



21800 Greenfield Road, Oak Park, Michigan 48237

AGENCY APPLICATION

Thank you for your interest in becoming a receiving agency of Forgotten Harvest. In order to be considered, you must first fill out the attached application and return it with the requested items. We currently have a waiting list and are unable at this time to tell you when you might be added. The first step, however, is to provide us with the requested information so we can determine if you are eligible. If you meet our eligibility requirements, we will add you to our waiting list. Forgotten Harvest is a rapidly growing food rescue organization and we do expect to add new agencies as we expand our trucking fleet. When space becomes available for you on our trucking routes, our Agency Manager will contact you for an agency visit to verify your eligibility and then add you as a new agency.

Eligibility: In order to be considered as a new recipient agency, an organization must:

- Provide service on at least a weekly basis and be able to take delivery of food once a week;
- Be a 501(c)(3) nonprofit organization;
- Have a Serv-Safe Certification or equivalent
- Have on-site refrigeration for storage of perishable foods;
- Be located in or provide service to residents of a high poverty neighborhood.

Priority will be given to agencies serving vulnerable populations, including at-risk children, frail seniors, and homeless families. Other factors in the selection process include the agency's service to high-poverty areas and frequency of service/capacity for distribution of perishable foods. Using Census 2000 data, we can identify, to the block level, the highest concentrations of poverty in the tri-county area. Priority is given to agencies serving the greatest number of families with children in these neighborhoods.

APPLICATION SUBMISSION REQUIREMENTS: Please submit only one copy of your application. In your application packet, you must include:

- Application cover sheet signed by Executive Director/CEO;
- Proposal Narrative;
- 501(c)(3) tax exempt letter;
- Copy of your current ServSafe Food Handling certification;
- Current operating budget;
- Most recent financial audit or review or year-end statement;
- Most recent annual report, newsletter, and/or organizational brochure.

Please return your completed application to:

Krista Poole, Agency Relations Manager

21800 Greenfield Road, Oak Park, MI 48237

Fax: 248-268-7543 or Email: kpoole@forgottenharvest.org

Questions? Call Krista Poole at 248.268.7501.

**FORGOTTEN HARVEST
RECIPIENT AGENCY APPLICATION**

Application Cover Sheet

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

Legal Name of Organization: _____

Type of Agency/Program(s): Food Pantry Group Feeding Program/Soup Kitchen
 Shelter Residential Program

Number of meals currently provided/served by your agency:

Daily: _____ **Weekly:** _____ **Monthly:** _____

Year Program Started: _____ **Current Annual Cash Operating Budget:** _____

Executive Director/President: _____

Contact Person/Title: _____

Address: _____ **City/Zip:** _____

Phone: _____ **Contact Person's Phone #:** _____

FAX: _____ **Email Address:** _____

Is your agency a nonprofit organization? Yes No
(Your organization must be a 501 (c)(3) nonprofit to receive food through Project Fresh.)

Does your organization have a refrigerator? Yes No

How many pounds of food/meals would you like to receive weekly? _____

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

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

Authorized Signature _____
Date

Print Name and Title

FORGOTTEN HARVEST - RECIPIENT AGENCY APPLICATION

1. What is your organization's mission?

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

3. How many people did you feed through your programs last year?

4. How much food (in pounds/meals) would you like to receive on a weekly basis? (One pound of food = one meal.)

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 Forgotten Harvest.

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:

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

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

- | | |
|--|--|
| <input type="checkbox"/> Low Income | <input type="checkbox"/> Illiterate |
| <input type="checkbox"/> Unemployed | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Single female heads of households | <input type="checkbox"/> Domestic Abuse |
| <input type="checkbox"/> Grandparent heads of households | <input type="checkbox"/> None |
| <input type="checkbox"/> Recently laid off | <input type="checkbox"/> Other; please explain _____ |
| <input type="checkbox"/> Physical or mental disability | _____ |

11. What is the major “at-risk” factor among the clients your program serves?
(*check all that apply*)

- | | |
|---|--|
| <input type="checkbox"/> Dropped out of school | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Teen pregnancy | <input type="checkbox"/> Mental illness |
| <input type="checkbox"/> Juvenile delinquency | <input type="checkbox"/> Evicted |
| <input type="checkbox"/> Substance abuser | <input type="checkbox"/> Other; please explain _____ |
| <input type="checkbox"/> Losing public benefits | _____ |
| <input type="checkbox"/> Violent behavior | |

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

DAY	PROGRAM ACTIVITY (ie: pantry, soup kitchen, shelter)	HOURS OF PROGRAM
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		
SUNDAY		

13. Forgotten Harvest drivers generally pick up food from donors in the mornings and then deliver to agencies in the afternoons. On what days, and during what hours, would your agency be able to accept delivery of food?

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

15. Please include as attachments:

- 501(c)(3) tax exempt letter
- Copy of your current Serv-Safe certification or documentation verifying attendance at safe food handling certification training
- Current operating budget
- Most recent financial audit or review; if you do not have an audit, please submit your most recent year-end financial statement
- Most recent annual report, newsletter, and/or organizational brochure.