



**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

<b>Name</b> (First and Last)	<b>Contact</b> (Phone number or email)	<b>Title</b>

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 Program    ☐ Senior Choice    ☐ Campus Cupboard

## 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: \_\_\_\_\_