



# DESTIN HARVEST

## APPLICATION FOR DESTIN HARVEST'S RECIPIENT AGENCIES

This application will be used to determine your agency's eligibility for our supplemental food program and specific food needs.

Agency's Name:

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Delivery Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:

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Email Address:

\_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Cross Streets:

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Mailing Address:

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City: \_\_\_\_\_ State: \_\_\_\_\_ Zip:

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Contact Person (for general information):

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Phone : \_\_\_\_\_ Best Time to be Reached by Phone:

\_\_\_\_\_

Email Address:

\_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

Contact Person (for food delivery):

\_\_\_\_\_

Phone : \_\_\_\_\_ Best Time to be Reached by Phone:

\_\_\_\_\_

Type of Program Your Agency Runs (please circle one):

SOUP KITCHEN  
below)

FOOD PANTRY

SHELTER

OTHER (Please Explain

\_\_\_\_\_  
\_\_\_\_\_

Do your guests pay money, or make donations for the food they receive? YES  
NO

Are you open on holidays?

\_\_\_\_\_

FOOD PANTRIES:

How many guests receive food each week?

\_\_\_\_\_

How many days each week are you open?

\_\_\_\_\_

SHELTERS:

How many meals are served each day?

\_\_\_\_\_

How many guests are fed each meal? Breakfast\_\_\_\_\_ Lunch\_\_\_\_\_ Dinner\_\_\_\_\_

How many days per week are you open?

\_\_\_\_\_

FOOD NEEDS:

Which of the following foods can you utilize? (Please circle all that apply)

MEAT	FISH	PRODUCE	DAIRY	CANNED/DRY
INSTITUTIONAL	BAKERY	FROZEN	PREPARED	

Do you have a regular need for:

Low salt foods and salt substitutes?	YES	NO
Low sugar foods and sugar substitutes?	YES	NO
Low fat foods?	YES	NO

Do you require infant foods? YES NO If yes, for children in which age groups?  
\_\_\_\_\_

Do you need baby bottles? YES NO If yes, how many?  
\_\_\_\_\_

Do some of your guests request/require kosher food? YES NO If yes, how many?  
\_\_\_\_\_

Have you ever been unable to serve a guest due to a dietary restriction(s)? YES NO  
If yes, please state restriction -  
\_\_\_\_\_

Are there any special food needs we have not covered that you would like for us to consider when talking to potential food donors?      YES      NO

If                      yes,                      please                      explain                      -  
\_\_\_\_\_  
\_\_\_\_\_

What                      foods                      do                      you                      always                      need?  
\_\_\_\_\_  
\_\_\_\_\_

What                      foods                      can                      you                      never                      use?  
\_\_\_\_\_

Can you utilize "party food"?                      YES      NO

FOOD STORAGE:

Number                      of                      freezers                      available                      at                      your                      location:  
\_\_\_\_\_

Number                                      of                                      refrigerators                                      available:  
\_\_\_\_\_

Size of storage area: \_\_\_\_\_

What                      hours                      are                      you                      open                      for                      deliveries?  
\_\_\_\_\_

Sunday                      \_\_\_\_\_                      Thursday  
\_\_\_\_\_

Monday \_\_\_\_\_  
\_\_\_\_\_

Friday

Tuesday \_\_\_\_\_  
\_\_\_\_\_

Saturday

Wednesday \_\_\_\_\_

TYPES OF GUESTS OR CLIENTS YOU FEED:

Do you keep records of attendance? YES NO

What percent (%) of your guests are:

Men \_\_\_\_\_  
\_\_\_\_\_

White

Women \_\_\_\_\_  
\_\_\_\_\_

Black

Single Parent Families \_\_\_\_\_  
\_\_\_\_\_

Hispanic

Elderly \_\_\_\_\_  
\_\_\_\_\_

Asian

Children \_\_\_\_\_  
\_\_\_\_\_

Disabled

Homeless \_\_\_\_\_  
\_\_\_\_\_

Other

Unemployed \_\_\_\_\_

What procedures do your guests follow? (Sign in, get a ticket, walk in, etc...)

\_\_\_\_\_

\_\_\_\_\_

Are you turning people away?                    YES    NO

If        yes,        how        are        you        doing        this        and        why?

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OTHER:

With        what        other        organizations        are        you        affiliated?

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What        are        the        sources        of        funding        for        your        food        programs?

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What        are        your        other        food        sources?

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Please        give        us        your        "dream        list"        of        non-food        items:

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Do you have any ideas, comments or suggestions for us so that we can better meet your needs?

YES    NO            If            yes,            please            explain            -

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Please mail or fax this application and the attached RELEASE STATEMENT to:

**DESTIN HARVEST, INC.**

**538 Highway 98**

**Destin, Florida 32541**

**Phone: 850.650.8109**

**Fax: 850.650.0463**

**Email: [destinHarvest@gmail.com](mailto:destinHarvest@gmail.com)**

We cannot proceed to the next step until we have received and processed your application. You will be notified about an on-site visit.

**RELEASE STATEMENT**

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The undersigned authorized agent of

\_\_\_\_\_  
(Agency Name)

Hereby warrants that during the year \_\_\_\_\_ he/she will receive assorted foods from DESTIN HARVEST. Said agent further warrants that the above described food will be duly inspected upon delivery and found to be fit for human consumption.

It is further agreed between DESTIN HARVEST and

\_\_\_\_\_  
(Agency Name)

that:

1. The food is accepted "as is."
2. DESTIN HARVEST and the original donor expressly disclaim any implied warranties of \_\_\_\_\_ merchantability or fitness of the particular use.

3. There have been no express warranties in relation to this gift of food.
4. Said agency releases both the original donor and DESTIN HARVEST from any liability resulting from the condition of the donated food, and further agrees to indemnify and hold DESTIN HARVEST and the original donor free and harmless against all and any liabilities, damages, losses, claims, causes of actions and suits of law or in equity, or any obligation whatsoever arising out of or attributed to any action of said agency or any personnel employed by said agency in connection with its storage and use of the donated food.
5. Said agency will not sell or offer said food for sale.

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_____	_____	
Date	Signature of Agent	
_____	_____	
	Name of Agent	
_____	_____	
	Name of Agency	
_____	_____	
	Street Address	
_____	_____	
Zip	City	State