



# Partner Agency Information Update Form

Please use this form to communicate any changes in the Partner Agency location, contact information, program(s) offered, funding information, or scope of service. Please submit to [agencyapp@secondharvestmidtn.org](mailto:agencyapp@secondharvestmidtn.org) or your Partnership Manager within 30 days of change.

## *Instructions*

1. Indicate below what information you are updating. Check all that apply:

\_\_\_\_\_ Organization Information (staff contact information, address, etc.)

\_\_\_\_\_ Program Information (change in scope of program or service)

\_\_\_\_\_ General Information

\_\_\_\_\_ Funding Information (significant changes to sources of funding)

\_\_\_\_\_ Other (please explain) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

2. Please complete the appropriate section(s) that follow for each of the sections you checked in #1.

\_\_\_\_\_  
Partner Agency Representative Name (Please Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Agency Representative Signature



## Organization Information

Date Update Submitted: \_\_\_\_\_

Name of Person Completing: \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Mailing Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Do you have multiple locations? If so, list all complete addresses:

\_\_\_\_\_  
\_\_\_\_\_

Parent Organization (if applicable): \_\_\_\_\_

Contact #1 Name: \_\_\_\_\_

Contact #1 Phone: \_\_\_\_\_ (office/direct/cell/home)

Contact #1 Email (*MUST* check regularly): \_\_\_\_\_

Contact #2 Name: \_\_\_\_\_

Contact #2 Phone: \_\_\_\_\_ (office/direct/cell/home)

Contact #2 Email: \_\_\_\_\_

Organization Director's Name: \_\_\_\_\_

Name of Person Picking Up Orders: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Email Address to Receive Statements & Invoices: \_\_\_\_\_

County(ies) Served: \_\_\_\_\_

Year Food Program Started: \_\_\_\_\_ EIN # (if applicable): \_\_\_\_\_



Organization Website: \_\_\_\_\_

Phone number clients should call for food assistance: \_\_\_\_\_

What is your Mission Statement? \_\_\_\_\_

What is your Vision & Goals? \_\_\_\_\_

How do you intend to use food obtained from Second Harvest? \_\_\_\_\_

## General Information

What quantity of equipment does your organization have on-site? Answer each, even if 0.

Residential:	_____ Oven	_____ Freezer	_____ Refrigerator	_____ Microwave
Commercial:	_____ Oven	_____ Freezer	_____ Refrigerator	_____ Heat/Hold Units
	_____ Walk-In Freezer		_____ Walk-In Cooler	
Misc. Equip.:	_____ Shelving	_____ Loading Dock	_____ Forklift	_____ Pallet Jack
Transportation:	_____ Box Truck	_____ Refrigerated Truck	_____ Van	_____ Pick-Up Truck

What are your organization's present source(s) of food? List percentages to total 100%.

_____ Local Grocery Store/Supermarket	_____ Warehouse Clubs (Sam's, Costco)
_____ Big Box Store (Walmart, Kmart, Target)	_____ Community or Church Donations, Food Drives
_____ Other: _____	

What types of office equipment do you have?

_____ Phone	_____ Printer/Scanner
_____ Copier	_____ Fax Machine
_____ Internet	_____ Desktop Computer / Laptop

What resources, beyond food, do you provide for clients?

_____ Nutrition Education / Recipes	_____ Utility Assistance
_____ Gas / Bus Voucher	_____ Rent / Mortgage Assistance
_____ SNAP Referral Assistance	_____ Training (computer, job, budgeting, etc.)
_____ Prescription Assistance	_____ Medical Services
_____ Referral to Other Resources	



\_\_\_\_\_ Other: \_\_\_\_\_

Do you have any of the following in the form of a written policy or procedure?

- |                                |   |
|--------------------------------|---|
| _____ Strategic Plan / Goals   | _____ Succession Plan for Director            |
| _____ Fundraising Plan / Goals | _____ Food Distribution / Food Safety Process |

Do you ask clients for donations or require attendance at a service/class to receive food? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

Do you charge client fees? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain. \_\_\_\_\_  
\_\_\_\_\_

How do you track service numbers? \_\_\_\_\_

What do you require from clients before serving? \_\_\_\_\_  
\_\_\_\_\_

What month & date did your program begin? \_\_\_\_\_

What percentage of your clients are low income? \_\_\_\_\_

## ***Financial Information***

How much do you spend, on average, for food each month? \_\_\_\_\_

Where does your program funding come from? (*percentages should total 100%*)

- |                           |                                  |                            |
|---------------------------|----------------------------------|----------------------------|
| _____ United Way          | _____ Client Fees                | _____ Individual Donations |
| _____ Fundraising Events  | _____ Church Donations           | _____ Grants               |
| _____ Corporate Donations | _____ Government Grants/Funding* |                            |
| _____ Other: _____        |                                  |                            |



## Current Program Information

Please indicate the food assistance programs you currently operate (check all that apply):

\_\_\_ Food Pantry (physical building)

Number of households served monthly \_\_\_\_\_

What are your hours of operation each day? List n/a if closed.

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Do you offer home delivery? \_\_\_ Yes \_\_\_ No

How often can clients receive a food box? \_\_\_\_\_

How are your food boxes packed? \_\_\_ Pre-Assembled \_\_\_ Client's Select Food

\_\_\_ Mobile Food Distributions

Number of distributions monthly \_\_\_\_\_

Number of households served monthly \_\_\_\_\_

\_\_\_ Homeless Outreach

Number of individuals served monthly \_\_\_\_\_

\_\_\_ Meal Program

\_\_\_ Meals on Wheels

Number of meals served monthly \_\_\_\_\_

\_\_\_ On-Site / Soup Kitchen

What are your hours of operation each day? List n/a if closed.

Monday \_\_\_\_\_

Tuesday \_\_\_\_\_

Wednesday \_\_\_\_\_

Thursday \_\_\_\_\_

Friday \_\_\_\_\_

Saturday \_\_\_\_\_

Sunday \_\_\_\_\_

Average number of individuals served each meal?

\_\_\_ Breakfast \_\_\_ Lunch \_\_\_ Dinner \_\_\_ Snack

Do you offer home delivery? \_\_\_ Yes \_\_\_ No

Does your organization have current health dept. certification licensing you to serve meals?

\_\_\_ Yes \_\_\_ No

If yes, list certificate no. & expiration date \_\_\_\_\_

Name of chef/lead kitchen staff \_\_\_\_\_



\_\_\_ Shelter (check all that apply)

\_\_\_ Homeless

\_\_\_ Domestic Abuse

\_\_\_ Other \_\_\_\_\_

Number of beds \_\_\_\_\_

Average number of individuals served each meal?

\_\_\_ Breakfast \_\_\_ Lunch \_\_\_ Dinner \_\_\_ Snack

Does your organization have current health dept. certification licensing you to serve meals?

\_\_\_ Yes \_\_\_ No

If yes, list certificate no. & expiration date \_\_\_\_\_

Name of chef/lead kitchen staff \_\_\_\_\_

\_\_\_ Residential (check all that apply)

\_\_\_ Substance Abuse

\_\_\_ Mental Health

\_\_\_ Senior Adult

\_\_\_ Youth

\_\_\_ Veterans

\_\_\_ Offender Re-Entry

\_\_\_ Other \_\_\_\_\_

Number of homes \_\_\_\_\_

Number of beds \_\_\_\_\_

Are residents charged any type of fee? \_\_\_ Yes \_\_\_ No

If yes, what do fees cover? \_\_\_\_\_

Are meals cooked by staff? \_\_\_ Yes \_\_\_ No

If yes, does your organization have current health dept. certification licensing you to serve meals? \_\_\_ Yes \_\_\_ No

If yes, list certificate no. & expiration date \_\_\_\_\_

Name of chef/lead kitchen staff \_\_\_\_\_

\_\_\_ Day Program (check all that apply)

\_\_\_ Mental Health

\_\_\_ Life Skills

\_\_\_ Senior Adult

\_\_\_ Other \_\_\_\_\_

Number of daily attendees \_\_\_\_\_

Average number of individuals served each meal?

\_\_\_ Breakfast \_\_\_ Lunch \_\_\_ Dinner \_\_\_ Snack

Does your organization have current health dept. certification licensing you to serve meals?

\_\_\_ Yes \_\_\_ No

If yes, list certificate no. & expiration date \_\_\_\_\_

Name of chef/lead kitchen staff \_\_\_\_\_



\_\_\_\_ Children's Feeding / Youth Program (check all that apply)

\_\_\_\_ Summer Meals

Number of children served weekly \_\_\_\_\_

What do you serve? \_\_\_\_ Breakfast \_\_\_\_ Lunch \_\_\_\_ Dinner \_\_\_\_ Snack?

Are enrichment or educational activities offered? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_ Afterschool Snacks/Meals

Number of children served weekly \_\_\_\_\_

What do you serve? \_\_\_\_ Dinner \_\_\_\_ Snack

Are enrichment or educational activities offered? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_ Year-Round Program

Number of children served weekly \_\_\_\_\_

What do you serve? \_\_\_\_ Breakfast \_\_\_\_ Lunch \_\_\_\_ Dinner \_\_\_\_ Snack?

Are enrichment or educational activities offered? \_\_\_\_ Yes \_\_\_\_ No

\_\_\_\_ Backpack (weekend meal bags)

Number of children served weekly \_\_\_\_\_

Schools supported \_\_\_\_\_

\_\_\_\_ School Pantry

Number of children served weekly \_\_\_\_\_

Schools supported \_\_\_\_\_

If serving meals/snacks for any of the above children's feeding / youth programs:

Are meals cooked by staff? \_\_\_\_ Yes \_\_\_\_ No

If yes, does your organization have current health dept. certification licensing you to serve meals? \_\_\_\_ Yes \_\_\_\_ No

If yes, list certificate no. & expiration date \_\_\_\_\_

Name of chef/lead kitchen staff \_\_\_\_\_

\_\_\_\_ Other Food Program: \_\_\_\_\_