



313 Peterson Drive
P.O. Box 821
Elizabethtown, KY 42702

Phone: (270) 769-6997
Fax: (270) 769-9340
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