



AGENCY APPLICATION

Please complete all the information with as much detail as you can provide.

I. GENERAL INFORMATION

Today's Date: _____

Agency Name: _____

Contact Person: _____ Title: _____

Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Mailing Address: _____

City: _____ Zip: _____

Days/Hours of Operation: _____

II. DONATION INFORMATION

Primary Contact Person: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Secondary Contact Person: _____

Work Phone: _____ Cell Phone: _____ Email: _____

Delivery Address: _____

City: _____ Zip: _____

Delivery Instructions: _____

Days & Hours (Frequency) of Food Distribution: _____

Days & Hours Agency Accepts Food Deliveries: _____

General location of where food is to be delivered: (Circle only **one**)

- | | |
|----------------------|---|
| Town | Airport, Honolulu, Waikiki, Hawaii Kai, |
| Windward | Waimanalo, Kailua, Kaneohe, cut off at Punalu`u |
| North Shore | Laie, Kahuku, Waimea, Haleiwa, Waialua, Mokuleia, |
| Central | Schofield, Kunia, Wahiawa, Mililani, Waikele, |
| Leeward | Aiea, Pearl City, Waipahu, Ewa, Ewa Beach, Kapolei, Makakilo, |
| Waianae Coast | Nanakuli, Waianae, Makaha |



Holidays your agency is OPEN to receive donations? (Check all applicable. Note: These are holidays that Aloha Harvest operates and need to know what agencies will be open.)

- Martin Luther Prince Kuhio Day Good Friday Easter Sunday
 Mother's Day Kam Day Father's Day Admission Day
 Columbus Election Day

Food Storage Availability: Please indicate the quantity of each appliance(s) your agency has:

Appliance	Small/Individual	Standard/Home	Commercial
Refrigerator			
Freezer			

Please estimate your agencies **DRY** storage (square footage): _____

What additional appliances could your agency use? _____

Does your agency have a car, van or large truck at its disposal? Yes No

If yes, please describe vehicle & availability for use? _____

III. FOOD NEEDS (Please check the items your agency would be interested in receiving)

- Baby Food Institutional items Beverages - carbonated
 Breads & Pastries Juices/Non-carbonated Vegetarian meals/items
 Dairy Fruit/Vegetables Canned/dry goods
 Meats, Poultry, Fish Snack items Rice, Flour, Sugar
 Frozen foods Prepared entrees

Do your clients have any dietary restrictions? Yes No

If yes, please describe: _____

What three (3) types of foods would your agency consider a priority?

First: _____

Second: _____

Third: _____



IV. AGENCY INFORMATION

Indicate all that apply: Shelter Housing Transitional Homes
 Feeding Pantry Educational Services
 Other: _____

Is your agency an emergency feeding program? Yes No
Are your clients required to provide documentation? Yes No
Do you keep a record of the clients that you service? Yes No
Does your agency ever charge for food? Yes No

If yes, please explain: _____

Are there any restrictions preventing our 16-foot trucks to be able to make deliveries? Yes No

If yes, please explain: _____

Please describe the requirements and process your clients follow prior to receiving food/meals:

When you have more food than your agency can safely store, please explain your procedure for handling this excess food:



V. CLIENT INFORMATION

- 1) Please indicate the total number of **unduplicated individuals** your agency feeds in an *average month* (Count each individual only once): _____

- 2) Please share statistics of your clients – complete the number and percentage based on the total clients you indicated from question 1 above.

<u>Category</u>	<u>Type</u>	<u>How Many?</u>	<u>Percentage</u>
Gender	Female	_____	_____
	Male	_____	+_____
			=100%
Age	Children/Youth (1-17)	_____	_____
	Adults (18-59)	_____	+_____
	Senior (>60)	_____	+_____
			=100%
Ethnicity	American Native/Alaskan Indian	_____	_____
	African American	_____	+_____
	Asian	_____	+_____
	Hawaiian or Part-Hawaiian	_____	+_____
	Hispanic/Puerto Rican	_____	+_____
	Other Pacific Islanders	_____	+_____
	White/Portuguese	_____	+_____
			=100%
Household	Singles	_____	_____
	Single Parent	_____	+_____
	Family/2 adults with a child(ren)	_____	+_____
			=100%
Employment	Unemployed	_____	_____
	Employed	_____	+_____
			=100%
Other		<u>Yes</u>	<u>No</u>
	Disabled	_____	_____
	Mentally Ill	_____	_____
	Veterans	_____	_____

Source of Information:

Agency Records: _____ Best Guess: _____ Other: _____