



15000 Eight Mile Rd, 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 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 than 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

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](mailto: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 is 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) \_\_\_\_\_%  
Adults (18-59) \_\_\_\_\_%  
Seniors (60+) \_\_\_\_\_%

Male \_\_\_\_\_%  
Female \_\_\_\_\_%

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/Houseless                   |
| <input type="checkbox"/> Single female heads of households | <input type="checkbox"/> Domestic Abuse                       |
| <input type="checkbox"/> Language Barrier                  | <input type="checkbox"/> Dietary Restrictions (explain below) |
| <input type="checkbox"/> Grandparent heads of households   | <input type="checkbox"/> None                                 |
| <input type="checkbox"/> Recently laid off                 | <input type="checkbox"/> Physical or mental disability        |
| <input type="checkbox"/> Other; please explain _____       |   |

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 **current** feeding program(s) if applicable:

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

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

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)