



ALOHA HARVEST AGENCY APPLICATION

Please complete all the information with as much detail as you can provide.
This application will determine your agent's eligibility and help us best meet your agencies food needs.
If you need assistance please call at 537-6945.

I. Agency Information

Today's Date: _____

Agency Name: _____

Contact Person: _____ Title: _____

Phone: _____ Cell Phone: _____

Fax: _____ Email: _____

Mailing Address: _____

City: _____ Zip: _____

Days/Hours of Agency Operation: _____

II. General Information:

Primary Contact Person: _____ Phone: _____

Secondary Contact Person: _____ Phone: _____

Delivery Address: _____

City: _____ Zip: _____

Delivery Instructions: _____

General location of where food is to be delivered: (Circle only **one**)

- | | |
|----------------------|---|
| Town | Airport, Honolulu, Waikiki, Hawaii Kai, |
| Windward | Waimanalo, Kailua, Kaneohe, cut off at Punalu`u |
| North Shore | Laie, Kahuku, Waimea, Haleiwa, Waialua, Mokuleia, |
| Central | Schofield, Kunia, Wahiawa, Mililani, Waikele, |
| Leeward | Aiea, Pearl City, Waipahu, Ewa, Ewa Beach, Kapolei, Makakilo, |
| Waianae Coast | Nanakuli, Waianae |

Days & Hours of Food Distribution: _____

Hours agency accepts food delivery: Anytime: _____ Sunday: _____

Monday: _____ Tuesday: _____ Wednesday: _____

Thursday: _____ Friday: _____ Saturday: _____

Does your agency accept deliveries on Holidays? (Check all applicable)

- New Years Martin Luther Presidents Good Friday
 Memorial Day Kam Day July 4 Admission Day
 Labor Day Columbus Veteran's Day Thanksgiving
 Christmas Other (please specify): _____

Food Storage Availability: Please indicate the quantity of each appliance(s) your agency has:

Appliance	Small/Individual	Standard/Home	Commercial
Refrigerator			
Freezer			

Please estimate your agencies **DRY** storage (square footage): _____

What additional appliances could your agency use? _____

Does your agency have the use of a truck, van or large at its disposal? Yes No

If yes, please describe vehicle & availability for use? _____

III. Food Needs. (Please check the items your agency would be interested in receiving)

- Baby Food Formulas Frozen foods individually wrapped
 Breads Institutional items Prepared entrees not
 Dairy Juices individually wrapped
 Fresh Fish Meats Snack items
 Fresh Fruit/Vegetables Prepared entrees Vegetarian meals/items

Do your clients have any dietary restrictions? Yes No

If yes, please describe.

What three (3) types of foods would your agency consider a priority?

First: _____

Second: _____

Third: _____

IV. Number of Clients Served

Is your agency an emergency feeding program? Yes No

Indicate all that apply: Shelter Kitchen Pantry Other: _____

Using the table below, please indicate the frequency your agency provides food to your clients:

1. Frequency of feeding? (Circle - one item in Column 1)
2. How often during this period? (Circle one item for the "frequency" chosen)

Frequency?	How often during this period?				
Monthly	1x/mo	2x/mo	3x/mo		
Weekly	1x/wk	2x/wk	3x/wk	4x/wk	≥5x/wk
Daily	1x/d	2x/d	≥3x/d		

Please describe the process your clients follow prior to receiving food/meals: _____

Does your agency ever charge for food? Yes No

If yes, please explain: _____

When you have more food than your agency can safely store, please explain your procedure for handling this excess food:

V. Client Information

- 1) Please indicate the total number of individuals your agency feeds in an average month: _____
(Count each individual only once)
- 2) Please share statistics of your clients – complete the number and percentage based on the total clients you indicated from question 1 above.

<u>Category</u>	<u>How Many?</u>	<u>Percentage</u>	<u>Type</u>
Gender	_____	_____	Female
	_____	+_____	Male
		=100%	
Age	_____	+_____	Children/Youth (1-17)
	_____	+_____	Adults (18-59)
		+_____	Senior (>60)
		=100%	
Ethnicity	_____	_____	American Native or Alaskan Indian
	_____	+_____	African American
	_____	+_____	Asian
	_____	+_____	Hawaiian or Part-Hawaiian
	_____	+_____	Hispanic/Puerto Rican
	_____	+_____	Other Pacific Islanders
	_____	+_____	White/Portuguese
	=100%		
Household	_____	_____	Singles
	_____	+_____	Single Parent
	_____	+_____	Family/2 adults with a child(ren)
	=100%		
Employment	_____	_____	Unemployed
	_____	+_____	Employed
	=100%		
	Yes	No	
	_____	_____	Disabled
	_____	_____	Mentally Ill
	_____	_____	Veterans

Source of Information:

Agency Records: _____ Best Guess: _____ Other: _____

Please mail this application, the attached Release Statement and a copy of your 501(c) (3) to:

Aloha Harvest 3599 Waiālae Ave., #23, Honolulu, HI 96816
 Phone: 537-6945 Fax: 537-6970 Email: info@alohaharvest.org