



Harvesters' BackSnack and School Pantry Programs

Application

Date of Application: _____

BackSnack Program

The BackSnack program provides a weekly backpack filled with nutritious, child-friendly food for school children to take home over the weekend.

School Pantry Program

The School Pantry Program is a food pantry conveniently located on-site at or near schools for families to access groceries in their school community.

Please select your program enrollment request:

BackSnack: Yes ☐ No ☐

School Pantry: Yes ☐ No ☐

School Information:

Name of School/Site: _____

Address: _____

City: _____ State: _____ Zip: _____

Main Phone Number: _____

Principal Name: _____ E-mail: _____

Phone Number: _____

Primary Contact Name: _____ E-mail: _____

Phone Number: _____

School Data:

Number of children enrolled in school: _____

Number of children anticipated to be served through Harvesters' BackSnack program: _____

Number of families anticipated to be served through Harvesters' School Pantry program: _____

Number of children served through school's free and reduced rate breakfast and lunch: _____

Please explain the level of need within your school, and why this program is a good fit for your location:

Do you share information about other community organizations/services within a 5-10 mile radius of your school, or refer families directly to other services? If so, which ones?

(continued on next page)

Community Partner Contact Information (If Applicable):

A community partner is a religious, civic, or community organization that provides oversight and support to the program at one or more schools. The organization has the capabilities to safely store food, make deliveries, and communicate with BackSnack staff.

Does your school have a community partner: Yes ☐ No ☐

If no, would you like assistance from Harvesters in locating a partner? Yes ☐ No ☐

Name of Organization: _____

Address of Organization: _____

City: _____ State: _____ Zip: _____

Primary Contact Name: _____ E-mail: _____

Phone Number: _____

Secondary Contact Name: _____ E-mail: _____

Phone Number: _____

Required Documentation:

☐ Letter of support from the District Superintendent (or Executive Director)

☐ Letter of request from the School Principal on school letterhead

By participating in a Harvesters' program, you are committed to:

- Submitting a monthly report
- Annual Food Safety Training
- Weekly/monthly distributions
- Annual National Background Check

Applicant's Signature: _____

Applicant's printed name: _____

**Please submit your application materials via email to equippingschools@harvesters.org.
For more information, please contact us at 816.929.3042.**



www.harvesters.org • 877.353.6639

For Internal Use Only:

Staff Approval Initials: _____ Date Approved: _____ Date Entered Into Database: _____