

HIDDEN HARVEST
RECIPIENT AGENCY APPLICATION

(Please type or print and answer all questions completely.)

Legal Name of Organization: _____

President/ Executive Director: _____

Contact Person/Title: _____

Other Approved Contact/Title: _____

Mailing Address: _____ City/Zip: _____

Phone: _____ Contact Person's Phone #: _____

Fax: _____ Email address: _____

Delivery Address (if different): _____ City/Zip: _____

Nearest Cross Streets: _____

Is your agency a non-profit organization? Yes _____ No _____

Non-Profit 501(c)(3): Yes _____ No _____; Church: Yes _____ No _____

(Your organization must have a 501(c)(3) tax exempt letter or qualify as a church per IRS standards)

Type of Agency / Program (please check all that apply):

_____ Food Pantry _____ Residential Facility / Program

_____ Shelter _____ Soup Kitchen

_____ Other (please describe) _____

Number of meals currently provided / served by your agency:

Daily: _____ Weekly: _____ Monthly: _____

Year Program Started: _____ Current Annual Operating Budget: _____

Does your agency have a refrigerator? Yes _____ No _____; Freezer? Yes _____ No _____

Specific geographic area to be served (include boundaries or cross streets): _____

How many people received food from your agency last year? _____

Authorized Signature

Date

HIDDEN HARVEST
RECIPIENT AGENCY APPLICATION

Print Name and Title

Agency Name: _____ Date _____

1. What is your organization's mission?

2. Please provide a brief description of your agency's programs and activities.

3. How many people did you feed through your program(s) last year?

4. How much food (in pounds/meals) would you like to receive from HIDDEN HARVEST:
(One pound of food = one meal.)

Weekly _____ Monthly: _____ Other: _____

5. Will you provide this food to families you are currently serving or will the additional food allow you to serve more families? If so, how many?

6. Please describe how you will distribute the perishable food you receive from HIDDEN HARVEST.

HIDDEN HARVEST
 RECIPIENT AGENCY APPLICATION

Agency Name: _____ Date _____

7. What criteria do you use to determine client eligibility?

8. What kind of records (if any) do you keep regarding your clients?

9. Percentage of clientele served:

Preschool (0-5) _____ %	Male _____ %
Children (6-17) _____ %	Female _____ %
Adults (18-59) _____ %	
Seniors (60+) _____ %	

10. Special needs of participants *(please check all that apply)*:

- | | |
|--|---|
| <input type="checkbox"/> Low income
<input type="checkbox"/> Unemployed
<input type="checkbox"/> Single female heads of household
<input type="checkbox"/> Grandparent heads of household
<input type="checkbox"/> Recently laid off
<input type="checkbox"/> Physical or mental disability | <input type="checkbox"/> Illiterate
<input type="checkbox"/> Homeless
<input type="checkbox"/> Domestic Abuse
<input type="checkbox"/> None of these categories apply
<input type="checkbox"/> Other: please explain _____
_____ |
|--|---|

11. What is the major "at-risk" factor among the clients your program serves?
(please check all that apply):

- | | |
|---|---|
| <input type="checkbox"/> Dropped out of school
<input type="checkbox"/> Teen pregnancy
<input type="checkbox"/> Juvenile delinquency
<input type="checkbox"/> Substance abuser
<input type="checkbox"/> Losing public benefits
<input type="checkbox"/> Violent behavior | <input type="checkbox"/> HIV / AIDS/
<input type="checkbox"/> Mental illness
<input type="checkbox"/> Evicted
<input type="checkbox"/> None of these categories apply
<input type="checkbox"/> Other: please explain _____
_____ |
|---|---|

12. Please detail the days and hours of your program(s):

DAY	PROGRAM ACTIVITY (i.e.: pantry, shelter, soup kitchen)	HOURS OF PROGRAM
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		

HIDDEN HARVEST
 RECIPIENT AGENCY APPLICATION

SATURDAY		
SUNDAY		

Agency Name: _____ Date _____

13. Do you serve food? Yes _____ No _____

If yes, how many times per week do you serve:

Breakfast _____ Days _____ Number served _____

Lunch _____ Days _____ Number served _____

Dinner _____ Days _____ Number served _____

Snacks _____ Days _____ Number served _____

14. Do you deliver food outside your facility? Yes _____ No _____

If yes please describe: _____

15. What types of foods best meet your needs? (*please check all that apply.*)

_____ Soups _____ Produce _____ Dairy

_____ Baked goods _____ Sandwiches _____ Breads

_____ Meats _____ Fish _____ Prepared Meals

_____ Other (*please list*) _____

16. Does someone on your staff who is handling food have a Safe Food Handling Certificate?

Yes _____ No _____ If yes please provide name(s): _____

17. Is your kitchen / storage area inspected by:

Department of Public Health Yes _____ No _____ County _____

Michigan Dept. of Agriculture Yes _____ No _____ County _____

18. On what days and during what hours would your agency be able to accept food deliveries?

19. Please tell us how this project will help your agency relieve hunger in the neighborhood(s) you serve.

Please include as attachments:

- 501(c)(3) tax exempt letter or Church Qualifier Form
- Copy of documentation verifying safe food handling training or ServSafe certification

HIDDEN HARVEST
RECIPIENT AGENCY APPLICATION

- Organizational brochure and / or most recent newsletter
- Current operating budget