Please fill out the following information. Please note that FBA will use this as our reference for any official communication. Please complete thoroughly and return this form to the Food Bank of the Albemarle – Louise C Nolff, Data Entry Clerk at lnolff@afoodbank.org

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| **AGENCY INFORMATION:**  |
| Agency Name: |
| Commonly Known Name for Program:  |
| Physical Address: |
| Mailing Address:  |
| Agency Phone Number: |
| Agency Website:  | County: |
| Agency Email: |
| Days and Hours of Distribution/Operation:  |
| Email to Send End-of-Month Statements: |
| Email to Receive FBA Info/Food Recalls/Alerts:  |
| If a client needs help, what number and/or email should s/he contact:  |

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| **CONTACT INFORMATION** |
| Program Director: |
| Director’s Phone Number : | Email:  |
| Primary Contact if different than Director:  |
| Primary Contact Phone:  | Email: |
| 2nd Contact:  | Phone:  | Email: |
| 3rd Contact:  | Phone:  | Email:  |
| 4th Contact:  | Phone:  | Email:  |
| Board President: | Phone:  | Email: |
| Board President’s Mailing Address:  |
| **Agency Shoppers:** Who from your agency has attended orientation at FBA and is authorized to pick up orders and sign for deliveries? |
| 1. | 2. | 3. |
| 4. | 5. | 6. |
| **Retail Donation Information (if applicable):**  |
| Do you pick up from Food Lion? | Yes | No | N/A |
| Do you pick up from Walmart? | Yes | No | N/A |
| Store Locations: | Days You Pick Up: |
| Current Retail Donation Shoppers |