



MEMBER AGENCY APPLICATION

Overview:

This application form will enable Feed the Need in Durham to properly assess your organization for membership, and our ability to serve you. Once your application is received, with the membership fee, a compliance review will be undertaken. If your organization meets the membership criteria, a site visit will be arranged. Following the visit a recommendation will be taken to the Board of Directors. This process can take several months. If your agency requires food during the approval process, consideration may be given to access food in the warehouse at the discretion of the Executive Director. If you have questions while completing the application please email info@ftnd.ca.

Applicant Information:

Organization Name: _____ Date: _____

Executive Director:	Phone:	
Email:	Fax:	
Address:	City:	Ontario
Postal Code:	Website:	
Mailing Address (if different from above):		
Contact Person (if not Executive Director):	Contact Email:	

Please answer the following questions:

1. What is the mandate/mission of your organization (you may submit brochures or any other relevant materials from your organization in addition to answering the question)?

2. How long has your agency been in operation? _____

3. Is your agency incorporated as a not-for-profit? Yes No

a. If yes, date of incorporation _____

4. Is your agency a registered charity? Yes No

a. If yes, CRA # _____

5. How many people do you serve on a monthly basis? (Total) _____

6. Please give us a breakdown of the number of clients you serve in each target group (you may estimate).

Families	Seniors	Individuals	Post Secondary Students	Children	Disability

7. What geographic area(s) do you currently serve?

8. What are your days and hours of operation?

DAY	START TIME	END TIME
SUNDAY		
MONDAY		
TUESDAY		
WEDNESDAY		
THURSDAY		
FRIDAY		
SATURDAY		

8. What storage capacity do you have?

Item	Number	Would like... (state quantity)
Fridge		
Freezer		
Shelving		
Other: _____		

9. Has the person responsible for the food program completed the Food Safety Training Certification offered through the Health Department? If yes, who? (Note: persons responsible for any food program must complete this certification)

10. Is transportation available to pick up food? Yes No

11. Do you require delivery? Yes No

12. Would you be willing to pay a minimal fee for delivery? Yes No

By submitting this application _____ (organization name) agrees to share hunger stats with Feed the Need in Durham, attend Agency Council Meetings, and to only serve clients within an assigned geographic area.

Signature

Title

Date

Send application with a cheque in the amount of \$100.00 payable to Feed the Need in Durham to:

Feed the Need in Durham
125 Clarence Biesenthal Drive
Oshawa ON L1K 2H5
Email: info@ftnd.ca
Phone: 905-571-FTND (3863)

Office Use:

Date Received: _____ Compliance Review: _____

Site Visit: _____ Approved by Board: _____