



of SANTA CLARA and
SAN MATEO COUNTIES

PROGRAM APPLICATION

County you are applying for services: San Mateo Santa Clara

Type of service provided:

- | | | |
|--|---|--|
| <input type="checkbox"/> Multi-Service | <input type="checkbox"/> Pantry | <input type="checkbox"/> School/College Pantry |
| <input type="checkbox"/> Children's Program | <input type="checkbox"/> Rehabilitation Program | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Children and Families | <input type="checkbox"/> Senior Program | <input type="checkbox"/> Soup Kitchen |

General Information:

Name of Agency/Provider: _____

Service Address: (Street, City, Zip): _____

Mailing Address: (Street, City, Zip): _____

Are there any other locations where you distribute food? Yes No If yes, please attach a list.

Web Page: _____

Main Telephone: () _____ Fax: () _____

Days/Hours of Operation: _____

Number of Paid Staff: _____ Number of Volunteers: _____

Zip code areas or cities served: _____

Program Services:

Describe the services your program provides: _____

Why is your agency applying to the Food Bank and how would our assistance affect your services?

Are services open to the public? Yes No

How long has your program been providing this service? _____

CURTNER CENTER
750 Curtner Avenue
San Jose, CA 95125
T 408-266-8866
F 408-266-9042

CYPRESS CENTER
4001 North First Street
San Jose, CA 95134
T 408-266-8866
F 408-266-9042

BING CENTER
1051 Bing Street
San Carlos, CA 94070
T 650-610-0800
F 650-610-0808

What are the requirements of an individual to receive your services? _____

How do you network with other programs and service providers in your geographic area?

Do you require any of the following to receive services? If yes, please explain below:

Participate in a religious service? Yes No Attend religious counseling? Yes No

Pay a fee? Yes No

Explanation of "yes" answers: _____

If you are a faith-based organization, how do you keep your food program separate from and/or a part of your mission?

Food Information:

Average number of individuals served per week: _____

Length of time client is eligible for service: _____

Number of times per month that a client can receive services: _____

Has your program previously applied to receive food and was not accepted? Yes No

If yes, what has changed since your last application? _____

Has your program previously received food from the Food Bank? Yes No

Did this agency stop receiving food because of a suspension or termination? Yes No

Reason for suspension or termination: _____

Meal Assistance Program: *(agencies applying for meal or snack assistance)*

Number of meals provided per week: _____ Snacks: _____

Is your facility licensed? Yes No If licensed, by whom? _____

Do you cook on-site? _____ Staff/Client Ratio: _____

Do you provide formal food safety training to your staff, volunteers and/or residents? Yes No

Is your agency receiving any subsidies to provide meals for your clients? Yes No

Budget Information:

Funding sources: _____

How much money is allocated for food each month? _____

Approximate value of in-kind donations of food per month: _____

Contact Information:

Director/President: _____

Address: _____
(If different from agency address)

City: _____ Zip: _____

Telephone: () _____ Cell Phone: () _____

Fax: () _____

Email: _____

Food Bank Contact: _____

(If different from above)

Address: _____
(If different from agency address)

City: _____ Zip: _____

Telephone: () _____ Cell Phone: () _____

Fax: () _____

Email: _____

Attachments Required:

1. Agency Agreement
2. Copy of the Letter of Determination from the Federal Internal Revenue Service stating that your organization has been granted a 501(c)(3) tax-exempt status.
3. A current certificate of insurance verifying your organization's general liability coverage.
4. List of your Board of Directors and their professional affiliation.
5. Operating budget for the current year.
6. Sample of the average food box or weekly menu.
7. Client record keeping form.

Optional Attachments:

1. Proof of food safety training
2. A brochure describing your agency's services.

Applicant's Signature

Date

Printed Name

Title

Updated: August 15, 2017

FOOD BANK USE ONLY

Approved? Yes No

Eligible for USDA? Yes No

Attachments Received? 1. 2. 3. 4. 5. 6. 7.

Partnership Manager

Date

Comments: _____