



The North Texas Food Bank is an equal opportunity provider.

CSFP Application and Agreement FY20

Organization Name	
Organization's Phone #	
Site Address	
Address Line 2	
City	
Zip Code	

Main Contact information

Main contact name:

Title:

Office number:

Cell phone number:

Alternative number (if any):

Email:

Director/Administrator/Pastor Name (if different than above):

Phone:

General questions:

Are you currently a partnered agency with the North Texas Food Bank?

Does your organization have a 501c3 status (non-profit)?

Number of volunteers/staff involved in program (Please list names below)?

Number of volunteers/staff able to lift 30 - 38 lbs?

Who all would be authorized to sign monthly invoices?



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How many seniors, on average, do you serve on a monthly basis?

Caseload questions:

Are you able to commit to distributing CSFP boxes each month?

How many boxes are you interested in receiving?

Are you confident that you can distribute the full caseload requested each month?

Do you have adequate space to store the boxes, if needed?

Do you have refrigeration to store the cheese, if needed?

Will you require delivery or are you able to pick up?

If delivery, please select the available days/times for delivery drop off:

Days (Choose all that apply)	Time (Please fill in the time frames that a drop off is available next to the selected day)
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	

Are you interested in receiving a pallet of milk/produce with your CSFP boxes (if available)?

****Once completed, please submit application to csfp@ntfb.org****