



# NEW PARTNER AGENCY PRE-APPLICATION

Please complete the following in entirety and submit to United Food Bank at [talcaraz@unitedfoodbank.org](mailto:talcaraz@unitedfoodbank.org). Following evaluation of your application, United Food Bank will notify your organization of next steps.

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Primary Contact Name

\_\_\_\_\_  
Primary Contact Phone Number

\_\_\_\_\_  
Primary Contact Email

\_\_\_\_\_  
Organization Physical Address

1. Has the organization been in partnership with United Food Bank in the past? Yes \_\_\_ No \_\_\_
2. Is the organization a 501c3? Yes \_\_\_ No \_\_\_
  - a. If no, is the organization supported by a faith-based nonprofit? Yes \_\_\_ No \_\_\_
  - b. Sponsoring organization holding 501c3, if different: \_\_\_\_\_
3. Is food currently being distributed? Yes \_\_\_ No \_\_\_
  - a. If yes, where is food currently being received from? \_\_\_\_\_
4. Are there permanent, secure storage areas for food? Yes \_\_\_ No \_\_\_
5. Is there documented pest control in place at the organization? Yes \_\_\_ No \_\_\_
6. Does the staff or volunteers hold a food handlers card or food manager’s certification? Yes \_\_\_ No \_\_\_
7. Computers are a requirement for United Food Bank’s reporting process. How many computers does the organization have access to? \_\_\_\_\_
8. Why is the organization interested in becoming a United Food Bank Partner Agency?

\_\_\_\_\_

—

\_\_\_\_\_

—

\_\_\_\_\_



# NEW PARTNER AGENCY PRE-APPLICATION

9. Which of the following most closely describes the organization's desired program?

Food Pantry

Soup Kitchen

Mobile Pantry Distribution

Youth Program

Residential Facility

Other (please describe)

School Pantry

\_\_\_\_\_

Senior Program

\_\_\_\_\_  
Organization Representative Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Organization Representative's Title

Email Pre-Application form to: [talcaraz@unitedfoodbank.org](mailto:talcaraz@unitedfoodbank.org)