



## New Partner Agency Application

Before completing this partnership application, be sure that you have fully evaluated the need in your area.

Go to [azfoodbanks.org](https://azfoodbanks.org) to connect with local agencies that may already be doing this same thing and see how you can collaborate efforts.

Please complete this partnership application in its entirety. This application should take up to 1 hour to complete so please plan accordingly.

Items you will need to complete this application:

- A computer & access to the internet
- Your organization's EIN & a copy of your Tax Exempt Certification from the IRS or a sponsoring letter.
- A list of your current Board of Directors (if applicable)
- A current Food Handlers Card: If you do not have a Food Handlers Card, you can obtain one by going online to [www.azfoodhandlers.com](https://www.azfoodhandlers.com) and take the 1-hour training course, then take the exam.

Please note that completing this application does not guarantee partnership with United Food Bank. Following evaluation of the application, United Food Bank will notify the organization of next steps or of any additional items that may be required for partnership.

I acknowledge that I have read the above directions and I am prepared to complete an agency partnership application. \*



Have you researched and contacted other local agencies operating Emergency Feeding Programs in your area to assess the need for another program? \*

Yes

Has your organization been in partnership with United Food Bank in the past? \*

No

Organization's name \*

United Food Bank-Food Pantry

Is your organization a registered 501(c)3 with the IRS? \*

Yes

IRS status \*

Good Standing

Employer Identification Number \*

9 Digit number found on your IRS Letter

12-3456789

Please upload your Tax Exempt Letter from the IRS \*



Organization's phone number \*

This is the phone number the public can call looking for services

(480) 926-4897

Physical Address \*

Physical location the services are or will be provided. Please include name (if different from organizations name) street, city, & zip Code

245 S Nina Dr. Mesa, Az 85210

County \*

If you do not see your county listed, please call United Food Bank. (480) 398-4520

Maricopa

Who will be the primary contact? \*

The main point of contact for the organization

George Washington

What is the primary contact's title/role within the organization?

\*

President

Primary contact's phone number \*

(602) 390-3974

Primary contact's email \*

[g.washington@unitedfoodbank.org](mailto:g.washington@unitedfoodbank.org)

Who will be the secondary contact? \*

This is the individual that we can contact if the primary is unavailable

Alexander Hamilton

What is the secondary contact's title/role within the organization? \*

Treasurer

Secondary contact's phone number \*

(602) 390-3974

Secondary contact's email \*

[a.ham@unitedfoodbank.org](mailto:a.ham@unitedfoodbank.org)

Which option best describes the organization? \*

Select all that apply

Select an option

Food Pantry ✕

Faith-Based Organization ✕

K-12 School ✕

College or University ✕

Childcare Center ✕

Healthcare Organization ✕

Senior Center ✕

Government Organization ✕

Community Center ✕

Residential Facility ✕

Other ✕

Please tell us more about what you do at your organization. \*

United Food Bank-Food Pantry provides supplemental meals to support our neighbors when they need it.

What services, besides food distribution, does your organization offer? \*

If you do not provide any other services, please write N/A

SNAP Application Support, Health Care, Clothing Support, Hygiene products, Recipes, Community Meetings, Job Training, Resume Support, etc.

How many locations does your organization operate? \*

1

Does the organization currently distribute food? \*

What are your current hours of operation? \*

If you are not currently operating, please list your anticipated hours of operation.

If yes, is your distribution open to the general public? \*

How do you notify the public of your current distribution? \*

Do you currently track how many individuals or households are served? \*

Average number of individuals served per month \*

Average number of households served per month \*

Which of the following best describes the clients you currently serve or plan to serve? \*

Please select all that apply.

Select an option

- Children under 18 ✕ Seniors (60 years+) ✕ Unhoused ✕ Students ✕  
Tribal/Indigenous Communities ✕ Refugees ✕ Veterans ✕ Sick or ill ✕  
Families ✕ Other/Self-declared need ✕

Do you have the ability to provide home deliveries? \*

We currently deliver to clients

Does your agency have the ability to provide assistance for Limited English Proficiency clients? \*

Yes

Does your organization have paid staff who support/will support food distribution? \*

Both volunteers and paid staff

Does your organization have an active Board of Directors? \*

Yes

Please attach a list of your Board of Directors. \*



Does your school currently operate any of the following? \*

Select an option

National School Lunch Program ✕

Child and Adult Care Food Program ✕

Summer Food Service Program ✕

School Breakfast Program ✕

Another program not listed that offers free food to students ✕

None of these ✕

What is the approximate number of students enrolled at the organization? \*

1500

What percentage of total students enrolled meets Federal Poverty Levels? \*

25%

How is this number determined? \*

1/4 kids

What, if any, fees are involved to participate in your programs? \*

Ex. Program fees

Daycare: \$1/Month



Is the school tuition-based? \*

Yes, Tuition: \$2/Month

Are fee waivers or scholarships available for those who can't pay? \*

Yes

How are students or children identified as eligible for the program? \*

If they self declare that their parents are below the federal income guidelines

How many students are served? \*

375

Are there secure storage areas for food at your location? \*

Yes

Does your agency have the ability to store cold items? \*

Yes

Does your agency have the ability to store frozen items? \*

Yes

Where will distributed food be prepared/consumed? \*

Select an option

Unsure ✕

Food is prepared and served on site (Congregate Meals) ✕

Food is served on site, but not prepared (Kids Cafe Program) ✕

Food is taken home to be consumed but requires little preparation (BackPack Prog... ✕

Food is taken home to be prepared and consumed (All other programs) ✕

Are there current pest control services at your location? \*

Yes

When was the last service completed? \*

12/31/2022

Please upload a current food handlers card \*

Primary, secondary, and those accepting deliveries are required to have a current Food Handlers Card



Does your organization have a budget? \*

Yes

Which of the following best describes the organizations funding sources? \*

Select all that apply

Select an option

Fundraising Events/ Campaigns ✕

Grants ✕

Sponsoring Organization ✕

Donors ✕

Other ✕

If other, please describe \*

Board Membership dues

If your organization was given \$10,000, how would your organization spend it? \*

Example 1: At the moment, our organization would spend \$10,000 on a new project to implement a client shopping experience. This would include shelves and shelf liners, staff time for remodeling, expenses on recipe cards, and HER guidelines expert consultations.

Example 2: We would use \$10,000 to offset some operational costs. These would include items like internet costs for 1 year, electricity for 1 year, rent for 3 months, and pest control services. This will free up some space in our budget to allow us to search and hire a pantry manager to take on the responsibility of the food pantry.

Computers are a requirement for United Food Bank's client database and reporting processes. How many computers does the organization have access to? \*

You can include tablets or iPads in this count

8

Does your organization have access to the internet? \*

Yes

Please indicate other types of equipment you have access to: \*

Select all that apply

Select an option

Phone ✕

Printer ✕

Copier ✕

Tables ✕

Desks ✕

Chairs ✕

Filing Cabinets ✕

Offices ✕

Fork Lift ✕

Pallet Jacks ✕

Vehicles for Pick ups ✕

Which of the following nonprofit operating procedures does your organization use? \*

Select all that apply

Select an option

Operations Plan ✕

Board Approved Budgets ✕

Financial Reporting Systems ✕

Financial Reserves ✕

Fundraising Plan ✕

Grant Writing ✕

Job Descriptions ✕

Emergency Plan ✕

Zero Waste ✕

Vendor Contact lists ✕

Human Resources ✕

Marketing ✕

Advocacy ✕

Inventory Tracking ✕

Succession Planning ✕

Other ✕

If other, please describe \*

Scholarship programs for staff & Volunteers, PTO, Medical Benefits, etc.

Does your organization have an online presence? \*

Select all that apply

Select an option

Website ✕

Social Media ✕

Blog ✕

Other ✕

No ✕

Organization's website \*

[unitedfoodbank.org](https://unitedfoodbank.org)

How and where can we find you on social media? \*

Facebook, Instagram, Twitter, & Myspace @Unitedfoodbank

Do you have collaborative partnerships with other local organizations for additional services? \*

Yes

If yes, please describe these partnerships \*

Partnerships with local government agencies to support rent and utility assistance.  
Advocacy organizations to provide a voice for our community.  
Health Organizations to provide wellness services for our community  
etc.

What is your organization's mission statement? \*

Example: Our mission statement is: Uniting Communities to Alleviate Hunger.  
United Food Bank-Food Pantry believes that this statement is strong in not only internal productivity, but is a mission that others can feel proud of when partnering with United Food Bank to create a change in their community.

What is your organization's 5-year plan? \*

Please provide a meaningful response.

Example: In 5 years, United Food Bank would like to expand services to help alleviate the need for services in our community, These include but are not limited to innovations in food distribution like client choice, building community gardens, and sustainability. Our daily goal is to work ourselves out of a job so that our community becomes a thriving example and one where our neighbors are proud to leave their legacy.

Why is your organization a good fit to be a United Food Bank partner? \*

Please provide a meaningful response.

Example: We feel that we are a great fit because we can support the United Food Bank name and mission in our community to all reach the same goal of making sure our neighbors are fed and set up for success. We can do this by providing excellent communication to United Food Bank staff, being kind to the drivers, and by offering a welcoming experience for our neighbors every time they come in to our pantry.

What inspired you to open a food pantry? \*

Please provide a meaningful response.

Example: We noticed a need in our area that no other organization is meeting. We feel that a food pantry will support our neighbors in not having to worry about where their next meal is going to come from and offer more of an opportunity to focus on their individual needs. Our hearts are driven by altruism and we want to give our all the those who need it most.

How does your organization plan to alleviate hunger? \*

Please provide a meaningful response.

Example: Our Food pantry plans to offer food distribution every day. We eventually plan to grow our operations into a client choice model to bring the dignity back into food distribution. We will highlight healthy options and provide recipe cards to those who are uncertain of how to use certain foods. We believe in focusing on the causes of poverty and how we can support our neighbors to get back on their feet so that they no longer need our services.

Today's date \*

12/31/2022

Digital signature \*

Please type your name.

Martha Washington

Please select the checkbox confirming that all the information listed in this application is completed to the best of your ability.

\*



☐ Email me a copy of my responses.

Submit

Never submit passwords through Airtable forms. [Report malicious form](#)

