



313 Peterson Drive Phone: (270) 769-6997
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Elizabethtown, KY 42702 Web: www.feedingamericaky.org

Application for Agency Partnership

Application Process:

- 1. The Agency Partner leadership must sign the enclosed application.
2. Please include a photocopy of your IRS/US Dept. of Treasury Letter of Determination that states your 501 (c) 3 tax-exempt status or the Church Qualifier form with supporting documentation.
3. Once application is complete, a site visit by one of the FAKH staff to your agency will be arranged. No partnership can be finalized until a site visit is complete.
4. After the visit, if membership is granted, the agency leadership and supporting staff will be given appropriate training with a FAKH staff member. If additional training is needed, FAKH will schedule with Agency Partner leadership.

SECTION 1: General Information

Date: \_\_\_\_\_

Agency Name \_\_\_\_\_ Phone \_\_\_\_\_

Agency Address \_\_\_\_\_
\_\_\_\_\_ County \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Parent and/or Affiliated Organization \_\_\_\_\_

Contact Person(s)

- 1. \_\_\_\_\_ Phone \_\_\_\_\_ (Email) \_\_\_\_\_
2. \_\_\_\_\_ Phone \_\_\_\_\_ (Email) \_\_\_\_\_
3. \_\_\_\_\_ Phone \_\_\_\_\_ (Email) \_\_\_\_\_
4. \_\_\_\_\_ Phone \_\_\_\_\_ (Email) \_\_\_\_\_
5. \_\_\_\_\_ Phone \_\_\_\_\_ (Email) \_\_\_\_\_

Do you have federal tax-exempt status under 501(c)3? Yes \_\_\_ No \_\_\_
(attach a copy of your IRS determination letter or church qualifier form with documentation)

Describe your general program in the space below (or attach agency brochure):



*(B) Residential Programs*

1. How many individuals are in your programs? \_\_\_\_\_ Ages: \_\_\_\_\_
2. Which meals do you serve?:  
\_\_\_\_\_ breakfast \_\_\_\_\_ lunch \_\_\_\_\_ dinner \_\_\_\_\_ snacks
3. What days/times do you serve meals?  
Monday \_\_\_\_\_ Tuesday \_\_\_\_\_  
Wednesday \_\_\_\_\_ Thursday \_\_\_\_\_  
Friday \_\_\_\_\_ Saturday \_\_\_\_\_  
Sunday \_\_\_\_\_
4. Do you have a room/board or program fee? \_\_\_\_\_ If yes, how much? \_\_\_\_\_
5. Are you licensed? \_\_\_\_\_ If so, by whom? \_\_\_\_\_  
Lic# \_\_\_\_\_
6. What percentage of your clients are low-income?  
\_\_\_\_\_

*(C) Feeding Programs*

1. How many individuals served per meal? \_\_\_\_\_ What ages? \_\_\_\_\_
2. Which meals do you serve?  
\_\_\_\_\_ breakfast \_\_\_\_\_ lunch \_\_\_\_\_ dinner \_\_\_\_\_ snack
3. What percentage of your guests are low-income?  
\_\_\_\_\_
4. Do you have a health certificate from the local Board of Health, licensing you to serve public meals? \_\_\_\_\_ Certificate# \_\_\_\_\_
5. Do you have cold storage, and how many? refrigerator \_\_\_\_\_ freezer \_\_\_\_\_
6. What percentage of your food is donated (including food bank)? \_\_\_\_\_  
Purchased? \_\_\_\_\_
7. What does/will your food distribution look like (ex. Mobile distribution, walk-in pantry)?  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Agency Partner Leadership (Print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Agency Partner Leadership (signature)

\_\_\_\_\_  
Date