

FDO Agency application to receive foods from another FDO

Part 1: RECIPIENT FDO AGENCY PROFILE

Date of Application: _____

Parent Organization Name: _____

Address: _____

City: _____ Postal Code: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

Mission Statement

Receiving Organization Name: _____

DROP-OFF PHYSICAL ADDRESS: _____

Mailing Address:
(if different from DROP-OFF) _____

City: _____ Postal Code: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____ Cell: _____

Email: _____

***** EMERGENCY ONLY CONTACT PHONE: _____ *****

FOR OFFICE USE ONLY			
Approved:	<input type="checkbox"/> YES	<input type="checkbox"/> NO	
BY:	_____	Date:	_____
Product Type:	<input type="checkbox"/> ENTREE	<input type="checkbox"/> PRODUCE	<input type="checkbox"/> BAKED
	<input type="checkbox"/> 7-11	<input type="checkbox"/> BREAD	

Our Organization's Target Group Type: _____

Deliveries (Multiples per Week): _____

FDO Agency application to receive foods from another FDO

Part 2: APPLICATION FOR ASSISTANCE

1. Address of Food Program: _____

2. Person in Charge of Food Program Location: _____

3. Agency information:

- i) Status: (select one only)
- Incorporated non-profit
 - Unincorporated private
 - Church sponsored
 - Public

- ii) Funding – are you funded by: (select all that apply)
- Private donations
 - Municipal/City
 - Provincial
 - Federal
 - Social Services
 - Other (please specify) _____

4. Type of Program: (select all that apply)

- Emergency Meals/Soup Kitchen
- Residential Program
- Transitional Shelter
- Day/Vocational Program
- Drop-in Shelter
- Self-help Group
- Other (please specify) _____

5. Who is your target group? _____

6. Do you have any restrictions/guidelines/conditions a guest must meet in order to be served?

- Yes No

If YES, briefly explain: _____

7. Do you have any fees? Yes No

If YES, briefly explain: _____

8. Hours you can receive food donation deliveries:

Monday		Tuesday		Wednesday		Thursday		Friday		Saturday		Sunday	
From	To	From	To	From	To	From	To	From	To	From	To	From	To

FDO Agency application to receive foods from another FDO

9. How many guests do you serve (on average) at each meal? _____

10. How many guests do you serve overall? (fill in all 3 blanks)
Daily _____ Weekly _____ Monthly _____

11. When was your food program first established? _____
YYYY MMM

12. Where do your current food donations originate? _____

13. What types of food would be most beneficial to supplement your meal programs? (please be specific)
Entrees _____ Produce _____
Breads _____ Baked Goods _____

14. Approximately what percentage of your supply will come from this organization?
 0-25% 25-50% 50-75% 75-100%

15. What other type of assistance besides food do you offer for people in need? (select all that apply)
 Counseling No other aid
 Information Referral
 Job training/placement Shelter
 Welfare advocacy Other (please specify): _____

16. Does your facility meet current Health Authority Requirements? Yes No
If YES, indicate type of license and date acquired:
Type: _____ Date: _____ Certificate #: _____

17. Do you have third party liability insurance? Yes No
If NO, please explain: _____

Before this application can be processed, please contact your local Health Authority regarding your facility and Health Authority standards.