

## GLEANERS MEMBERSHIP INQUIRY FORM

Name of organization: \_\_\_\_\_ Date: \_\_\_\_\_

Name as it appears on IRS 501 (c) 3: \_\_\_\_\_

Date 501 (c) 3 was issued: \_\_\_\_\_ Employer Identification Number: \_\_\_\_\_

Name and title of head of the organization: \_\_\_\_\_

Name of person in charge of the feeding program: \_\_\_\_\_

Address of feeding program: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

What city and zip code areas do you serve? \_\_\_\_\_

Type of Agency:  Church  Community Center  Shelter  Other: \_\_\_\_\_

Type of Program(s):  Food Pantry  Soup Kitchen  Other: \_\_\_\_\_

Age population served:  0-18  18-64  64 + Gender served:  Male  Female  Both

When did the feeding program began? \_\_\_\_\_ What days/times is your feeding program open? \_\_\_\_\_

How many households are you serving per month? \_\_\_\_\_ How many individuals? \_\_\_\_\_

How many total households did you serve last year? \_\_\_\_\_ How many individuals? \_\_\_\_\_

How much is your monthly budget for food purchases? \$ \_\_\_\_\_

How is your feeding program funded? \_\_\_\_\_

Are you getting reimbursed by a third party for each person you serve? \_\_\_\_\_ How much? \$ \_\_\_\_\_

Who are your sources of food? \_\_\_\_\_

Type of Food Safety Certificate: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**Thank you for your interest in partnering with Gleaners Community Food Bank!**

If you are in Detroit, Wayne or Monroe

Please e-mail or fax back this form to:

Dave Duey at [dduey@gcfb.org](mailto:dduey@gcfb.org)

Fax 313-924-6313



If you are in Livingston, Oakland or Macomb

Please e-mail or fax back this form to:

Margarita Ovalle at [movalle@gcfb.org](mailto:movalle@gcfb.org)

Fax 248-332-7135