



## Food Drop Partner Application

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Please provide the information on the form below and we will set up time to talk to you about the next steps to be part of Food Drop. Email this application to [fooddrop@indyhunger.org](mailto:fooddrop@indyhunger.org) when completed.

Organization Name: \_\_\_\_\_

Organization Address: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Primary Contact for Food Donations: \_\_\_\_\_ Phone: \_\_\_\_\_

What are your regular warehouse receiving hours? \_\_\_\_\_

After-hours Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Do you have the capability to put in place an after-hours contact if you do not have one? \_\_\_\_\_

Can your facility handle a 53' semi-tractor/trailer? \_\_\_\_\_

Do you have the ability to receive and distribute a minimum of 4 pallets of perishable items? \_\_\_\_\_

How many pallets of the following items can you receive and distribute at one time?

Dry goods \_\_\_\_\_ Cooler/Produce \_\_\_\_\_ Frozen goods \_\_\_\_\_

Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_