# Application for Partnership

## Agency Information

<table>
<thead>
<tr>
<th>Field</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>Agency Name:</td>
<td></td>
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<tr>
<td>Program Name (if different)</td>
<td></td>
</tr>
<tr>
<td>Physical Address:</td>
<td></td>
</tr>
<tr>
<td>Billing Address (if different)</td>
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</tr>
<tr>
<td>Website:</td>
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<tr>
<td>Social Media:</td>
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<td>Facebook:</td>
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<td>Instagram:</td>
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<td>Twitter:</td>
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<td>YouTube:</td>
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<tr>
<td>Other:</td>
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## Contact Information

<table>
<thead>
<tr>
<th>Role</th>
<th>Information</th>
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</thead>
<tbody>
<tr>
<td>CEO / Executive Director / President / Sr. Pastor:</td>
<td></td>
</tr>
<tr>
<td>Title:</td>
<td>Phone:</td>
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<tr>
<td></td>
<td>Email:</td>
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<tr>
<td>Program Contact:</td>
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<td>Title:</td>
<td>Phone:</td>
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<td></td>
<td>Email:</td>
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<tr>
<td>Food Safety Coordinator:</td>
<td></td>
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<tr>
<td>Title:</td>
<td>Phone:</td>
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<td></td>
<td>Email:</td>
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## Program Information

<table>
<thead>
<tr>
<th>Agency Type:</th>
<th>Pantry</th>
<th>Soup Kitchen</th>
<th>Outreach</th>
<th>Shelter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Program Type:</td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>
Agency Eligibility:

- [ ] CSFP
- [ ] TANF
- [ ] TEFAP
- [ ] OHANA

- [ ] 501(c)3
- [ ] Under 501(c)3 Parent Organization
- [ ] Church
- [ ] Distributing Agent of 501(c)3 Organization

Is your agency open to the public:

- [ ] YES
- [ ] NO

Are your distribution hours posted publicly:

- [ ] YES
- [ ] NO

Is the location accessible to people with disabilities:

- [ ] YES
- [ ] NO

**Distribution Information**

*Please use the attached Distribution Page if you have multiple locations.*

Location: ________________________________  Program: __________________________

Distribution Address: ________________________________

Days & Hours of Operation:

____________________________________________________

Holidays Observed: ______________________________________

**Program Funding Information**

Indicate approximate percentages of product that you anticipate receiving from

- [ ] ______ % Hawaii Foodbank
- [ ] ______ % Outside Purchase
- [ ] ______ % Donations

Does your program charge fee, require work, or require attendance at religious services in order to receive food?

- [ ] YES
- [ ] NO

If YES, please explain:

____________________________________________________

What are your funding sources and how much support do you anticipate?
(e.g. state, federal or local funding, AUW, community support, church members)

____________________________________________________

**Food Storage Information**
What type of storage space do you have available? ________________________________

Do you have refrigerators and freezers? 

[ ] YES  [ ] NO

*Please indicate what type of equipment, by telling us how many in the appropriate area.*

**Refrigerators**
- Residential: ______
- Commercial: ______

**Freezers**
- Residential: ______
- Commercial: ______

Upright: ______

Does your equipment have thermometers? 

[ ] YES  [ ] NO

Can you pick up perishable items on short notice? 

[ ] YES  [ ] NO

**Services Information**

Please describe the type of services your agency or program provides. Please include all services, even those not food related.

Does your agency provide meals on your premises? 

[ ] YES  [ ] NO

If YES, how often? 

[ ] Daily  [ ] Weekly  [ ] Monthly  [ ] Other: _____

Number of clients served at each meal:

- Breakfast: ______
- Lunch: ______
- Dinner: ______
- Snacks: ______

Does your agency have a Food Pantry? 

[ ] YES  [ ] NO

If YES, what types of foods are distributed? (check all that apply)

[ ] Canned Goods  [ ] Dry Goods (cereal, pasta, etc.)  [ ] Frozen Goods
Meat (fresh, frozen) □ Perishables (dairy, produce, etc.)

What is the average number served monthly:

__________ Individuals  __________ Families

Do you require proof of need?

□ YES  □ NO

**Authorized Signature**

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

__________________________  ___________________________  __________
CEO/Executive Director/President/Sr. Pastor’s Name  Signature  Date

__________________________  ___________________________  __________
Feeding Program Manager's Name  Signature  Date