Partner Agency Pre-Screening Form

We receive many applications for partnership every year, and cannot guarantee that every applicant will be accepted. We do understand that every organization is different and the application process may raise questions that you are unable to answer. Applications that are submitted without complete information will be considered incomplete and will not be accepted for review. Please completely fill out application.

Does your organization have a tax exempt status under section 501(c)(3) from the Internal Revenue Service? *

(●) Yes   ( ) No

Have you been serving clients and have record of service for at least 6 months? *

(●) Yes   ( ) No

What county does your organization conduct distribution or program reside? *

( ) Collin   ( ) Dallas   ( ) Delta   (●) Denton
( ) Ellis   ( ) Fannin   ( ) Grayson   ( ) Hopkins
( ) Hunt   ( ) Kaufman   ( ) Lamar   ( ) Navarro
( ) Rockwall

The maximum number of selections allowed is 1.

Type of Program? *

[✔] Food Pantry (Provide groceries to those in need of supplemental or short term assistance
[✔] Soup Kitchen (Cooking and serving meals to walk-in/up guests on a regular or occasional basis)
[ ] Emergency Shelter (An agency providing on-site meals in addition to providing housing and other services, i.e: homeless and domestic violence shelters, residential facilities, drug rehabs)
[ ] Day Programs (Eats on-site but lives off-site, i.e; Senior programs, seasonal programs, etc.)
[ ] Children's programs (Providing meals or snacks to children through after school programs, backpack program, etc.
[ ] Other (school pantries)

[Other]

Does your organization have the following?

[✔] Ability to store food more than 48 hours
[ ] Shelving in storage
[ ] None of the above but have an area to same day food distribution to clients
[ ] None of the above, only interested in distributing produce at current location

Would you be interested in becoming a Produce Distribution Partner for NTFB? *

( ) Yes   ( ) No   ( ) Unsure

Contact Information

Name of Organization *

_____

Contact Person *

First Name	Last Name

Title

Email Address *

ex: myname@example.com

Phone Number *

[   ] - [   ]
Area Code   Phone Number

Program Information

Have you ever partnered/worked with North Texas Food Bank in the past? *

◯ Yes
◯ No

Date food assistance program started (Please record date that your organization officially started serving clients) *

[   ] - [   ] - [   ] 🗓
Month   Day   Year

Tax ID Number

_____

Is your food assistance program operated under the umbrella of another 501(c)3 organization or church? (i.e. church that is part of a larger church body such as General Baptist Convention or agency that operates under the "umbrella" of a non profit 501(c)(3) charity) *

◯ Yes   ◯ No

Please provide the name of your umbrella organization/affiliation:

_____

Umbrella Organization Tax ID Number

_____

How often does your organization distribute food: *

◯ Year-Round
◯ Seasonally
◯ Other [   ]

Current days and hours of distribution or operation

Hours of operation

Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	
Sunday	

Number of clients served monthly: *

What are your current sources of food? (select all that apply) *

☐ Purchased
☐ Donations from Retail/Grocery Stores
☐ Donations from Individuals (i.e. Food Drives)
☐ No food sources at this time
     [Other]

Is your food program managed/coordinated by: *

◯ Paid Staff Only
◯ Volunteers Only
◯ Both Paid Staff & Volunteers

If requested, can you provide documentation of your client screening process and a client list or roster? *

◯ Yes   ◯ No

If requested, can you provide a copy of your most current budget for your food assistance program? *

◯ Yes   ◯ No

Geographical Information

County and zip code where food distribution takes place *

List all zip codes that your program serves *

[   ]

Physical address (including county) of all food distribution site(s) *****

[   ]

Physical address of non-food distribution sites (if applicable) *****

[   ]

Please list any NTFB Partner Agencies or feeding organizations within a 10-mile radius of your physical distribution address that you are aware of:

[   ]

Additional Comments

[   ]

* Required fields

Submit   Clear Form