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 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 Client Services 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, ALL organizations must:

- Be a 501(c)(3) nonprofit organization;
- Have a Serv-Safe Certification or equivalent with representation onsite during distributions
- Be located in or provide service to clients with food insecurity
- Facilitate and gather accurate data capture at each distribution through Link 2 Feed System to be submitted no later then 48 hours post distribution

For Agencies looking to become a Mobile Pantry Partner:
- Enough space/road/lot to safely process 200-800 cars per distribution without impacting local traffic
- Parking Lot/Space that can accommodate a Semi Truck or Large Box Truck
- Surface area that is flat and free from holes/damage so that a pallet jack can safely operate
- Onsite Coordinator identified at Location
- Restroom facilities for FH staff and Volunteers to use during distribution
- Internet/Wi-Fi service at distribution site
- Complete and Adhere to annual Civil Rights Training

For Agencies looking to partner as a Food Pantry or other provider types:
- Have on-site refrigeration for storage of perishable foods if storing foods
- Have onsite dry, clean storage located away from heat sources at least 6" off the floor
- Have and maintain adequate onsite pest management
- Allow for yearly onsite Audit from Forgotten Harvest Staff

This Institution is an Equal Opportunity Provider
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 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 completed and signed by Executive Director/CEO or other relevant leader within the organization
- Proposal Narrative;
- 501(c)(3) tax exempt letter;
- Copy of your current ServSafe certification or documentation verifying attendance at safe food handling certification training;
- 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:
ATTN: Krista Poole
15000 Eight Mile Rd, Oak Park, MI 48237
email: kpoole@forgottenharvest.org
FORGOTTEN HARVEST
RECIPIENT AGENCY APPLICATION

(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 clients currently being served by your agency for food assistance:

Weekly: _________   Monthly: _________   □  No Current Program

Year Program Started: ___________   Current Annual Cash Operating Budget: ___________

Executive Director/President: ______________________________________________________

Contact Person/Title: _____________________________________________________________

Address:_______________________________  City/Zip:______________________________

Main Phone: ______________________ Contact Person’s Phone #: _____________________

Fax: ______________________ Email Address: _____________________________________

Is your agency a nonprofit organization?  _____ Yes   ____ No

What is the organizations EIN#: _________________________________________________

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

Preferred Receiving Days/Hours:

☐ Mon _____  ☐ Tues _______  ☐ Wed _______  ☐ Th _____  ☐ Fri _____  Sat ______

Preferred Distribution Days/Hours:

☐ Mon _____  ☐ Tues _______  ☐ Wed _______  ☐ Th _____  ☐ Fri _____  Sat ______
Primary Language(s) of Clients if other than English:
_____________________________________________________________________________________

Size/Capacity of Dry Storage Space:
_____________________________________________________________________________________

Size/Capacity of Freezer Space:
_____________________________________________________________________________________

Size/Capacity of Fridge Space:
_____________________________________________________________________________________

Does Location have a Dock for Deliveries? □ Yes □ No

Do you currently receive food from any other agencies or sources? If so, who and when?
_____________________________________________________________________________________
_____________________________________________________________________________________

Does your organization have the ability to do pickups of food? □ Yes □ No

Size of Vehicle (dock height if applicable)? ____________________________

Refrigeration in Vehicle □ Yes □ No

Other Social Services or Programs offered by agency:
_____________________________________________________________________________________
_____________________________________________________________________________________
_____________________________________________________________________________________

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? (if applicable)

What type of program are you looking to implement with Forgotten Harvest?

☐ Mobile Pantry (Food it brought by Forgotten Harvest at a specific time and day and distributed to cars/families in a drive up setting).

☐ Brick and Mortar/Food Pantry (Food is brought to you on a specific day, but time may vary and distributed to clients through your own internal system).

☐ Other (Please Explain): ______________________________________________________
____________________________________________________________________________

4. How many households (every 4 people living together = 1 household, so 7 people in one home would equate to 2 households) or individuals do you plan to serve with the food you would receive from us?

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?

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):
- Low Income
- Unemployed
- Single female heads of households
- Language Barrier
- Grandparent heads of households
- Recently laid off
- Other; please explain_________________________________________________

11. What is the major “at-risk” factor among the clients your program serves? (check all that apply)
- Dropped out of school
- Teen pregnancy
- Juvenile delinquency
- Substance Abuser
- Losing public benefits
- Violent behavior
- HIV/AIDS
- Mental illness
- Evicted
- Other; please explain________________________
- Losing public benefits
- Violent behavior

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

<table>
<thead>
<tr>
<th>DAY</th>
<th>PROGRAM ACTIVITY (i.e.: pantry, soup kitchen, shelter)</th>
<th>HOURS OF PROGRAM</th>
</tr>
</thead>
<tbody>
<tr>
<td>MONDAY</td>
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<tr>
<td>TUESDAY</td>
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<td>WEDNESDAY</td>
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<tr>
<td>SUNDAY</td>
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</tbody>
</table>

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

- 501(c)(3) tax exempt letter
- Copy of your current Serv-Safe certification or documentation verifying attendance at safe food handling certification training (if you do not currently have this, please let us know if you are willing to obtain)
- 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.

I hereby certify that the above statements are true and correct to the best of my knowledge. I understand that a false statement may disqualify me for partnership with Forgotten Harvest.

______________________________________________ ___________ ______________________
Applicant Agency Representative– Name and Title                      Date

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**Forgotten Harvest Use Only:**

Received By:

Date Received:

- Approved
- On Hold/Pending
  Reason: __________________________________________
- Denied
  Reason: __________________________________________

__________________
Client Services Manager Approval (Sign and Date)

__________________
Client Services Director Approval (Sign and Date)

__________________
Chief Operating Officer Approval (Sign and Date)

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