



**MAUI FOOD BANK**  
*Helping the Hungry*

Agency ID#: \_\_\_\_\_  
Application Date: \_\_\_\_\_

## Agency Membership Application

### GENERAL INFORMATION

Agency Name: \_\_\_\_\_

Program Name (if different): \_\_\_\_\_

Physical Address: \_\_\_\_\_

Distribution Address: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Website: \_\_\_\_\_

*(Check all that apply)*

Agency Type:     Church             501(c)3             Under 501(c)3 Parent Organization

### CONTACT INFORMATION

CEO / Executive Director /  
President / Sr. Pastor: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Program Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Report Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

Food Safety Contact: \_\_\_\_\_

Title: \_\_\_\_\_

Email: \_\_\_\_\_

Phone: \_\_\_\_\_

**AGENCY INFORMATION**

*(Check all that apply)*

Distribution Type:     On-site                     Off-site/Mobile     Members Only     Open to Public

Emergency Food Assistance / Pantry     Prepared Meals     Soup Kitchen     Shelter

Client Services     Youth Program     Seniors Program     Residential Program

Other (explain): \_\_\_\_\_

Please describe the type of services your agency or program provides. Please include all services, even those not food related.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

***Please complete the following section(s) applicable to your food service program.***

**EMERGENCY FOOD ASSISTANCE / PANTRY PROGRAMS**

Does your agency provide Emergency Food Assistance or operate a Food Pantry?     Yes     No

If YES, what types of foods are distributed? *(check all that apply)*

Canned Food                     Dry Goods (cereal, pasta, etc.)                     Frozen Goods

Meat (fresh, frozen)                     Perishables (dairy, produce, etc.)

What is the average number of people served monthly? \_\_\_\_\_

How much days of emergency food supply are you able to distribute to a family/individual at one time? \_\_\_\_\_

Do you require proof of need?     Yes     No

Days & Hours of Food Distribution: \_\_\_\_\_

Holidays Observed (if any): \_\_\_\_\_

Are your distribution hours posted publicly?     Yes     No

If YES, where? \_\_\_\_\_

Is the location accessible to people with disabilities? \_\_\_\_\_

**PREPARED MEAL / SNACK PROGRAMS**

Does your agency provide meals/snacks *on* your premises? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your agency provide meals/snacks *off* your premises? \_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, how often? \_\_\_\_\_

Days & Hours of Food Service: \_\_\_\_\_

Holidays Observed (if any): \_\_\_\_\_

For off-site/mobile programs, what area(s) do you serve? \_\_\_\_\_

Number of clients served at each meal:

Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_ Snacks: \_\_\_\_\_

Does your agency have a Food Establishment Permit from the State Department of Health? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your agency have access to a State Department of Health certified kitchen? \_\_\_\_\_ Yes \_\_\_\_\_ No

**PROGRAM FUNDING INFORMATION**

Indicate approximate percentages of product that you anticipate receiving from

\_\_\_\_\_ % Maui Food Bank          \_\_\_\_\_ % Outside Purchases          \_\_\_\_\_ % Donations

Does your program charge a fee, require work, or require attendance at religious services in order to receive food?

\_\_\_\_\_ Yes \_\_\_\_\_ No

If YES, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What are your funding sources and how much support do you anticipate each year?  
(e.g. state, federal or local funding, Maui United Way, community support, church members)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**FOOD STORAGE INFORMATION**

Does your agency have a secure and clean food storage area with limited access? \_\_\_\_\_Yes \_\_\_\_\_No

Does your agency have cabinets and shelving to store food 6 inches off of the floor? \_\_\_\_\_Yes \_\_\_\_\_No

Does your agency have refrigerators and freezers? \_\_\_\_\_Yes \_\_\_\_\_No

*Please indicate what type of equipment and how many of each below.*

Refrigerators: Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_

Freezers: Residential: \_\_\_\_\_ Commercial: \_\_\_\_\_ Upright: \_\_\_\_\_

Does your equipment have thermometers? \_\_\_\_\_Yes \_\_\_\_\_No

Can your agency pick up perishable items on short notice? \_\_\_\_\_Yes \_\_\_\_\_No

**AUTHORIZED SIGNATURE**

***By signing below, you confirm that the information provided is true and accurate.***

\_\_\_\_\_  
CEO/Executive Director/President/Sr. Pastor's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Food Program Manager's Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date