

Mid-Ohio Foodbank Partnership Application-Rev.March2018

Starting your application with Mid-Ohio Foodbank

Welcome! This is the first step in onboarding you as a partner with Mid-Ohio Foodbank. Before proceeding with this application, click the link below to read through partnership requirements:

[Mid-Ohio Foodbank Partner Requirements](#)

501c3 Information

For the following questions please fill out each section accurately and completely.

1. Does your organization have **501c3 certification?** *(Circle One)*

- Yes
- No

2. Please type in your **501c3 EIN number** below. *We can't begin to review your application until we have a confirmed 501c3 number.*

Specific information about your Agency/Organization

3. Contact Information *(All information below must be filled in)*

Name:

Agency:

Address:

Address 2:

City/Town:

State/Province:

ZIP/Postal Code:

Email Address:

Phone Number:

4. If applicable: Please list your current Mid-Ohio Foodbank Partner number or one that was issued in the past.

5. Please provide a description of your organization. Include information about your mission, and a thorough description of all services currently provided.

6. Does your agency/organization have a budget for purchasing food? *(Circle One)*

- **Yes**
- **No**
- **If yes**, what is the amount of your food budget (annually): \$_____.

7. What are the days and hours of operation for your agency/organization?

8. What geographic area does your organization serve? *(Zip codes? Neighborhood? City/Town?)*

9. How will partnering with Mid-Ohio Foodbank enable your agency/organization to better serve your community?

Your Feeding Program

10. Please provide a description of your existing feeding program. If you have not established your feeding program yet, provide a description of how you envision your feeding program will operate.

Other *(please specify):*

11. Please indicate the type(s) of feeding program(s) you are applying to get food resources for. ***(You can select multiple types. Please circle your selections)***

- Grocery Distribution/Food Pantry
- Produce/Fresh Food Distribution
- Prepared Meal Program/Soup Kitchen
- Snack Program
- Cooking Program
- Nutrition Program
- Backpack Program

12. Please describe the need for feeding programs in your community ***(Is your program providing a hunger relief service that is different from similar programs in your area?)***

13. What type of food are you interested in acquiring through the Mid-Ohio Foodbank?

- **Fresh produce**
- **Shelf stable foods**
- **Refrigerated and Frozen foods**
- **Other** _____

14. What is your current source of acquiring food? *(You can circle more than one answer)*

- **Donated to us**
- **Purchased**
- **Other**
- **None**

15. For the feeding program you are applying for, on average how many households do you serve/ or will serve in a month? *(Please circle one.)*

- **0-50**
- **51-100**
- **101-300**
- **301-500**
- **500+**
- **Not applicable at this time**
- **Other (please specify)** _____

Partnership Mandatory Requirements

16. Only if you are currently operating a food pantry, soup kitchen or shelter, please answer yes or no to the following questions. Otherwise answer Not applicable. *(Please Circle)*

a. Your program is operational for at least 3 months prior to applying for partnership.

Yes

No

Not Applicable

b. Your program has written records of food distribution to individuals and families.

Yes

No

Not Applicable

c. Your facility has proper dry food storage and refrigeration/freezer capacity.

Yes

No

Not Applicable

17. If you currently operate a feeding program, do you have paid staff?

- **Yes**
- **No**
- **Not applicable**
- **If Yes**, how many full-time employees are dedicated to this program? _____

18. Does your feeding program have trained volunteers associated with the program?

- **Yes**
- **No**
- **Not applicable**
- **If Yes**, how many volunteers are associated with the program? _____

19. Do customers pay a fee for services provided?

- **Yes**
- **No**
- **Not applicable**
- **If Yes**, how much per program/service do they pay? \$ _____

Collaboration and Outreach

In the following section please write in the names of agencies you collaborate with and rate the frequency of collaboration on a scale of 1- 10, with 1 being **not frequently** and 10 being **very frequently**.

Since these three questions are required, if you don't have any collaborating agencies, circle "Not frequently" and write "None" on the blank line.

20. Name of Agency #1: _____ *If you don't have any collaborating agencies and circle "Not frequently" and write "None" in the text box.*

- Not frequently
- Somewhat frequently
- Very Frequently

21. Name of Agency #2 _____ *If you don't have any collaborating agencies and circle "Not frequently" and write "None" in the text box.*

- Not frequently
- Somewhat frequently
- Very Frequently

22. Name of Agency #3 _____ *If you don't have any collaborating agencies and circle "Not frequently" and write "None" in the text box.*

- Not frequently
- Somewhat frequently
- Very Frequently

23. Does your agency actively use any of the following platforms? ***Please circle all that apply.***

- Facebook
- Twitter
- Robo calls
- Instagram
- Other social media
- None of the above

24. Does your agency have a website?

- Yes
- No
- Currently under construction
- If "Yes", please enter the website address: _____

25. Name and title of person completing this application:

- **Name:** _____
- **Title:** _____

26. Name and title of the Agency's/Organization's highest ranking decision maker *(i.e. CEO, Executive Director, President, Pastor, etc.)*

- **Name:** _____
- **Title:** _____

Next Step

Thanks so much for filling out the application. We will be in touch with you regarding your application within 15 business days of submitting. We look forward to talking with you about your interest and application.

