

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

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

Fax 248-332-7135