



**SECOND
HARVEST**
OF COASTAL GEORGIA
AGENCY APPLICATION

AGENCY INFORMATION	
Agency Name – 501(c)3:	
Program Name (if different):	
Mailing Address:	
Physical Address:	
Do you have multiple locations? [Y] [N]	If yes, provide address for all locations.
Phone:	Phone:
Website:	Social media:
How many paid staff do you have?	How many regular volunteers do you have?
Please explain your program funding sources.	
Is your organization part of a larger organization? [Y] [N]	
(If yes, please provide following information) Parent Organization Name:	
Mailing Address:	
Phone:	
Is your parent organization legally responsible for the operations & liabilities of your program?	
Does your organization or the parent organization have tax- exempt status under Section 501(c)3 from the Federal Internal Revenue Service? [Y] [N]	
Federal Tax-Exempt Number (EIN):	
<i>If your organization does not have tax exempt status information under Section 501(c)3, please fill out the qualifier form (available upon request) and attach information to your organization's letterhead.</i>	
CONTACT INFORMATION	
Primary Contact Person:	
Title/Role with Agency:	
Phone:	Email:
Agency Director:	
Phone:	Email:

PROGRAM INFORMATION

What type of food program are you applying for partnership with? (Check all that apply)

- | | |
|---------------------------------------------|--------------------------------------------------------|
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Mobile Food Pantry | <input type="checkbox"/> Back Pack Program |
| <input type="checkbox"/> Soup Kitchen | <input type="checkbox"/> Other (please describe) _____ |

Do you have multiple locations? If so, please list

What county does your agency serve?

What are your days of distribution:

What are your hours of distribution:

Do you have any requirements for individuals who use your services (i.e. must live in X county or zip code or be of a certain age)?

(Please enclose copies of intake forms or applications your agency will use)

Do you have special food needs in your program?

*If yes, please describe these needs

Do you distribute packages for emergency needs? [Y] [N]

Is on-call food service available for emergency needs? [Y] [N]

May we refer emergency needs to you? [Y] [N]

Please describe how you will determine that most of your clients live on low income:

Based on the needs you have identified in your area and your agency's capacity, please estimate the following:

Number of families served monthly:

Number of adults served monthly:

Number of children served monthly:

What other services (nonfood) does your organization provide?

FOOD STORAGE	
Describe the storage space that your agency has available. (Dry and climate-controlled storage)	
Number of Refrigerators:	Number of Freezers:
Is storage shared with another program? [Y] [N]	
What food safety tools do you have for transporting food?	

Please list the individuals authorized to select, order, and pick up products for your organization. *Each person authorized must attend an orientation before placing orders and picking up items.	
Name:	Phone:
Name:	Phone:
Name:	Phone:
Person responsible for monthly billing:	
Email address:	

AUTHORIZED SIGNATURES	
To the best of my knowledge the above information is correct.	
Director:	
Signature:	Date:
Primary Contact (if different):	
Signature:	Date:

*****There is a \$25 non-refundable application fee
that must be paid at submission of completed application.*****

Applications will not be accepted October 1 – December 31.

Please note completion of this application does not guarantee membership. We reserve the right to refuse membership to agencies not meeting our criteria and/or not aligning with our current strategic plan.