

Community Partner Pre-Application

Thank you for your interest in becoming a Golden Harvest Food Bank Community Partner!

We are so grateful for your spirit of service and desire to help those in need. To get started, simply follow these steps:

- 1 Please fill out the attached information sheet and email it to community@goldenharvest.org.**
- 2 Our team will review your information and assess the emergency food needs in your area.**
- 3 A Community Partnerships Coordinator will review your information and follow up with you.**

Thank you for your heart to make a difference in the lives of others as we Feed Lives Together and Inspire Healthy Change, One Meal at a Time in our community.





COMMUNITY PARTNERSHIP PRE-APPLICATION

Thank you for your interest in partnering with Golden Harvest Food Bank. Your pre-application information will be reviewed, and we will be in touch soon to discuss partnership options.

Organization Name: _____ County: _____

Umbrella organization holding 501©3 (if different): _____

Physical Address: _____

Food Distribution Address: _____

Contact Person/Title: _____

Contact phone: _____

Contact email: _____

Website: _____

CHECK THE BOX NEXT TO THE BEST ANSWER OR ALL THAT APPLY:

What type of service does your Agency provide?

Pantry	Soup Kitchen/Meal site	Emergency Shelter (<90 days)	Rehab/Transitional Housing	
Afterschool Program	Residential	Senior Programs	Youth Program	
How many days are you open per month?	2 days	3 days	4 days	7 days
How long has your food distribution been open?	Not open yet	1-3 yrs.	3+ yrs.	
How often can/will guests visit your pantry?	1X/month	2X/month	1X/week	Daily
How do/will you distribute food?	Pre-bagged/boxed	shop in pantry	soup kitchen	other
What types of food do/will you distribute?	Canned/boxed goods	Fresh produce	frozen meat	bread/sweets
How many households do/will you serve per month?	Less than 50	50-100	100- 150	150+
Is/will your food storage area be able to be locked and secured?	YES	NO		

How many freezers do you have? _____ How many refrigerators do you have? _____

How many people work in your pantry (staff/volunteer) _____

What is the name of your pest control company? _____

How much money do you spend (have budgeted) monthly for food distributions? _____

Explain your hours and food distribution operation: _____

Submitted by: _____ Date: _____

Submit via email to: community@goldenharvest.org

FOR OFFICE USE ONLY: DATE RECEIVED: _____ REVIEWED BY: _____