



# PROGRAM APPLICATION

**Santa Clara County**  
750 Curtner Avenue  
San José, CA 95125-2118  
408.266.8866 ph  
408.266.9042 fax

**San Mateo County**  
1051 Bing Street  
San Carlos, CA 94070-5320  
650.610.0800 ph  
650.610.0808 fax

County you are applying for services:     San Mateo                       Santa Clara

Type of service provided:

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Pantry               | <input type="checkbox"/> Soup Kitchen       | <input type="checkbox"/> Rehabilitation Program |
| <input type="checkbox"/> Supplemental         | <input type="checkbox"/> Senior Program     | <input type="checkbox"/> Shelter                |
| <input type="checkbox"/> Children's Program   | <input type="checkbox"/> Youth Snack        | <input type="checkbox"/> Adult Snack            |
| <input type="checkbox"/> Special Event Pantry | <input type="checkbox"/> Special Event Meal | <input type="checkbox"/> Other Distribution     |

## 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 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

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

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

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

Pay a fee?  Yes  No

Explanation of "yes" answers: \_\_\_\_\_

How long has your program been providing this service? \_\_\_\_\_

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

**Food Information**

Average number of individuals served per week: \_\_\_\_\_

Length of time client is eligible for service by agency: \_\_\_\_\_

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

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

Did you stop receiving food because your agency was suspended or terminated?  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: \_\_\_\_\_

Are client's health care, day care, or other costs covered by another agency such as Medical?

**Budget Information**

Funding sources: \_\_\_\_\_

How much money is allocated for food each month? \_\_\_\_\_

Approximate value and amount of in-kind donations of food per month: \_\_\_\_\_

**Program Application**

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**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. 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.
2. A current certificate of insurance verifying your organization's general liability coverage.
3. List of your Board of Directors and their professional affiliation.
4. Operating budget for the current year.
5. A brochure describing your agency's services.
6. Sample of the average food box or weekly menu.
7. Client Record-keeping form.
8. Agency Agreement

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

Updated: December 2, 2009

**FOOD BANK USE ONLY**

Approved?  Yes  No  
Eligible for USDA?  Yes  No

Attachments Received? 1.  2.  3.  4.  5.  6.  7.  8.

\_\_\_\_\_  
Director or Associate of Programs & Services

\_\_\_\_\_  
Date

Comments: \_\_\_\_\_  
\_\_\_\_\_