



Agency Membership Application

SECTION 1: GENERAL INFORMATION

Date _____

Name of Organization: _____

Mailing Address: _____

City: _____ Zip: _____

Site Address: (if applicable) _____

Phone: _____ Fax: _____ cell _____

Email: _____ Website _____

Program Contact Person:

_____ cell _____

Distribution Address: _____

City: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

Geographic Location of Service: _____

Do you have federal tax-exempt status under Section 501 (c) (3)? Yes _____ No _____

Please list the four (4) persons from your agency who will be eligible to shop at the Maui Food Bank,

signatures are required:

1. _____ Signatures: _____

2. _____ Signatures: _____

3. _____ Signatures: _____

4. _____ Signatures: _____

SECTION II: PROGRAM FOOD DISTRIBUTION/MEAL SERVICE INFORMATION

Please check the appropriate description of your agency's program.

- Pantry/Emergency Food Box Program:** an agency that is able to provide groceries to those in need of one time or short term food assistance
 - Soup Kitchen:** an agency that cooks and serves meals to walk-in guests on a regular or occasional basis
 - Client Services:** food distribution to clients registered in agency program
 - Shelter (Homeless):** an organization that is able to provide emergency shelter for homeless individuals and/or families
 - Residential Program:** cooking and serving meals to registered clientele; including those who are developmentally and/or physically disable and persons in group homes
 - Day-Care/ School Program:** cooks and serves meals/snacks for children at a day-care center or school
 - Seniors Program:** cooks and serves meals/snacks for senior citizens
 - Drug/Alcohol Rehabilitation Center:** cooks and serves meals/snacks for clients at a state-certified drug/alcohol rehabilitation center
 - Youth Program:** cooks and serves meals/snacks for youth camps or youth related activities, of which the majority of persons participating are low-income
 - Other (explain):** _____
-

Depending on which categories just checked, please complete the following section(s) applicable to your feeding program.

SECTION III: PANTRY/EMERGENCY FOOD BOX PROGRAM ONLY:

1. HOURS: What days and hours is your pantry open to help people?

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

2. Approximately how many persons per month are you able to serve? _____

3. What foods/products do you provide or plan to provide (check appropriate food)?:

Canned Food _____ Frozen Foods _____ Dry Goods: _____

Perishables (Dairy, Fresh Produce, etc.) _____ Nonfood items (Soap, etc.) _____

4. How many days of food supply are you able to distribute to a family/individual at one time?

5. What area(s) do you serve? _____

Are your services limited to the neighborhood(s)? Yes _____ No _____

6. Do you keep records of the people you serve? Yes _____ No _____

7. FOOD STORAGE CAPACITIES:

Cabinets/Shelves: _____

Refrigerator: _____

Freezer: _____

8. Are there any type(s) of food/products you cannot store? Yes _____ No _____

9. Please list any special needs or requests for clients that you serve: _____

SECTION IV: RESIDENTIAL PROGRAM/ SOUP KITCHEN/DAY-CARE/ OR OTHER MEAL PROGRAMS:

1. How many individuals/clients/guests are served in your program? _____

2. Which meals do you serve? (Check all that apply)

Breakfast _____ Lunch _____ Dinner _____ Snacks _____

3. What days/hours do you serve meals?

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

On a per-day average, how many clients are fed?

	Breakfast	Lunch	Dinner
Monday	_____	_____	_____
Tuesday	_____	_____	_____
Wednesday	_____	_____	_____
Thursday	_____	_____	_____
Friday	_____	_____	_____
Saturday	_____	_____	_____
Sunday	_____	_____	_____

4. If you have a current meal service, do you charge for meals? Yes _____ No _____

If yes, how much? _____

5. Do you have a room/board or program fee? Yes _____ No _____

If yes, how much? _____

6. Do you ask for donation from your clients? Yes _____ No _____

7. To operate, is your agency required to have a state license? Yes _____ No _____

8. Do you have a health certificate from the State Board of Health, licensing you to serve meals to the public? Yes _____ No _____ If yes, please attach a photocopy of license.