

CONTACT INFORMATION

DATE: / /

Organization/School: _____

Contact Person: _____ Title/Role: _____

Address _____ City: _____ State: _____ Zip: _____

Phone #: _____ Email: _____

Back-Up Contact Person: _____ Backup-Up Phone #: _____

KIDSBITES PROGRAM

What is your interest? (please circle one): Mobile Pantry Backpack Other: _____

STUDENT INFORMATION

- | | | | |
|---|----------------------|--|----------------------|
| 1. Number of students enrolled at your org/school: | <input type="text"/> | 3. Average number of students eligible for free/reduced meals: | <input type="text"/> |
| 2. Average attendance rate (daily or weekly basis): | <input type="text"/> | 4. Average number of students receiving free/reduced meals: | <input type="text"/> |

ORGANIZATION / SCHOOL CAPACITY

1. Number of staff/volunteers available to support the program:
2. Do you have a computer with internet access? (please circle one) Y / N
3. Is there space to safely store food at your school? (please circle one) Y / N
4. What programs/partnerships is your org/ school engaged in? (Examples: nutrition education, cooking class, etc.)

5. Explain what program success looks like to you?

TIMELINE

1. How long will you need to coordinate/gain approval for a new program?
2. What is your ideal start date?

**SUBMIT
APPLICATION TO:**

Philabundance
Jessica Wyckoff, Recruitment Manager
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