



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 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: _____