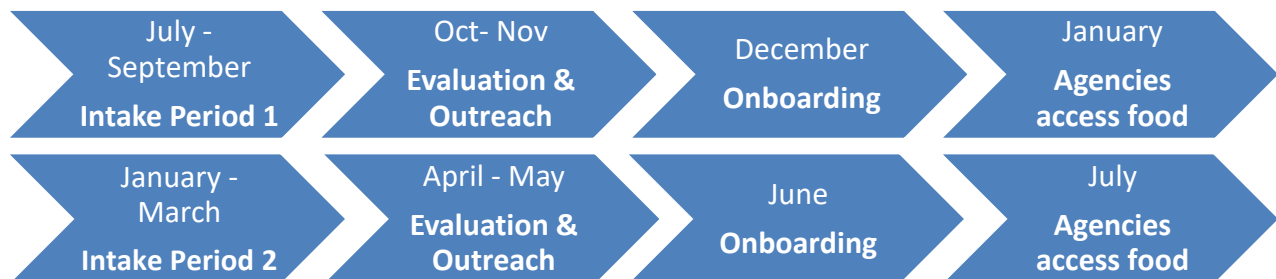


GVFB Community Agency Partner Application

Thank you for your interest in applying to be a Community Agency Partner with the Greater Vancouver Food Bank! Our application process is simple and streamlined, to connect successful applicants with food efficiently.

CAP Application Timeline



Application Steps

- Read our Agency Information Booklet
- Complete the Partnership Application Form
- Email completed form to agencies@foodbank.bc.ca

We will be in touch with every organization that applies to be a Community Agency Partner. You can expect to hear back during the applicable “Evaluation and Outreach” period in the timeline above. Feel free to reach out to the Community Agencies Department at agencies@foodbank.bc.ca at any time with questions or updates. If you need more immediate food assistance, please see our Special Request Form, found on the [GVFB website](#), for more information and how to submit.

Introduction

Thank you for your interest in becoming a Community Agency Partner (CAP) with the Greater Vancouver Food Bank (GVFB). Please answer the following questions. The information you provide in this form will determine if your Agency is a good fit for partnership. **Please submit your completed Application Form during our intake periods of July-September and January-March.** You will be contacted during the applicable review period.

To submit this form:

1. Complete all sections
2. Save to your computer
3. Attach saved document and email to: agencies@foodbank.bc.ca

Section 1: Agency Information

Agency Name: _____ **Date:** _____

Phone: _____ **Website:** _____

Mailing Address: _____

Street Address

Unit #

City

Province

Postal Code

Primary Contact

Name and Title

Email

Phone #

Secondary Contact

Name and Title

Email

Phone #

Is your Agency a registered charity? YES NO

If yes, please provide registered charity number: _____

Does your Agency belong to a larger parent organization? YES NO _____

How is your Agency funded?

What is your Agency's mandate/vision?

Describe all the services your Agency provides.

Section 2: Program Contact Information

Name of Program: _____ **Phone:** _____

Program Address (if different): _____
Street Address *Unit #*

_____ *City* *Province* *Postal Code*

Section 3: Food Program Services

Please select the population groups your program will be supporting:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Children/Youth (0-18) | <input type="checkbox"/> Students (18+) | <input type="checkbox"/> Seniors (65+) | <input type="checkbox"/> Mental Health Challenges |
| <input type="checkbox"/> Families | <input type="checkbox"/> LGBTQ2+ | <input type="checkbox"/> Indigenous | <input type="checkbox"/> Immigrants and Refugees |
| <input type="checkbox"/> Single Parents | <input type="checkbox"/> Homeless | <input type="checkbox"/> Low Income | <input type="checkbox"/> Drug/Substance Users |
| <input type="checkbox"/> Physical Health Challenges | <input type="checkbox"/> Home Bound Clients | <input type="checkbox"/> Fleeing Domestic Violence | |
| <input type="checkbox"/> Other, please describe: | _____ | | |

How have you determined the need for your program in your community?

Are your clients able to access our GVFB Distribution Locations?

How does the program address respect, accessibility, dignity and inclusivity when it comes to food provisions?

Please outline the criteria that must be met for individuals to access your food program. Is there an application or referral process?

Section 4: Food Program Information

Please describe your current and/or planned food programs.

Describe the typical food provision provided by your program. What does a serving look like? Is nutrition a factor?

Does this program have any criteria for food that may inhibit you from receiving certain products?

Please complete the schedule for your program's food provision.

Day	Hours	Type of Meal Provided

How many people does your Agency currently provide food service for weekly? _____

How many people would your Agency like to provide food service for once partnered with the GVFB? _____

What percentage of your food support do you expect from GVFB? _____

Does your Agency receive food support from any other sources?

What is the annual food budget for the program you are seeking support for?

Does the program participate in cost recovery for the food provided?

Please describe your Agency's storage space capacity.

Non-perishable items	Perishable items (cooler, freezer etc.)

Section 5: Operational Criteria

Is your Agency able to pick up your weekly order at our Burnaby warehouse?

Yes No

Do you have regular health inspections of your building by your local health authority (if applicable to your program)?

YES NO

Is your staff trained in BC's FoodSafe Level One?

YES NO

If needed, does your building have regular pest control performed?

YES NO

Section 6: Disclaimer and Signature

I, _____, certify I am an authorized representative of the Agency and the information provided is true and correct to the best of my knowledge.

Signature

Title

Date