



HUNGER RELIEF PARTNER APPLICATION

Organization Name: _____

Type of Organization (501 (c)(3), business, school, etc): _____

Program Name: _____

Organization Web Site: _____

Mailing Address: _____

Street Address or P.O. Box # City Zip Code

Physical Location: _____

Street Address City Zip Code

Primary Contact Person: _____

Name Title

Do you have more than one physical location for distribution? Yes_____ No_____

If yes, please list the additional locations in the comments section below.

Primary Telephone #: _____ Primary Fax #: _____

Primary Contact's Email Address: _____

Secondary Contact Person: _____

Name Title

Secondary Telephone #: _____ Secondary Fax #: _____

Secondary Contact's Email Address: _____

Organization Director/Pastor: _____

Name Title



TYPE OF PROGRAM DESCRIPTION

Is the program existing? Yes_____ No_____ If yes, how long? _____

Please identify the program(s) your organization provides (or wishes to provide) to the community, listed below.

- Congregate Meal Program (Group Meal) – We prepare and serve meals to walk-in guests, or serve meals to clients off-site. We do not provide shelter to clients through this program. *Examples: soup kitchen, child & senior daycare*
- Emergency Food Pantry – We provide direct food assistance to the community. We store food on-site and have set weekly hours when this food assistance is available to the public. We have set criteria for individuals to receive food assistance. This type of program is added to the Delaware Helpline Food Pantry referral list. *Examples: food pantry, food closet*
- Mobile Pantry Distribution Program – We provide food services in mass distribution. We do not provide ongoing case management for those who receive food from us. There are limited or no criteria for participation. *Examples: mass distribution/ mobile pantry/ fields of hope*
- Residential Program – We prepare and serve meals to clients to whom we also provide shelter. *Examples: Temporary or domestic violence shelter, rehab home, group home*
- Commodity Supplemental Food Program (CSFP) –We participate in this USDA-provided monthly food box program, sponsored by the Food Bank to elderly, low income DE Residents age 60+.
- The Emergency Food Assistance Program (TEFAP) – We receive USDA-provided commodities through this program for low-income households at 185% or less of the federal poverty level.

Hours and Days of Operation: _____

Please use the space below to briefly describe the program(s) and service(s) your organization currently provide to the community. Please include the approximate numbers of clients:
