
Partnership Group Application

Please complete the information below. The Community Development Manager will contact you in order to review the status of your application. Thank you for your interest in partnering with Quest Food Exchange.

These services are only provided to registered not-for-profit organizations and charities. Donated or purchased food from Quest is restricted to the redistribution within your organization's internal meal programs and/or to their clients and cannot be resold.

This application will need to be renewed every three years.

Please indicate the Quest service that you are interested in utilizing:

1. **Online Ordering**

Quest provides a wide selection of fresh, frozen, canned, dry and seasonal food products as well as snacks such as pop and candy. A Fresh Sheet of new inventory is sent out weekly to help you with your order.

2. **Not-For-Profit Grocery Markets**

Quest operates five not-for-profit grocery markets. These markets are not open to public but upon your referral, your clients can shop at the markets. This gives your clients more control over their own food choices, and access to healthy and affordable options.

3. **Gift Certificates**

Quest partners can purchase gift certificates to distribute to their own clients. The gift certificates can be purchased in a variety of denominations to accommodate your needs.

4. **Other** (Healthy Snacks- School Program)

SECTION 1 – GENERAL INFORMATION

1. Is your organization part of an umbrella or parent group? Yes No
2. **If yes**, please indicate name and contact: _____
3. **Charitable Registration Number:** _____
4. **Not -for-profit Registration Number:** _____
5. Means of Funding: Federal Provincial Municipal/City
 Private Donations Fee for Service Church
 Other

6. Is there an evaluation criteria used for assessing the needs of the individuals asking for assistance?
 Yes No
7. How do you verify the need of individuals asking for assistance?
- _____
- _____

SECTION 2 – ORGANIZATIONAL PROFILE

Name of Agency: _____ Tel: _____
 Address: _____ Fax: _____
 Website: _____ *Email: _____

*You will receive periodic updates from Quest Food Exchange advising of organizational changes and other important information. You may unsubscribe from receiving these updates at any time. Please indicate your consent below in receiving these updates:

Signature: _____

Facebook Page: _____ Twitter Handle: _____

Billing Address (if different from above): _____

Executive Director: _____

Contact Person for food program: _____

SECTION 3 – For ON LINE MARKET and Other Healthy Snacks’ applicants only)

1. Type of organization: Residential Program Meals/Soup Kitchen
 Transitional/Drop-In Shelter Day Program
 Other _____

2. How long has your program been in existence? _____

3. Segments of the population served: HIV/AIDS Mental Illness Addictions/Recovery
 Schools Seniors Daycare Homeless

Other (describe) _____

4. Is there a fee for any of your programs/services? Yes No

5. If yes, please explain: _____

6. How is the food redistributed? _____

7. Total number of food clients your organization serves: _____

8. How often do you want to order? _____

If applicable, do you have a vehicle and driver for the pick-up of food? Yes No

If "No," there is a possibility of food delivery if the location is within a current pick up/drop off route and for a fee. Please discuss with the Community Development Manager.

SECTION 4 – PROVISION(S)

If the Partner Group Application is approved, then the Partner Group covenants and agrees with Quest Food Exchange (“Quest”) that the Partner Group will not, under any circumstances, re-sell food donated to it or purchased by Quest. The Partner Group further covenants and agrees that all food donated or purchased by Quest is restricted to the redistribution within the Partner Group’s internal meal programs and/or to their clients. Quest reserves the right to immediately terminate its relationship with the Partner Group upon a breach by the Partner Group of the above covenants.

Signature of Executive Director or
Partner Group Applicant

Date

Note: As required by Canada Revenue Agency, please include a copy of your most recent, audited, financial statements and any literature about your programs and services.

<u>For Office Use – Authorized Signatures for Approval</u>	
_____ Signature of Executive Director Quest Food Exchange	_____ Date
_____ Signature of General Manager Quest Food Exchange	_____ Date