



# Application for Agency Participation in Second Harvest Food Bank of NW PA

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

City/State/ZIP \_\_\_\_\_

Contact Person \_\_\_\_\_ Phone \_\_\_\_\_

Nonprofit 501(c)(3) status:                    \_\_\_ YES    \_\_\_ NO

What type(s) of programs do you have in place that would use food from Second Harvest?

Check all that apply.

\_\_\_ Food pantry

\_\_\_ Soup kitchen

\_\_\_ Shelter

\_\_\_ Other – Please specify \_\_\_\_\_

Who would receive food obtained from Second Harvest? Check all that apply.

\_\_\_ Infants

\_\_\_ Children

\_\_\_ Adults

\_\_\_ Senior citizens

\_\_\_ Homeless

\_\_\_ Disabled

\_\_\_ Special needs – Please specify \_\_\_\_\_

Please mail or fax your application to:

Agency Relations Department  
Second Harvest Food Bank of NW PA  
1507 Grimm Drive  
Erie, PA 16501

Fax: 814-456-6481

Contact Rita Orinko at 814-459-3663, ext. 102, with any questions.