

313 Peterson Drive P.O. Box 821

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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 Affil	iated Organization		_	
Contact Person(s)	Phone	(Email)		
		(Email)		
3	- Phone	(Email)		
4	- Phone	(Email)		
5	Phone	(Email)		
	-	01(c)3? Yes No		
		r or church qualifier form with documentation	n)	

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

What are your funding sources?					
When d	lid you begin providing	services?			
SECTIO	DN 2: Program Inform	nation			
(A) F	Food Pantry				
1. F	OURS: What days/ho	urs are you open	to help peop	e?	
Wednes Friday_	/ sday	Thursday			
2. A	Approximately how mai How many families/ho	-	•	-	
3. V	What products do you p	provide or plan to	provide (che	eck all applicable):	
	_ canned goods _ perishables (dairy, fre _ frozen foods	esh fruit, etc.)		dry goods (rice, cere meats (fresh/frozen) non-food groceries (
How	many days supply of f	ood is provided to	o each persoi	n/family?	
4. V	What area or population	n do you serve?			
5. Do y	ou have cold storage, a	and how many?	refrigerator _	freezer	
6. Do y	ou accept walk-ins?	Referra	ıls?	_ (from which source	s?):
7. Wha	t proof of need do you	ask for- if any?			
Why is	this needed?				
	you (or do you plan to) rill the record include?	keep records for	the people y	ou help?	

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(B) Residential Programs

1. How many individuals are in your programs?	Ages:
2. Which meals do you serve?: breakfast lunch dinnersnacks	s
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 y	es, how much?
5. Are you licensed? If so, by whom? Lic#	
6. What percentage of your clients are low-income?	_
(C) Fooding Drograms	
(C) Feeding Programs	
1. How many individuals served per meal? What ages? _	
2. Which meals do you serve? breakfast lunch dinner sn	ack
3. What percentage of your guests are low-income?	
4. Do you have a health certificate from the local Board of Healt meals? Certificate#	
5. Do you have cold storage, and how many? refrigerator	freezer
6. What percentage of your food is donated (including food ban Purchased?	k)?
7. What does/will your food distribution look like (ex. Mobile dis	tribution, walk-in pantry)?
Agency Partner Leadership (Print)	Title
Agency Partner Leadership (signature)	Date