



Celebrating **40 YEARS** of feeding Larimer County.

5706 Wright Drive
Loveland, CO 80538
970.493.4477
FoodBankLarimer.org

- Please turn in the following items along with your application:**
- Agency Contract
 - Copy of 501(c)3
 - Food safety certification

NOURISHING NETWORK

AGENCY APPLICATION

Agency Name: _____

Date of Application: _____

ABOUT YOUR AGENCY:

Type of Agency:

Food Pantry

Meal Program

Residential

After- School/
Snack Program

Shelter

Other (indicate): _____

What is the mission of your organization?

Describe your services and how your agency will utilize food bank food:

How do you see your organization filling a gap for those experiencing food insecurity?

Days/Hours of Operation:

CONTACTING YOU:

Physical Address:

Mailing Address:

Phone: _____ E-Mail Address: _____

Agency Director: _____

Food Program Coordinator: _____

Please list the agency representatives who are authorized to shop at the FBLC on behalf of the agency:

SERVICE INFORMATION:

Please describe your food storage capacity:

1. Do you have refrigerators and freezers (if you plan to distribute perishable food)? YES NO

Describe:

2. Is your dry food storage area thermostat controlled or monitored? YES NO

Describe:

3. Do you have shelves to store non-perishable food items at least 6 inches off the floor? YES NO

Describe:

4. What are you typically able to provide to your clients?

Check those that apply:

- _____ Non-Perishable Foods _____ Perishables (such as produce, dairy)
_____ Non-Food Items _____ Other (describe):

5. If you are a food pantry, do you pre-box/bag food items or is your pantry client-choice?

- _____ Pre-boxed _____ Client-choice

6. Do recipients of Food Bank product fall under the IRS designation of "ill, needy, or infant." YES NO

7. How long has your organization been running, and how long have you had this food program?

8. How often can an individual receive food from your agency?

9. What are your eligibility requirements?

10. Do you accept referrals? YES NO

11. Are your hours of operation posted in a place where the public can see them? YES NO

12. Do your clients pay a fee, or make a donation, to receive services? YES NO
If yes, please explain:

13. What are your anticipated sources of food?

Donated or Purchased: _____%

Received from the Food Bank: _____%

CLIENT INFORMATION:

1. How many individuals does your agency assist per month?

2. Do you track client participation?

YES

NO

Please describe how participation is tracked:

3. Do you refer your clients to other services in the community? (check all that apply)

SNAP (Food Stamps): _____

TANF: _____

CHP+: _____

WIC: _____

Other: _____

4. How does your agency perform outreach to the community about the services you provide?

Please return your completed application and accompanying documents (see first page of application) to Zac Hummel via email at zhummel@foodbanklarimer.org or mail to Food Bank for Larimer County, 5706 Wright Drive, Loveland, CO 80538.

We may put you on our waiting list if we decide we cannot onboard you at the time of application receipt.

Thank you!