



# Hawaii Foodbank, Inc.

## 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