



# Helping Harvest Membership Application

Please complete the questionnaire to help us get to know your organization better. Completing the questionnaire is required to be considered for moving forward in the application process and is not a guarantee of partnership. Applications are handled in the order in which they are received.

Please submit the application to Jess Umbenhauer at [jumbenhauer@helpingharvest.org](mailto:jumbenhauer@helpingharvest.org)

## General Organization Information

Organization type (check one): ☐ Nonprofit ☐ Church

|                                            |                      |                               |                      |
|--------------------------------------------|----------------------|-------------------------------|----------------------|
| Name of Organization                       | <input type="text"/> | Date:                         | <input type="text"/> |
| Main Address of Organization               | <input type="text"/> |                               |                      |
| Name of Individual Completing Application: | <input type="text"/> | Role at Organization:         | <input type="text"/> |
| Organization Main Contact                  | <input type="text"/> | Main Contact's Email Address: | <input type="text"/> |
| Year the Organization Started              | <input type="text"/> | Main Contact's Phone Number:  | <input type="text"/> |

If your organization is a Nonprofit, indicate the name of the organization that holds the 501(c)(3) status for your organization below. You will be asked to provide your organization's IRS determination letter if Helping Harvest chooses to move forward with your application.

501(c)(3) status holder:

If your organization is a church, a church qualifier form will need to be completed if Helping Harvest chooses to move forward with your application.

Federal EIN #:

Do you have an established Board of Directors?  
☐ Yes ☐ No

How do people find out about your organization and programs?

Does someone in your program hold a Food Safety credential?  
☐ Yes Level:  ☐ No

Organization Website:

Additional Social Media Handles:

List any services your Organization provides to clients in addition to food:

List sources of funding for your Organization:

What type of food program does your organization operate or anticipate operating? (Check One)  
☐ Food Pantry ☐ Meal Program ☐ Snack Program ☐ Shelter

How does your organization determine if a client is eligible for your program?

Does your organization have a pest control program?  
☐ Yes ☐ No

## Contact Information

Please list one contact for each section listed below.

1. Main Contact (The individual that is the main person for communicating with Helping Harvest)

|                    |                      |
|--------------------|----------------------|
| Name:              | <input type="text"/> |
| Main Phone Number: | <input type="text"/> |
| Cellphone Number:  | <input type="text"/> |
| Email Address:     | <input type="text"/> |

2. Ordering Contact (The individual that is placing the orders)

|                    |                      |
|--------------------|----------------------|
| Name:              | <input type="text"/> |
| Main Phone Number: | <input type="text"/> |
| Cellphone Number:  | <input type="text"/> |
| Email Address:     | <input type="text"/> |

3. Bill To (The individual that wishes to receive monthly statements & billing information)

Name:

Main Phone Number:

Cellphone Number:

Email Address:

4. Administrator (The individual who makes decisions for your organization)

Name:

Main Phone Number:

Cellphone Number:

Email Address:

5. Ship To/Pick-up (The individual that is receiving the delivery or the individual that is picking up the order)

Name:

Main Phone Number:

Cellphone Number:

Email Address:

6. Additional Authorized Contact (Any additional individuals that are a part of your agency's processes, that are NOT listed in another category)

Name:

Main Phone Number:

Cellphone Number:

Email Address:

7. Ordering Contact (The individual that will be responsible for placing the online orders)

Name:

Main Phone Number:

Cellphone Number:

Email Address:

Organizational Capacity

What is your organization's annual food budget?

Estimate the percentage of your organization's food that will be coming from the following:

Does your organization have funding available to pay for delivery fees, annual membership fees, etc.?

☐ Yes ☐ No

Helping Harvest:

Donated:

Purchased:

Cold Food Storage: Indicate how many of each unit is available at your facility:

Residential Upright Refrigerator(s):

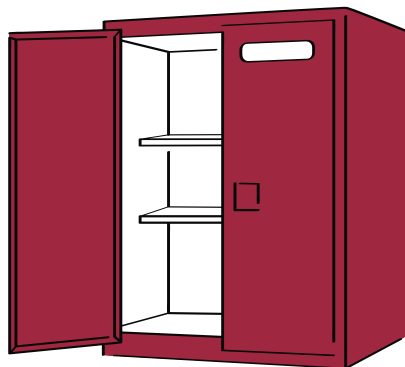
Residential Chest Freezer(s):

Commercial Upright Refrigerator(s):

Commercial Upright Freezer(s):

Walk-In Refrigerator(s):

Walk-In Freezer(s):



Does your organization regularly monitor cold storage temperatures:

☐ Yes ☐ No

Is food currently stored in a locked area/cabinet?

☐ Yes ☐ No

If yes, who has access to locked food storage areas?

## Food Distribution Information

Please complete this section if your organization is a food pantry or is looking to become a food pantry.

Please indicate your current or proposed food distribution schedule with days and hours:

Does your organization provide food for emergency situations, outside of your normal distribution?

☐ Yes ☐ No

How many volunteers/staff members do you have or anticipate on having to assist with the distribution?

Approximately how many households do you currently serve? If your organization isn't currently serving, please list 'N/A.'

How often can an individual or household receive food from your program?

Please select which option most describes your food distribution's primary model. (Check all that apply)

Pre-Packed Bags/Boxes ☐

Limited Client Choice (Clients can choose a few food products) ☐

Full Client Choice (Clients are able to choose ALL food products) ☐

Please define the geographic area or zip code(s) your organization plans to serve: (Please note: Once a Helping Harvest partner, you cannot deny an individual food if they live outside of your organization's specified area.

Indicate your current or proposed method of recording client information: (Please note: If your organization becomes a Helping Harvest Agency Partner, statistics and additional paperwork needs to be collected and submitted monthly.

## Meal Program Information

Please complete only if your program serves meals/snacks.

Please check all descriptions that apply to your program:

Meal Program ☐ Emergency Shelter ☐

Youth Program ☐ Residential ☐

Rehab ☐ Other: ☐

Does your organization serve meals?

☐ Yes ☐ No

Does your organization serve snacks?

☐ Yes ☐ No

Indicate your current or proposed distribution schedule- if your agency is a shelter program, please list 'N/A.'

How many individuals do you serve per meal/snack?

Are all meals/snacks cooked by staff?

☐ Yes ☐ No



## Additional Information

Does your organization have onsite Internet, hotspots, computers, tablets, or other smart devices?

☐ Yes ☐ No

If your organization doesn't have access to the Internet or smart devices/technology, is your organization able to obtain these items?

☐ Yes ☐ No

Please describe your organization's purpose/mission.

If your program is not currently operating, when is the estimated start date?

How did you hear about Helping Harvest?

Additional Information about your organization: