

Pre-Screen Application 2020



Welcome, Applicant!

Contact Information

Name of Organization Betty Helps (Test)

Address 100 Main Street
Plano, TX, 75075

Does your organization's food distribution take place at the location listed above? Yes

Contact Person Betty White

Title Program Director

Email email@email.com

Phone Number (555) 555-5555

Program Information

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

2. Please provide your organization's EIN: xx-xxxxxxx

3. Does your organization have an existing board-approved budget? Yes

4. If requested, could your organization provide a record of monthly expenditures for its food program for the past three months?

Yes

5. What county(ies) does your organization conduct provide food assistance program service in?

Collin

6. Please list all zip codes that your food assistance program serves:

75075,75074

7. Has your organization been providing food assistance to clients for at least 6 months?

Yes

8. Does your organization have the ability to store food product in a temperature controlled, non-residential facility?

Yes

9. Please select the categories that accurately describe your program:

Food Pantry (providing groceries)

10. Which of the following best represents the target population of your program? (Select all that apply):

Children (0-18)

Adults (19-59)

Seniors (60+)

Homeless

Military/Veteran

11. Which types of foods do you have the ability store (select all that apply):

Dry/Shelf Stable

Refrigerated

Frozen

Produce

12. How often does your organization distribute food?

Daily

13. Please provide current days and hours of operation for your food assistance program:

| | Hours of Operation |
|-----------|--------------------|
| Sunday | |
| Monday | 9-3 |
| Tuesday | 3-6 |
| Wednesday | 9-3 |
| Thursday | 3-6 |
| Friday | |
| Saturday | |

14. Does your organization use an income-based qualifier such as the Federal Poverty Limit Guidelines to determine who is eligible to receive food assistance?

No

15. If your answer to the previous question was no, please explain how your program determines who is eligible for food assistance:

We offer assistance to anyone who comes to us in need.

Additional Information

What is your organization's mission statement?

XXXXXXXXXXXXXXXXXX

How does your organization plan to use its partnership with the North Texas Food Bank to better serve your clients?

XXXXXXXXXXXXXXXXXX