



RECIPIENT APPLICATION

PO Box 119, Orange Park, FL 32067
wastenot@wastenotflorida.com
2050 Carnes Street, Orange Park, FL 32073
Office Hours: Monday- Saturday, 9:00 am – 12:00 pm

| | |
|--------------|-------|
| OFFICE USE | |
| Contact Date | _____ |
| Receipt List | _____ |
| Sched. List | _____ |
| Removed | _____ |

General Information About Your Charity

Contact Information

Name of Charity _____

Name of Head of Charity _____

Mailing Address _____

Email Address _____

Phone Number _____

Website _____

Mission Statement What is your charity's mission?

Information About Your Charity's Food Program

Please describe your Food Program in detail.

Food Program Contact Information

Name of Head of Food Program _____

Email Address _____

Phone Number _____

Physical location where food is shared/prepared prior to distribution off-site:

Please check all sources of food used in your Food Program

- Purchase at own expense
- Donations from community
- Other
- Second Harvest Sharing Program
- Second Harvest USDA Commodities Program

Please check all applicable storage/preparation facilities

- Dry Goods Shelving
- Household Refrigeration
- Commercial Refrigeration
- No storage: receive and deliver same day
- Certified Kitchen
- Household Freezers
- Commercial Freezers

Please indicate how you serve

- Food Distribution (handing out groceries to go)
- Food Service (serving ready-to-eat food)

When do you serve? Days of the week or month

- Monday
- Thursday
- Sunday
- Tuesday
- Friday
- Other _____
- Wednesday
- Saturday

Information About The Individuals Served

How many people do you serve per month?

_____ Families _____ People

What percentage of your recipients are:

_____ Caucasian/Non-Hispanic _____ African-American

_____ Hispanic _____ Asian

_____ Other _____

Who do you serve the most?

From the following, assign 1 to the category you serve the most. Assign 2 to the category you serve next most. Continue with all the categories you serve. If you do not serve a particular category, mark it with an X.

Families (one or more adult(s) with one or more child(ren))

_____ Families
_____ Families with a disabled/challenged member
_____ Homeless Families

Adults

_____ Adults
_____ Disabled/Challenged adults
_____ Homeless adults
_____ Homeless disabled/challenged adults

Seniors (> 65 years)

_____ Seniors
_____ Disabled/Challenged seniors

Youth (<21 years served as individuals, not counted as part of a family)

_____ Youth
_____ Disabled/Challenged youth

Information About Transportation

Check the days that your organization CANNOT pick up food from Waste Not Want Not.

- | | |
|--|--|
| <input type="radio"/> Monday | <input type="radio"/> Tuesday |
| <input type="radio"/> Wednesday | <input type="radio"/> Thursday |
| <input type="radio"/> Friday | <input type="radio"/> Saturday |
| <input type="radio"/> Sunday | <input type="radio"/> Federal Holidays |
| <input type="radio"/> Other (please specify) _____ | |

How did you hear about *Waste Not Want Not*? _____

I certify that we are a 501 (c)(3) tax-exempt organization. PLEASE SEND A COPY OF YOUR 501 (c)(3) CERTIFICATE

I understand that we must pick up food at Waste Not's facility at the agreed-upon time. We further understand that Waste Not is only closed on Easter, Thanksgiving, and Christmas, and that it is therefore our responsibility to notify Waste Not in advance if we cannot receive food as scheduled on any other federal or religious holiday.

I also certify that we will not sell, offer for sale, transfer or barter any of the food provided by Waste Not, that the food will be used to benefit the needy, that we have adequate refrigeration and food preparation/storage capabilities, and that we will not deny anyone food provided by Waste Not on the basis of race, creed, national origin, religious affiliations, gender, sexual preference, age or handicap.

Name

Title

Date: _____