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|  | Hennepin County TEFAP New Agency Application |

## Applicant Information

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| --- | --- | --- | --- |
| Agency Name: |  | Date: |  |

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| --- | --- | --- |
| Address: |  |  |
|  | Street Address | Apartment/Unit # |

|  |  |  |  |
| --- | --- | --- | --- |
|  |  |  |  |
|  | City | State | ZIP Code |
| Agency Phone: |  |  |  |

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| Executive Director Name |  | Email: |  | Office Number: |  |

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| How many years has your agency been providing emergency food support? | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Do you have a current 501 C (3) status | YES[ ]  | NO[ ]  | If no, are you in the process of renewing it?  | YES[ ]  | NO[ ]  |

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| Do you have an active Board of Directors | YES[ ]  | NO[ ]  |

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| Have you ever been a TEFAP approved agency in the past? | YES[ ]  | NO[ ]  |   |
| If yes, explain why you are reapplying: |  |

## Staff

|  |  |  |  |
| --- | --- | --- | --- |
| Food Program Manager Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Support Staff Name | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Email | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Support Staff Name |  | Email |  |

## Food Support Programming

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **What type of Food Support are you providing?** | Foodshelf[ ]  | Onsite meal Program[ ]  |  | Backpack[ ]  | Mobile[ ]  | Other[ ]  |  |
| If other, please explain ­­­­­­­­­­­­\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |  |
| **What are your service boundaries? Geographical or other** |  |  |  |  |  |
| **What are your service numbers per year for individuals?** |  |  |  |  |  |
| **What are your hours of operation?** |  |  |  |  |  |
| **How do you ensure you are meeting the community’s needs?** |  |

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| Surveys During the intake process Comment Box Other[ ]  [ ]  [ ]  [ ]  |

 |  |  |  |
| Please explain |  |  |  |  |  |

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| --- | --- | --- |
| Does your food support program operate using a choice model? |  [ ]  Yes  |  [ ]  NO |
| Do you have paid staff? |  [ ]  Yes  |  [ ]  NO |
| Do you utilize volunteers? |  [ ]  Yes  |  [ ]  NO |
| Does your agency offer other services?  |  [ ]  Yes  |  [ ]  NO |
| Please explain:  |
| How does your agency address English Language Learners? |
| Please explain: |

**What else would you like us to know about your agency during this application process?**

## Disclaimer and Signature

I certify that my answers are true and complete to the best of my knowledge.

If this application leads to acceptance into the TEFAP program, I understand that false or misleading information in my application may result in placing a hold on my application and delaying the acceptance process.

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| Executive DirectorSignature: |  | Date: |  |
| Food Program Manager Signature: |  | Date |  |
| Board President Signature: |  | Date |  |