



Application for Partnership

Section I: General Information

Name of Agency: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

County: _____

Mailing Address (if different): _____

City: _____ State: _____ Zip: _____

Name of Director/Contact Person: _____

E-mail address: _____

Primary Phone #: _____ Alternate Phone #: _____

Section II: Non-Profit Status & Agency Structure

Y / N Does your organization have a tax exempt status under 501(c)(3) from the Internal Revenue Service?

Note: The 501(c)(3) must be the contracting Agency with financial and operational authority over the program.

IF YES, PLEASE SUBMIT A COPY OF YOUR DETERMINATION LETTER FROM THE IRS

If No, please continue with Section II.

Y / N Is your organization part of a larger parent organization?

Y / N If yes, will your parent organization be legally responsible for the operation and liabilities of your program?

Y / N Does your parent organization have exempt status under section 501(c)(3) from the IRS?

IF YES, PLEASE SUBMIT A COPY OF THEIR DETERMINATION LETTER FROM THE IRS. Parent organization must submit a letter on their letterhead, which states their sponsorship of the program.

Name of the Parent/Affiliate Organization: _____

Address of Parent Organization: _____



City: _____ State: _____ Zip: _____

Phone Number: _____

Section III: Food Program

Please select the category that accurately describes your program: (Please check all that apply)

- Day Program: eats on-site but lives off-site, i.e.; Day Care, After School Program, Senior Nutrition Programs, Seasonal Programs, etc
- Emergency Assistance: health related problems/crisis intervention
- Emergency Food Pantry: providing groceries to those in need of supplemental or short-term food assistance
- Emergency Shelter: an agency providing on-site meals in addition to providing housing and other services
- Residential Program: cooking and serving meals to registered clientele; including Detox, Half-way Homes, Group Homes and Day Activities Programs
- Soup Kitchen: cooking and serving meals to walk-in guests on a regular or occasional basis

Describe your pantry space: _____

Y / N Do you currently utilize refrigerators/freezers for your program?

if yes, how many do you have at your facility? _____

Please describe the basic purpose of your program and the overall services provided: (Attach any information regarding the mission of your program.) _____

What is the principle source of funding for your organization? _____

What geographic area(s) does your program serve? _____

How long has your program been in existence? _____

How many people are on your staff? _____



Y / N Do you have a health certificate from the local Board of Health licensing you to serve public meals? _____

If yes, what is the certificate #? _____

Y / N Do you take referrals?

If yes, from which social organizations? _____

Y / N May we refer individuals to your program?

Please describe your screening process and how often food is distributed. (Attach any copies of forms the program uses for screening applicants): _____

What days/hours are you open to assist clients?

	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Morning:							
Afternoon:							
Evening:							

Does your program keep records of food distribution/meals served? (Please explain) _____

What are your current food sources? _____

Y / N Are clients charged a fee for services? (This is primarily for day care centers)

Y / N If yes, are scholarships available, sliding scale, etc.?



With respect to product received from the Food Bank Coalition of San Luis Obispo County, the undersigned agency agrees that in distributing that product to its clients

1. Agencies must strictly adhere to eligibility criteria for distribution of food that is part of state and/or federal programs. Products must be distributed without adding to, reducing or otherwise modifying the eligibility criteria.
2. All other food products will be distributed to persons who qualify for agency assistance, and the agency will not discriminate against any person based on one's race, creed, national origin, religious affiliation or lack thereof, sex or sexual orientation.

This agreement is of indefinite duration, and it may be terminated by either party at any time.

To the best of my knowledge the above information is correct.

Applicant's Signature Date

Print Name Title