



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

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



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

Have you been operating a feeding program prior to contacting HACAP? If so, how long?

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

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



Approximately what percent of those you serve are considered low income?

What kind of food does your agency need most often?

Do you have a monthly budget for food sourcing?

What other food resources are in your community?



Do you have dedicated staff members or volunteers to ensure longevity of programming?

SIGNATURES

Partner Agency Director

Date

HACAP Food Reservoir Representative

Date