

**Please turn in the following items  
along with your application:**

- Agency Contract
- Copy of 501(c)3
- Food safety certification



## **NOURISHING NETWORK AGENCY APPLICATION**

Date of Application:

Agency Name:

Type of Agency:

Food Pantry

Meal Program

Residential

After- School/ Snack Program

Shelter

Other:

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?

Agency Physical Address:

Agency Mailing Address:

City/State/Zip Code:

Phone:

E-Mail Address:

Agency Director:

Food Program Coordinator:

Days/Hours of Operation:

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

## **SERVICE INFORMATION**

1. Please describe your food storage capacity:
  - a. Do you have refrigerators and freezers (if you plan to distribute perishable food)? Describe:
  
  
  
  
  
  
  
  
  
  
  - b. Is your dry food storage area thermostat controlled or monitored? Describe:
  
  
  
  
  
  
  
  
  
  
  - c. Do you have shelves to store non-perishable food items at least 6 inches off the floor? Describe:

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

a. Check those that apply:

\_\_\_\_\_ Non-Perishable Foods

\_\_\_\_\_ Perishables (such as produce, dairy)

\_\_\_\_\_ Non-Food Items

\_\_\_\_\_ Other (describe):

\_\_\_\_\_ Snacks

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

\_\_\_\_\_ Pre-boxed

\_\_\_\_\_ Client-choice

If approved for partnership, what types of food do you hope to source from FBLC?

3. Do recipients of Food Bank product fall under the IRS designation of "ill, needy, or infant."

Yes No

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

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

6. What are your eligibility requirements? Do you have any requirements that are bound by location or other factors?

7. Do you accept referrals? Yes No

8. Are your hours of operation posted in a place where the public can see them? Yes No

9. Do your clients pay a fee or make a donation, to receive services? Yes No

a. If yes, please explain:

10. From where are you currently sourcing food?

11. What are your anticipated sources of food if partnered with FBLC?

a. Donated or Purchased % Received from the Food Bank \_\_\_\_\_%

## CLIENT INFORMATION

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

2. How many of these individuals do you anticipate providing food assistance to?

3. Do you track client participation? Yes No

a. Please describe how participation is tracked:

4. Do you refer your clients to other services in the community? (Please check)

Food Stamps (SNAP) TANF CHP+ WIC Other:

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](mailto: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!*