



# STANDARD FOOD



## REPORT/RENEWAL

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

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

Without duplicating, please indicate the number of “participants” served (NOT meals)

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

Is product being used in daily menu? \_\_\_\_\_

Please provide some examples of food(s) prepared/meals served using PWNA food items.

Did the Food Service help your organization meet/make progress towards your program goals listed on the request?

(Click One) Yes  No

Please let us know how this service helped your organization reach your program goal(s). Select your top 2 answers:

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

Please provide an example of how this service helped you to make progress to your program goals:

Do you have any feedback, questions, or suggestions about our Food Service or any other PWNA Services?

### If you would like to renew our Food Service, please indicate:

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

**Disclaimer:** 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 product in such manner, PWNA will be forced to drop the Program Partner.

\_\_\_\_\_  
Program Partner Primary Contact Signature

\_\_\_\_\_  
Date