Please fill out the following information. Please note that FBA will use this as a reference for any central communication. Complete the form thoroughly and return to the appropriate Programs Manager (Pam Rouson – [pcharity@afoodbank.org](mailto:pcharity@afoodbank.org) / Alveta Chamblee – [achamblee@afoodbank.org](mailto:achamblee@afoodbank.org) / Jenny Thompson – [jthompson@afoodbank.org](mailto:jthompson@afoodbank.org) ).

**NOTE: This form must be updated as changes occur within your agency.**

|  |  |
| --- | --- |
| **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: | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **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: | | | |
|  | |  | | |  | | | |
| 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. | | |
| **Direct Retail Donation Information (if applicable):** | | | | | | | | |
| Do you pick up from Food Lion? | | | | Yes | | | No | N/A |
| Days of Pickup:   Monday  Tuesday  Wednesday Thursday  Friday Saturday Sunday | | | |  | | | Store No. Address City/State/Zip  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ |  |
| Do you pick up from Dollar General? | | | | Yes | | | No | N/A |
| Days of Pickup:   Monday  Tuesday  Wednesday Thursday  Friday Saturday Sunday | | | | Store No. Address City/State/Zip  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ | | |  |  |
| Do you pick up from Wal-Mart? | | | | Yes | | | No | N/A |
| Days of Pickup:   Monday  Tuesday  Wednesday Thursday  Friday Saturday Sunday | | | |  | | |  | Store No. Address City/State/Zip  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ |
| Do you pick up from Panera? | | | | Yes | | | No | N/A |
| Days of Pickup:   Monday  Tuesday  Wednesday Thursday  Friday Saturday Sunday | | | | Store No. Address City/State/Zip  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_  \_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_ | | | | |
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