

Second Harvest Heartland, Food Rescue Application

Thank you for partnering with the Food Rescue Program. Please complete this application, and send it to: Second Harvest Heartland, Food Rescue Program, 1140 Gervais Ave, Saint Paul, MN. 55109-2020.

You can also fax application to: 651-484-1064 or email to: kmudge@2harvest.org

Date _____

I. General Program Information

Agency Name:

Agency Program Number:

Agency Address:

Mailing Address (if different from above):

Agency Phone:

Agency Fax:

Agency Contact Name:

Phone (if different from above):

Agency Contact Email:

II. Retail Donor Information

If your agency picks up at more than one store, please make copies of this form and complete questions number 1 through 5 for each store you pick up donations.

1. Please circle the retail donor your agency collects from:
Target Walmart Cub Foods Sam's Club Kowalski's Lunds Byerly's
2. Address of store:
3. Contact person/ title at store:
4. Please circle which day(s) your agency collects:

Mon Tues Wed Thur Fri Sat Sun

5. List any additional groups/agencies that you know of that pick up at this store:

III. Agency Information

Please rate which products are most important to your agency, with #1 being most important. This helps us understand the priorities of your agency's needs.

Dairy _____
Deli _____
Produce _____
Bakery _____
Meat _____
Frozen _____

How many total people will be involved in the pickup of retail food donations?

Staff: _____ Volunteers: _____

What vehicle(s) would be used for pickup?

Vehicle Type:

Agency Owned? Yes ____ No ____

Do you use a freezer blanket? Yes _____ No _____

(If you need to order a blanket, the Item number is I9019)

Would any other pickups be done in between pickup and delivery to agency? Yes ____ No ____

A list of roles and responsibilities was included with this application. Do you have concerns about meeting any of the criteria? Yes ____ No ____

If yes, what are your concerns?

Additional Comments: