

Member Agency Information
July 1st, 2021 – June 30th, 2022

Agency Contact Information

Agency Name:

Agency EIN: _____

Agency Contact Name:

Host Site Name (if not the same):

Agency Phone Number: (_____) _____ - _____

Agency Physical Address:

Agency Mailing Address:

City: _____ Zip Code:

Agency Website:

Agency Email:

Agency Social Media Pages:

Facebook: www.facebook.com/ _____

Instagram: @ _____

Twitter: @ _____

Allow above information to be shared with the public? Yes _____ No _____

Food Provider Contact Information

Lead Food Provider Contact Name:

Food Provider Contact Phone Number: (_____) _____ - _____

Food Provider Contact Cell Phone: (_____) _____ - _____

Food Provider Contact email:

Food Safety

Is anyone on your staff certified in safe food handling (ex: ServSafe)? Yes _____

No _____

If yes, please, list names, date certificates expire, and attach a copy of the certificates.

Name:

Certificate Expiration Date: ___ / ___ / ___

Name:

Certificate Expiration Date: ___ / ___ / ___

Is anyone on your staff certified in ServSafe for Food Banks? Yes _____ No _____

If yes, please, list name and training date

Name:

Training Date: ___ / ___ / ___

Pest Control Services

Date of last service: Month _____ Day _____ Year _____

Name of Company that performed the service:

Please, attach a copy of Pest Control Service receipt or invoice.

Program Operation

Please, list the names, cell phone number, and email address of individuals who can place and pick-up orders for your program

Name:

Cell Phone: (_____) _____ - _____ Email:

Name:

Cell Phone: (_____) _____ - _____ Email:

Food Distribution Sites (Pantries, Schools, Youth Programs, and Senior Sites only)

Which best describes how food is offered to people receiving services at your agency?

___ Choice Pantry

___ Backpack

___ Pre-packed Box/Bag Pantry

___ Summer Food Box

___ Senior Box and Produce

___ Produce

Days and hours of distribution:

Zip Codes served:

Eligibility Requirements:

How many days of food per household are provided at each food distribution?

How often are people able to receive food or a meal from your agency?

Average number of unduplicated households served each month:

Average number of unduplicated individuals served each month:

Average number of duplicated individuals served each month:



Meal Sites Only

Meals served:

___ Breakfast

___ Dinner

___ Lunch

___ Snack

Days and hours of meals:

How often are meals offered?

Average number of people served per meal: _____

Average number of people served per month: _____



All Member Agencies

Please, list all the possible days and hours your program is available to receive CCFB deliveries:

Monday: *hours*

Tuesday: *hours*

Wednesday: *hours*

Thursday: *hours*

Friday: *hours*

What days and time is your program available to pick up food at CCFB in Exton?

Monday: *hours*

Tuesday: *hours*

Wednesday: *hours*

Thursday: *hours*

Friday: *hours*



Does your Agency have a strategic plan? Yes _____ No _____

Does your Agency have a succession plan for your food provider? Yes _____ No _____

Does your Agency have access to a computer and internet connection? Yes _____ No _____

How many paid staff does your Agency have? _____

How many volunteers does your Agency have? _____

Does your agency have a healthy food policy? Yes _____ No _____

Would you like to have a healthy food policy? Yes _____ No _____

Does your Agency have enough space to display and store fresh produce? Yes _____ No _____

Does your Agency need the following:

Shelving

Produce Baskets

Freezer

Refrigerator

Computer

Internet Access

Other:
