



**AGENCY APPLICATION**

NAME OF AGENCY \_\_\_\_\_ DATE \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_  
STREET CITY STATE ZIP

PHYSICAL ADDRESS \_\_\_\_\_  
(if different than mailing address) STREET CITY STATE ZIP

AGENCY DIRECTOR \_\_\_\_\_ PHONE \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_ TITLE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_ EMAIL ADDRESS \_\_\_\_\_

DURING WHAT HOURS MAY YOU BE CONTACTED? \_\_\_\_\_

IS YOUR ORGANIZATION A NON-PROFIT? \_\_\_\_\_ ARE YOU 501 (C) (3) TAX EXEMPT? \_\_\_\_\_  
(Please attach a copy of your 501 (c) (3) letter on IRS letterhead)

WHAT TYPE OF AGENCY DOES YOUR ORGANIZATION MANAGE? \_\_\_\_\_

HOW LONG HAS YOUR AGENCY BEEN IN OPERATION? \_\_\_\_\_

DESCRIBE YOUR ORGANIZATIONAL STRUCTURE: \_\_\_\_\_

(Please enclose a list of your board of directors)

DESCRIBE YOUR FINANCIAL SUPPORT SYSTEM: \_\_\_\_\_

(Please submit a financial statement covering the most recent fiscal year)

DO YOU SERVE ANYONE WHO REQUESTS ASSISTANCE? \_\_\_\_\_

IF NOT, HOW DO YOU DECIDE WHO IS ELIGIBLE FOR YOUR SERVICES? \_\_\_\_\_

(Please submit a copy of the guidelines for serving clients that use your program)

DO YOU CHECK TO SEE IF APPLICANTS ARE BEING ASSISTED ELSEWHERE? \_\_\_\_\_

HOW DO YOU ORGANIZE THIS? \_\_\_\_\_

ARE YOU A MEMBER OF THE UNITED WAY INFO LINE? \_\_\_\_\_

**Greater Baton Rouge Food Bank  
10600 S. Choctaw Drive  
Baton Rouge, LA 70815**