



Vermont Foodbank

www.vtfoodbank.org

Network Partner Membership Application (10/1/2013 - 9/30/2014)

Please complete all parts that are applicable to your program.

Federal Employer Identification Number: 03/ _____

Foodbank Network Partner Number: 1 0 _____ (This number will be assigned)

Organization Name: _____

List the name of 501(c)(3)

organization if different

from Network Partner name

Please list other groups that function as key decision makers in the operation of your program. For example: Advisory, Steering and Board Committees, Clergy Groups and/or Town Clerks.

Billing Address: _____

Billing Contact Name: _____ **Billing Phone Number:** _____

Billing Email Address: _____

Mailing Address: _____

For notices & newsletters

Delivery Address: _____ **County** _____

Physical address with street number.

Include town & zip code. No P.O. Box numbers.

Delivery Contact Name: _____ **Phone Number:** _____

For cancelations & rescheduling

Delivery Email Address: _____

Directions to your street address and delivery instructions *(i.e. bldg. color, which entrance to use)*

Executive Director: _____

Phone Number: _____ Fax Number: _____

Email address: _____

Contact Person: _____

Phone Number: _____ Fax Number: _____

Email address: _____

Phone number and website link or Facebook page to be included on the Vermont Foodbank websites for the public to call concerning services, hours of operation and eligibility at food shelves and community meal sites.

Phone: _____ **Web link or Facebook Page** _____

Can we share your program contact information and hours with the public? Yes _____ No _____

Please list the **names and email addresses** of individuals who can place and pick-up orders for your program. Please print clearly.

Name _____ E mail _____

Name _____ E mail _____

Name _____ E mail _____

Briefly describe your program or services: _____

How many paid staff does your program have? _____ How many volunteers? _____

Year your program began: _____. Is there internet access at your program site? Yes ___ No ___

Network Partner Certification: I certify that the majority of clients (over 50%) served by this agency are: low-income not low-income

Note: A Network Partner must serve a predominantly low-income population to qualify for Vermont Foodbank services

I. Program Information: *(Please read and answer all questions that apply)*

A. Food Pantry or Food Shelf

B. Congregate Meal Site

Please check type of program you offer:

Senior Meal Site

Day Care - Children

Day Care - Adult

Emergency Meal Program

Summer Program

Nursing Home

Day Activity Program

Detox or Halfway House

After School Program

Shelter – Domestic Violence

Group Home

Shelter - Homeless

Other _____

Age groups served (check all that apply): under 18 18-64 65+

C. Do you charge a fee for your food or services? Yes _____ No _____

If yes, please explain: _____

D. Please list the **names and email addresses** of individuals who can place and pick-up orders for your program. Please print clearly.

Name _____ E mail _____

Name _____ E mail _____

Name _____ E mail _____

E. Food Safety: Is anyone on your staff certified in safe food handling or food safety?

Yes ___ No ___

If yes, please list Name _____ Date certificate expires _____

If no, has someone on your current staff received some form of food safety training?

Yes ___ No ___ If yes, please list type of training, date of training & name of person trained:

If no, who should the Foodbank contact about arranging a training for someone on your staff?

F. How many freezers do you have? _____ Is that number sufficient? Yes ___ No ___

How many refrigerators do you have? _____ Is that number sufficient? Yes ___ No ___

II. Program Operation: *(Please read and answer all sections that apply)*

A. Food Pantry or Food Shelf:

1. Days and hours of distribution: _____

2. What towns does your agency serve? _____
Please be specific.

3. Does the program have eligibility requirements? Yes No
If yes, please explain: _____

4. How many days of food per person are provided? _____

5. Is there a limit on the frequency of service? Yes No
If yes, please explain: _____

6. Average number of households served each month: _____

7. Average number of individuals served each month: _____

8. Age groups served (check all that apply): under 18 18-64 65+

9. Is your method of distribution Client Choice? Yes No
Describe method of distribution (*i.e., pre-bagged, people choose from shelves, etc.*): _____

B. Congregate Meal Site:

1. Meals served Breakfast Lunch Dinner Snacks

2. Days and hours of meals: _____

3. Average number of people served per meal: _____

4. Average number of people served per month: _____

C. Residential and Day Programs:

1. Meals served o Breakfast o Lunch o Dinner o Snacks

2. Average number of people served per day: _____

D. Other Information:

Name of person completing this application: _____

Position: _____ Date: _____

Name and title of program director (please print): _____

Signature of Program Director

Date

Complete the following only if you are using another organization's federal non-profit 501(c)(3) number. There are additional requirements the umbrella agency will need to fulfill.

Name of Umbrella Agency: _____

Address of Agency: _____

Contact Person: _____

Phone Number: _____

Email: _____

Please mail this completed application and signed basic agreement to:

Joe Dauscher
Vermont Foodbank
33 Parker Rd.
Barre, VT 05641