



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**

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

EIN Number: _____

Please attach a copy of your Letter of Determination or a 14-point Letter. Applicants who do not include this documentation will be rejected.

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

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.)



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- 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 intended 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? _____

Financial Commitment Information

We ask agencies to participate financially 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.



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A pledge form will be sent to you upon approval of your application. (If you support multiple Mobile Pantry Accounts, 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 the Fund Development Team.

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**. 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: _____

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

Additional Questions – Gather2Grow Program

Please describe the educational component of your organization/program. _____

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)

- | | |
|---|----------------------|
| <input type="checkbox"/> <input type="checkbox"/> Monday | Time: _____ to _____ |
| <input type="checkbox"/> <input type="checkbox"/> Tuesday | Time: _____ to _____ |
| <input type="checkbox"/> <input type="checkbox"/> Wednesday | Time: _____ to _____ |
| <input type="checkbox"/> <input type="checkbox"/> Thursday | Time: _____ to _____ |
| <input type="checkbox"/> <input type="checkbox"/> Friday | Time: _____ to _____ |

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

Please indicate how you intend to receive your meals – check all that apply

- Pickup at Kentwood Facility
- Pickup at Cadillac Facility
- Depot Delivery

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

School Pantry Program

Pantry Service Dates/Times

- | | |
|------------------------------------|----------------------|
| <input type="checkbox"/> Monday | Time: _____ to _____ |
| <input type="checkbox"/> Tuesday | Time: _____ to _____ |
| <input type="checkbox"/> Wednesday | Time: _____ to _____ |
| <input type="checkbox"/> Thursday | Time: _____ to _____ |
| <input type="checkbox"/> Friday | Time: _____ to _____ |



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- 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