

SECTION I: GENERAL INFORMATION

Name of Agency _____

Address _____

Telephone _____

Fax _____ Email _____

Contact Person _____

Federal Employee ID Number: _____

Please describe your program in the space below:

What are your funding sources? _____

SECTION II: FEEDING PROGRAM INFORMATION

Check category describing your program:

(A) _____ Emergency Food Pantry

(B) _____ Residential Program

(C) _____ Soup Kitchen

(A) EMERGENCY FOOD PANTRY

1. Contact Person _____
2. Hours of pantry:
Days _____
Hours _____
3. How many individuals/families are you now serving monthly?

4. How many days supply of food for each person is provided?

5. What geographic areas do you serve?

6. Do you require referrals? _____
7. How often is food assistance provided? _____
8. Form of recordkeeping _____

(B) RESIDENTIAL PROGRAMS/SOUP KITCHEN

1. How many individuals in your program? _____
2. Number of meals served:
_____ breakfast _____ lunch _____ dinner
3. Days/hours of meals served:
_____ breakfast _____ lunch _____ dinner
4. Are you licensed? _____ If so, by whom? _____