



CAPSBC Food Bank Program

APPLICATION



Application Process: All completed applications are reviewed with the same process: screening, reviewing the site distribution plan, and checking for similar program services near each site. Applications will be considered based upon the geographic area served and other CAPSBC Food Bank criteria. Please submit a copy of your agency's IRS Exemption letter and a copy of the certificate of liability insurance.

EIN Number: _____

Agency: _____ Phone: (____) _____

Address: _____ Zip Code: _____

Food Distribution Address (if different from mailing address): _____

Food Storage Address (if different than above): _____

Main Contact Person: _____ Title: _____

Email: _____ Phone: _____

Please list authorized personal for

Name (First and Last)	Contact (Phone number or email)	Title

Agency social media and or webpage: _____

Private Non-Profit Public Non-Profit Profit Other: _____

Liability insurance carrier: _____ (Please submit a copy of agency's certificate of liability insurance)

Organization is applying for (Check all that apply)

Emergency Food Assistance Program (USDA) Congregate Feeding (USDA)

Community Pantry Senior Choice Campus Cupboard ER Food Box (temporary)

Food Distribution Information

Days and hours of food distribution. If you are not currently distributions food, please state your planned distribution

Day(s): _____ Time: _____ Current or Planned

Does your organization provide meals on the premises? Yes No

If yes, how often? Daily Weekly Monthly Other

Does the agency offer delivery for homebound clients or plan to offer? Yes No

How many households do you serve (on average) per month? 1-25 26-50 51-150 151+

Do you provide other services? If yes, please describe. _____

Who is eligible for services? _____

Are there requirements to received services? _____

Operation Storage and Transportation capacity

What type of storage for non-perishable/perishable products does the site have?

Climate Controlled Room Non-climate Controlled Room Shipping Container Other

What available refrigeration and or freezer for storage is available?

Refrigerator Freezer Other None

Please describe storage facilities: _____

Does the agency have transportation for food pick-up from Food Bank? Yes No

Please describe transportation (ex: Car, van, truck, box truck, trailer, etc.) _____

Please provide a concise description of your agency/program: _____

Please explain how agency promotes or markets the food distribution program: _____
