



Food Reservoir

Interest Form





Thank you for your interest in becoming a partner with HACAP Food Reservoir. Before filling out this form, please complete the following:

- Read all Partnership Requirements at www.hacap.org
- Read all Partnership Benefits found on our website
- Read Network Charter found on our website
- Complete this Interest Form only if your program meets all requirements, or you are willing to complete them prior to becoming a partner with HACAP Food Reservoir

Basic Information

Name of Program	
Physical Address	
Agency Phone	
Main Contact	
Main Contact Phone	
Main Contact Email	
Estimated Start Date for Program:	

Does the agency have a FEDERAL tax exemption status under SECTION 501(c)3?	YES	NO
Federal Employee Identification Number		
Is your program affiliated with a religious organization?	YES	NO

*****Please include a copy of organizations current 501(c)3 determination letter from the IRS when you submit your interest form*****



What prompted you to reach out to HACAP Food Reservoir regarding a partnership:

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Please describe what you are hoping to achieve by becoming a partner with HACAP Food Reservoir:

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Please describe the people served by your agency (i.e. Age, income level, physical or mental disabilities).

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What kind of food does your agency need most often?

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How many households do you currently serve, or expect to serve with your feeding program?	
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Approximately what percentage of your participants can or will be described as low income?	
Do you charge Neighbors to utilize your program? If so, what are your fees?	

Check the category describing your program, and fill out the appropriate section based on your selection as followed:

- ☐ Food Pantry (Provides groceries to those in need of food assistance)
- ☐ Soup Kitchen (Cooking and serving meals to walk-in guests on a regular or occasional basis)
- ☐ On-Site / Meal Program (Cooking and serving meals or snacks to registered clientele, including Day Care, Half-Way homes, Group homes, Day Activity programs, and Day Camps)

PANTRY INFORMATION: (Only applicable if your program will distribute food via a pantry)

How is food distributed? (Pre-boxed or do you allow Neighbors to pick out the food they want)?	
What are the requirements for Neighbors to get food from your pantry? Attach your application or intake process if you have one.	
Do you keep records of how many people you serve when you are open?	
Do you require proof of identification?	
Do people have to attend church service or classes in order to receive food?	

SOUP KITCHENS: (Only applicable if your program will distribute food via a prepared/grab and go meal)

What meal(s) do you serve?	
What are your hours of operation?	
Do you have a health certificate from the board of health? Do you have a license to serve meals?	



Does the person doing food prep currently have an Advanced Food Safety Certification? If not, are you willing to have someone receive this certification?	
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ON-SITE / MEAL PROGRAMS: (Only applicable if your program will distribute food to registered clientele)

What age range do you serve?	
What meal(s) do you serve?	
What are your hours of operation?	
Do you have a room/board/program fee?	
Are you licensed? If yes, by whom?	
What is the name of the person in charge of your food prep?	
Does the person doing food prep currently have an Advanced Food Safety Certification? If not, are you willing to have someone receive this certification?	

Have you been operating a feeding program prior to contacting HACAP? If so, for how long?	
Do you have a monthly budget for food sourcing?	
What other food resources are in your community?	
Are there any additional requirements to receive food from your programming? Please list all requirements	



SIGNATURE

Agency Director

Date

**Completed Interest Forms should be submitted via email to foodreservoir@hacap.org
or by mail to HACAP Food Reservoir at PO Box 490, Hiawatha, IA 52233.**