

Organization Name: _____

Director | Pastor: _____

Contact Person (if different from above): _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address: _____

City: _____ State: _____ Zip: _____

Phone #: _____ Fax #: _____

E-mail Address: _____

Website: _____

SITE DISTRIBUTION INFORMATION

Mobile Pantry Site Address: _____

County: _____ City: _____ State: _____ Zip: _____

Please answer the following questions. Give a detailed explanation if the answer is yes.

- Can your organization distribute food to at least 100 households in a single day? Yes ____ No ____
- What kind of event do you want to use the Mobile Pantry Program for? _____

- Is there a fee to attend the event? Yes ____ No ____ If yes, explain: _____

- Do you have to be a member of a church or organization in order to attend the event?
Yes ____ No ____ If yes, explain: _____

- Have you ever participated in the Mobile Pantry Program before? Yes ____ No ____
- How many volunteers do you have to help you with this event? _____
- How will you inform the public about this event? _____

- What information do you collect from the people who receive food boxes? _____

- Do the people who receive food boxes have to pay a fee or make a donation in order to receive food?
 Yes ____ No ____ If yes, explain: _____

- Do the people who receive food boxes have to attend a religious service or listen to a religious message in order to receive food? Yes ____ No ____ If yes, explain: _____

- If selected, what time would the event take place? If it is in the afternoon, how would you keep the food at the proper temperature until the distribution? _____

- If selected, who will you serve with the mobile pantry? Which areas and what ages? _____

- What are your eligibility guidelines for people to receive food boxes? _____

- What other services will be available at this event? _____

- Would you be interested in having our SNAP Outreach Team attend the event to assist people with signing up for food stamps? Yes ____ No ____
- Would you be interested in having our Child Nutrition Team attend the event to present information on healthy eating and cooking? Yes ____ No ____

Once completed, please return to

Agency Relations

mail to: 5248 Mobile South Street | Theodore, AL 36582
 or email to: agencyrelations@feedingthegulfcoast.org