**Part 1: RECIPIENT FDO AGENCY PROFILE**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date of Application: | | | | Click here to enter a date. | | | | |
| **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:** | **🞏 YES** | **🞏 NO** | |  | | |  |
| **BY:** |  | | | **Date:** |  | | |
|  |  |  | |  | | |  |
| **Product Type:** | **🞏 ENTREE** | | **🞏 PRODUCE** | | | **🞏 BAKED** | |
|  | **🞏 7-11** | | **🞏 BREAD** | | |  | |

|  |  |  |
| --- | --- | --- |
| Our Organization’s Target Group Type: |  | |
| Deliveries (Multiples per Week): |  |  |

**Part 2: APPLICATION FOR ASSISTANCE**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **1. Address of Food Program:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 1. **Person in Charge of Food Program Location:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **3. Agency information:** | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | i) Status: | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | *(select one only)* | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |  |  | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | ii) Funding – are you funded by: | | | | | | | | | | | | | | | | Private donations | | | | | | | | | | | |  | | | | | | | | | | | | | | | | |
|  | *(select all that apply)* | | | | | | | | | | | | | | | | 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 |
|  | |  | | |  | | |  | | | |  | |  | | | | |  | | | |  | | |  | | |  | | | | |  | | |  | | | |  | | | |  |
|  | |  | | |  | | |  | | | |  | |  | | | | |  | | | |  | | |  | | |  | | | | |  | | |  | | | |  | | | |  |
| **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?** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  |  | | | | | | | | | |  | | | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | | |
| **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: | | | | | | | | Click here to enter a 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.*** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |