you currently, or plan to, financially support your feeding program?

If you are currently operating a feeding program, please answer the remaining questions. If you are applying for partnership with FNEFL with a future program in mind, you may skip this next section. Please sign the application and move to the next step of the application checklist.

What is the average number of individuals served monthly by your feeding program? _____

What is the average number of households served monthly by your feeding program? _____

Do you deliver food or meals to your clients? _____

Do you require your clients to attend any classes, services, or events before they can participate in your feeding program? If yes, please explain. _____

Are your clients required to pay for food in your feeding program? If yes, please explain. _____

How often can clients visit your feeding program? _____

What percentage of your clients are in need of food assistance? How do you make that determination?

Where are you currently getting your food for your feeding program? _____

By signing below, you affirm that the information provided is true and accurate.

Agency Director or Pastor Signature

Date