

MOBILE PANTRY GRANT APPLICATION

Or	ganization Name:			
Dir	ector Pastor:			
Со	ntact Person (if different from	above):		
Ma	iling Address:			
Cit	y:		_ State:	Zip:
Ph	ysical Address:			
Cit	y:		_ State:	Zip:
Ph	one #:		Fax #:	
E-r	mail Address:			
We	ebsite:			
	TE DISTRIBUTION IN			
Со	unty:	_ City:		State: Zip:
Ple	ease answer the following que	stions. Give a detail	ed explanation i	if the answer is yes.
•				n a single day? Yes No
•	Is there a fee to attend the eve	ent? Yes No _	If yes, exp	olain:
•	Do you have to be a member of a church or organization in order to attend the event? Yes No If yes, explain:			
	Have you ever participated in the Mobile Pantry Program before? Yes No How many volunteers do you have to help you with this event?			
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•	What information do you collect from the people who receive food boxes?			
•	Do the people who receive food boxes have to pay a fee or make a donation in order to receive food? Yes No If yes, explain:			
•	Do the people who receive food boxes have to attend a religious service or listen to a religious message in order to receive food? Yes No If yes, explain:			
•	If selected, what time would the event take place? If it is in the afternoon, how would you keep the food at the proper temperature until the distribution?			
•	If selected, who will you serve with the mobile pantry? Which areas and what ages?			
•	What are your eligibility guidelines for people to receive food boxes?			
•	What other services will be available at this event?			
•	Would you be interested in having our Child Nutrition Team attend the event to present information on healthy eating and cooking? Yes No			
Or	nce completed, please return to			
ma	pency Relations ail to: 5709 Industrial Boulevard, Milton, FL 32583 email to: agencyrelations@feedingthegulfcoast.org			

5709 Industrial Boulevard, Milton, FL 32583 | (850) 626-1332