



Fill out the form and Submit

Name of Church

Name of Pantry

Physical Address of Pantry

City

State

Zip Code

Contact Name

Contact Phone

Contact Email

501c3 Exempt Number

Pantry Website (If Any)

1. Does the church operate the pantry?
2. Is the pantry affiliated with a church but operates independently?
3. Is the pantry partnered with a local coalition of food pantries?
4. Is the pantry supported by a food-bank?
5. Did you review the "5 Loaves 2 Fish Policy Guide," and do you agree to the terms of the program?

If you answered NO to questions 1,5, and YES to questions 2,3, & 4, your pantry may not qualify for the program. If you believe your pantry does qualify, please explain!

Print Name of Authorized Person

Signature of Authorized Person

Date

