
Second Harvest Heartland, Food Rescue Application

Thank you for your interest in becoming a partner agency for 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 it to: 651.484.1064 or email to: foodrescue@2harvest.org.

Date _____

I. General Program Information

Agency Name: _____

Agency Program Number: _____

Agency Address: _____

Mailing Address: _____

Agency Fax: (____) _____ Phone: (____) _____

Contact Name: _____ Phone: (____) _____

Email: _____

II. Cub Foods, Sam's Club, Target, Walmart Information

If your agency picks up at more than one store, please make copies of this form and complete questions number 1 through 9 for each store you pick up donations.

1. Does your agency currently pick up at a Cub Foods, Sam's Club, Target, or Walmart? Yes ____ No ____

If yes:

Address of store: _____

Contact person at store: _____

What days? Mon____ Tues____ Wed____ Thur____ Fri____ Sat____ Sun____

Comments: _____

Approximately how many pounds of each product category per pickup?

Dairy/Juice: _____ lbs Produce: _____ lbs

Dry: _____ lbs Bread/Pastry: _____ lbs

Eggs: _____ lbs Deli Products: _____ lbs

Pre-cooked Packaged Meats/Frozen Products: _____ lbs

Fresh Meats (non-deli): _____ lbs

Other: _____ lbs

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

Group: _____ Days: _____

Group: _____ Days: _____

2. What is the address of the Cub Foods, Sam's Club, Target, or Walmart Store closest to your agency?

(Over)

III. Agency Information

3. What days do you **want** to pick up at the Partner Store? (Walmart requires 3 pickups per week)

Mon____ Tues____ Wed____ Thur____ Fri____ Sat____ Sun____

Comments: _____

4. Are you able to pick up on these days every week? Yes ____ No ____

If no, please explain: _____

5. All of the following products may need to be picked up from your partner store. 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/Juice:_____ Produce:_____

Dry:_____ Bread/Pastry:_____

Pre-cooked Packaged Meats/Frozen Products:_____

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

Staff:_____ Volunteers:_____

7. What vehicle(s) would be used for pickup?

Vehicle Type: _____ Agency Owned? Yes ____ No ____

Vehicle Type: _____ Agency Owned? Yes ____ No ____

Vehicle Type: _____ Agency Owned? Yes ____ No ____

Vehicle Type: _____ Agency Owned? Yes ____ No ____

8. Would any other pickups be done in between pickup and delivery to agency?

Yes ____ No ____

9. A list of partner agency criteria 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? _____

Thank you for completing this application!