**Part 1: RECIPIENT FDO AGENCY PROFILE**

|  |  |
| --- | --- |
| Date of Application: | Click here to enter a date. |
| **Parent Organization** Name: |       |
| Address: |       |
| City: |       | Postal Code: |       |
| Contact Name: |       | Title: |       |
| Phone: |       | Fax: |       | Cell: |       |
| Email: |       |
| Mission Statement |       |

|  |  |
| --- | --- |
| **Receiving Organization** Name: |       |
| **DROP-OFF PHYSICAL ADDRESS:** |       |
| Mailing Address:*(if different from DROP-OFF)*  |       |
| City: |       | Postal Code: |       |
| Contact Name: |       | Title: |       |
| Phone: |       | Fax: |       | Cell: |       |
| Email: |       |
| **\*\*\* *EMERGENCY* *ONLY* *CONTACT PHONE***: **\*\*\*** |

|  |
| --- |
| ***FOR OFFICE USE ONLY*** |
| **Approved:** | **🞏 YES** | **🞏 NO** |  |  |
| **BY:** |  | **Date:** |  |
|  |  |  |  |  |
| **Product Type:** | **🞏 ENTREE** | **🞏 PRODUCE** | **🞏 BAKED** |
|  | **🞏 7-11** | **🞏 BREAD** |  |

|  |  |
| --- | --- |
| Our Organization’s Target Group Type: |       |
| Deliveries (Multiples per Week): |       |  |

**Part 2: APPLICATION FOR ASSISTANCE**

|  |  |
| --- | --- |
| **1. Address of Food Program:** |  |
| 1. **Person in Charge of Food Program Location:**
 |  |
| **3. Agency information:** |  |
|  | i) Status: |  |  |
|  | *(select one only)* |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  | ii) Funding – are you funded by: | Private donations | **[ ]**  |
|  | *(select all that apply)* | Municipal/City | **[ ]**  |
|  |  | Provincial  | **[ ]**  |
|  |  | Federal | **[ ]**  |
|  |  | Social Services | **[ ]**  |
|  |  | Other *(please specify)* | **[ ]**  |       |
| **4. Type of Program:** | *(select all that apply)* |
|  | Emergency Meals/Soup Kitchen | **[ ]**  | Residential Program | **[ ]**  |
|  | Transitional Shelter | **[ ]**  | Day/Vocational Program | **[ ]**  |
|  | Drop-in Shelter | **[ ]**  | Self-help Group | **[ ]**  |
|  | Other *(please specify)* | **[ ]**  |       |
| **5. Who is your target group?** |  |
| **6. Do you have any restrictions/guidelines/conditions a guest must meet in order to be served?** |
|  | [ ]  Yes | [ ]  No |  |  |
|  | **If YES**, *briefly explain*: |       |
| **7. Do you have any fees?** | [ ]  Yes | [ ]  No |  |  |
|  | **If YES**, *briefly explain*: |       |
| **8. Hours you can receive food donation deliveries:** |
| Monday | Tuesday | Wednesday | Thursday | Friday | Saturday | Sunday |
| From | To | From | To | From | To | From | To | From | To | From | To | From | To |
|       |       |       |       |       |       |       |       |       |       |       |       |       |       |
|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| **9. How many guests do you serve (on average) at each meal?** |  |
| **10. How many guests do you serve overall?***(fill in all 3 blanks)* |
|  | Daily |       | Weekly |       | Monthly |       |
| **11. When was your food program first established?** | **YYYY** | **MMM** |
| **12. Where do your current food donations originate?** |  |
|  |       |
| **13. What types of food would be most beneficial to supplement your meal programs?** *(please be specific)* |
|  | Entrees |       | Produce |       |
|  | Breads |       | Baked Goods |       |
| **14. Approximately what percentage of your supply will come from this organization?** |
|  |  |  |  |  |
| **15. What other type of assistance besides food do you offer for people in need?** *(select all that apply)* |
|  | [ ]  | Counseling | [ ]  | No other aid |
|  | [ ]  | Information | [ ]  | Referral |
|  | [ ]  | Job training/placement | [ ]  | Shelter |
|  | [ ]  | Welfare advocacy | [ ]  | Other *(please specify)*: |       |
| **16. Does your facility meet current Health Authority Requirements?** | [ ]  Yes | [ ]  No |
|  **If YES**, indicate type of license and date acquired: |
|  | Type: |       | Date: | Click here to enter a date. | Certificate #: |       |
| **17. Do you have third party liability insurance?**  | [ ]  Yes | [ ]  No |
|  | **If NO**, *please explain*: |       |
| ***Before this application can be processed, please contact your local Health Authority regarding your facility and Health Authority standards.*** |