



# STANDARD FOOD



## REPORT/RENEWAL

**Due 90 days from the delivery date or by the date specified in delivery packet.**

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 ONLY:**

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

**RENEWAL SECTION: Please provide the following information OR check this box: ☐ Please HOLD**

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

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Program Partner Primary Contact Signature

Date