



Agency Number: \_\_\_\_\_

### Programs Application

Feeding America West Michigan works with organizations that possess a valid 501(c)(3) or have recognized equivalent status according to the IRS code.

This application is for organizations that wish to participate in any of the following programs (Check all that apply):

- Mobile Pantry
- Gather2Grow\*
- School Pantry\*\*

### Application Type

- New Agency Application
- Renewal Application

Please note that submission of this application does not guarantee acceptance into the desired program(s).

### Agency Information

Legal Name of Non-Profit: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Executive Director: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Do you have 501(c)(3) or equivalent status?**     **Yes**     **No**

### Contact Information

i. Primary Contact & Title: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

ii. Secondary Contact & Title: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

iii. Accounts Payable Contact & Title: \_\_\_\_\_

Cell Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

\*must be a program with an educational component to participate

\*\*must be a recognized education institutional or adjacent facility



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### Organization Information

Name & Address of where program will take place: \_\_\_\_\_

\_\_\_\_\_

What services do you currently offer the community in your area? (Check all that apply.)

- Food & Nutrition     Health Care     Housing Assistance     Clothing
- Maternal & Infant Services     Workforce Development     Transportation Assistance
- Other: \_\_\_\_\_

When did you begin these services? \_\_\_\_\_

Please describe the geographic area served? \_\_\_\_\_

\_\_\_\_\_

What language(s) are majority spoken by the population you service? (Check all that apply.)

- English     Spanish     Arabic     Mandarin     Other: \_\_\_\_\_

Who is your program meant to serve? \_\_\_\_\_

Approximately how many households are utilizing your existing services each month? \_\_\_\_\_

\_\_\_\_\_

Are you a faith-based organization? If yes, please explain.     Yes     No

\_\_\_\_\_

Please describe your anticipated hours of operation. How often are you open? \_\_\_\_\_

\_\_\_\_\_

Is there anything else you'd like us to know about your services? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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### Financial Commitment Information

We ask agencies to financially contribute in support of the program to whatever degree is plausible. This contribution will not be due all at once, or in advance of the program. However, such a pledge will assist the food bank in targeting its own fundraising efforts for the program. No one will be denied partnership because of their pledged contribution.

A pledge form will be sent to you upon approval of your application. (If you participate in both Gather2Grow and Mobile Pantries, you will receive a separate pledge form for each program you participate in.) Your pledge represents your financial contribution toward your program(s).

If you know what your annual pledge contribution will be, please disclose it below.

\$ \_\_\_\_\_

If you have any questions about the pledge model, please feel free to contact Emma LeFranc, Donor Relations Manager, at [emmal@feedwm.org](mailto:emmal@feedwm.org).

### Civil Rights Training

As an agency partner, you will be held to the highest standards regarding the treatment of our neighbors in need. To help ensure you have all the tools you need, Feeding America West Michigan has provided a Civil Rights training program. Coordinators are required to **complete the full training program once a year**.

In addition, coordinators are responsible for ensuring their volunteers and staff also complete the Civil Rights training **once a year**. In order to facilitate this task in an easy and accessible way, Feeding America West Michigan has created a shortened version of the training program that is available as a handout. All volunteers and staff should **read and sign** the shortened document, and it should be kept on file for the current year.

As a reminder, you must serve all those who attend, regardless of address, race, gender identity, religion, color, national origin, age, sexual orientation, or disability. Our expectation is that each neighbor who visits a Mobile Food Pantry will be treated with dignity, respect and absolute kindness. Adherence to our Civil Rights training requirements, as well as our policies and procedures, is mandatory.



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**Additional Questions – Mobile Pantry Program**

How many households do you expect to serve? \_\_\_\_\_

What type of distribution model would you like to use?      Drive-Thru      Walk-Up

We ask that agencies host a minimum of four pantries per year to remain consistent for client needs. If you are unable to schedule four, are you willing to work with other agencies in the area?      Yes      No

Describe plans for snow and ice removal here: \_\_\_\_\_

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Do you have plans to offer any additional services at your Mobile Food Pantry distributions? If so, please describe. : \_\_\_\_\_

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### Additional Questions – Gather2Grow Program

Please describe the educational component of your organization/program. \_\_\_\_\_

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How do you intend to serve meals?  Grab & Go  Meals on Site  Both

Where do kids eat, if meals are served on site?  Inside  Outside  Both

Service Dates/Times (check the days that apply, write in the time range you plan to serve)

- Monday Time: \_\_\_\_\_ to \_\_\_\_\_
- Tuesday Time: \_\_\_\_\_ to \_\_\_\_\_
- Wednesday Time: \_\_\_\_\_ to \_\_\_\_\_
- Thursday Time: \_\_\_\_\_ to \_\_\_\_\_
- Friday Time: \_\_\_\_\_ to \_\_\_\_\_

Do you plan to provide any educational programming to compliment your meal service? If so, please describe. \_\_\_\_\_

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Feeding America West Michigan has access to educational materials regarding food systems and other information; are you interested in utilizing any of this information?  Yes  No



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### School Pantry Program

#### Pantry Service Dates/Times

- Monday                      Time: \_\_\_\_\_ to \_\_\_\_\_
- Tuesday                      Time: \_\_\_\_\_ to \_\_\_\_\_
- Wednesday                      Time: \_\_\_\_\_ to \_\_\_\_\_
- Thursday                      Time: \_\_\_\_\_ to \_\_\_\_\_
- Friday                      Time: \_\_\_\_\_ to \_\_\_\_\_
- Saturday                      Time: \_\_\_\_\_ to \_\_\_\_\_
- Sunday                      Time: \_\_\_\_\_ to \_\_\_\_\_

Who will be able to access the pantry? \_\_\_\_\_  
\_\_\_\_\_

How frequently will be able to visit the pantry? Is there a limit? Please describe. \_\_\_\_\_  
\_\_\_\_\_

How do you plan to advertise the school pantry? \_\_\_\_\_  
\_\_\_\_\_

What types of food are you able to store on site?  Dry Goods     Frozen     Refrigerated