



FOOD PANTRY



REQUEST

Today's Date:

The following information is required to participate in our Food Pantry Service, 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)	
Title:		Email address:	

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 (for example, PWNA's Goal is "promote self-sufficiency on reservations"):

Goal 1:

Goal 2:

Please help PWNA to understand how the Food Pantry Service is going to help your organization achieve the goal(s) listed above. **Select your top 2 answers ONLY:**

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

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

Without duplicating indicate the number of household boxes you anticipate on distributing:

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

Other Resources: As a reminder, PWNA is a supplementary service. Please list all other organizations supporting your program and the resources they will provide. Approval of your proposal is not contingent upon this information.

PROGRAM PARTNER AGREEMENT

I *guarantee that the products requested with this Food Pantry 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



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