



STANDARD FOOD



REQUEST

Today's Date: _____

The following information is required to participate in our Food Service, please make sure each section is completed.

Partner Organization Name:		Tribe Name:	
Address:		Office Phone #:	
City, State, Zip:		Office Fax #:	
Primary Contact:		Alternate Phone #: (other than office number)	
Title:		Email address:	
Secondary Contact:		Alternate Phone #: (other than office number)	

Is the storage location secure and lockable? ☐ Yes ☐ No

Delivery Location (e.g. Senior Center):	Dimension of Storage (e.g. 2 x 8):	X
Physical Driving Directions:		

Please list the goals of your organization:

Goal 1: _____
Goal 2: _____

Please help PWNA to understand how the Food Service is going to help your organization achieve, or make progress towards, the goal(s) listed above. Select your top 2 answers:

- ☐ Increased Resources
 ☐ Increased Community Engagement
 ☐ Improved Outreach
 ☐ Improved Education
☐ Improved Health
 ☐ Improved Public Safety
 ☐ Improved Programing
 ☐ Improved Results

Please explain how your 2 selections above will help you achieve your organizational goals: _____

Without duplicating, please indicate the average number of "**participants**" served (NOT meals):

Average # of Individual Congregate served daily	
Average # of Individual Home Delivery served daily	

What other kind of service does your Organization offer on a **regular** basis?

PROGRAM PARTNER AGREEMENT

I _____ guarantee that the products requested with this Food Request will be used in the manner specified. Products provided by Partnership With Native Americans (PWNA) CANNOT be sold or distributed to promote any type of tribal business (i.e. elections, meetings, campaigns, etc.). If at any time, PWNA is informed that a Program Partner and/or program volunteers have used the products in such a manner, PWNA will be forced to drop the Program Partner.

I will provide a secure and safe storage facility. I will send a follow-up report of the program/event. I will educate a secondary contact on every aspect of my obligations so that in the event I cannot complete my agreement the secondary contact can.

Program Partner Primary Contact Signature

Date



PARTNERSHIP WITH
NATIVE AMERICANS

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