**Application for Receipt of Food Deliveries – March 2020**

**Willing Hands’ mission is to reduce hunger and support healthy eating by serving our neighbors in need with nutritious perishable food. In addition to serving organizations who share our mission, we follow the federal guidelines for charitable gifts of food donations. We can only distribute food to organizations who serve:**

* Individuals requiring medical care, and/or
* The needy (those lacking the necessities of life as a result of poverty or temporary distress), and/or
* Minor children

**How does your organization’s use of Willing Hands food meet Willing Hands mission and the Federal Guidelines for Charitable Food Donations? Please explain in detail. (Use another piece of paper if needed.)**

*[please explain here]*

**Full Name of Organization:**

Is this organization a subsidiary of another organization? Please circle/highlight: NO or YES

 If YES, the name of that organization is: (e.g. fiscal sponsor)

**Federal EIN#:**  **501(c)3 Status Determination Date:**

**Mailing Address:**

**Physical Address:**

**Primary Contact Person:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Name, Title, Phone, Email

**Secondary Contact Person:**

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |

Name, Title, Phone, Email

**Please fill out both front and back**

**Organization’s Website:**

Do you want a link to this website to appear on Willing Hand’s website? Please circle/hightlight: NO or YES

Do you want your phone # to appear on our website? Please circle: NO or YES the number is:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**“By-line” or one sentence description of your organization: *“ “***

**Have you read through and agree to the “Guidelines for Willing Hands Recipient Organizations”? Yes \_\_\_ NO\_\_\_**

**Food From Willing Hands Will Be Used Primarily For Our** (please check one):

  **Food Delivery**   Community Meal  Residential Site  Rehab/Educational Program

**Do You Screen Food Recipients for Need?**  Please circle: NO or YES (screening is not a requirement, but it is helpful for us to know your process if you have one)

* Our recipients are required to fill out an application demonstrating “need” as defined by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.
* Our recipients are self-selected -- we have no policy or application process that might restrict access to our service. If this is the case please describe below how you know the food is getting to those who need it most: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* Other means of screening for need: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Non-Discrimination Policy -** Willing Hands does not serve organizations who discriminate, or refuse to serve food, on the basis of sex, race, color, age, national origin, religion, disability, genetic information, marital status, sexual orientation, gender identity/reassignment, citizenship, pregnancy or maternity, veteran status, or any other status protected by applicable national, federal, state or local law. Does your organization comply with the above statement?

Please circle: NO or YES

**Other Sources of Food Used By Our Organization:** (please check all that apply)

 State Food Bank

 Donation by Retail Store(s)

Donation by Wholesale Distributor(s) Donation by Local Farms/Bakeries/Caterers

Purchase From Retail Store at a Discount

 Purchase From a Retail Store or Wholesaler at Full Price

Donations from Individuals

**I vouch for the accuracy of information as presented on this application:**

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Signature of Organization Representative Printed Name Date**