



Hawaii Foodbank Kauai Branch Agency Membership Application

Application for Partnership

Agency Information

Agency Name: _____

Program Name (if different): _____

Physical Address: _____

Billing Address (if different): _____

Website: _____

Social Media:

Facebook:

Instagram:

Twitter:

YouTube:

Other:

(e.g. /abcagency)

(e.g. @abcagency)

(e.g. @abcagency)

(e.g. abcagency)

Contact Information

CEO / Executive Director /
President / Sr. Pastor: _____

Phone: _____

Title: _____

Email: _____

Program Contact: _____

Phone: _____

Title: _____

Email: _____

Billing Contact: _____

Phone: _____

Title: _____

Email: _____

Food Safety Coordinator: _____

Phone: _____

Title: _____

Email: _____

Program Information

Agency Type:

Pantry

Soup Kitchen

Outreach

Shelter

Program Type:

CSFP

TANF

TEFAP

OHANA

Agency Eligibility:

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