



# Service Insights on MealConnect (SIMC) PARTNER AGENCY INTEREST FORM

Date: \_\_\_\_\_

Thank you for your partnership with Second Harvest Food Bank of Central Florida and for your interest in Service Insights on MealConnect (SIMC). Please fill out the following information so that we can have a better understanding of your agency. The more detailed information you can provide us with, the better we are able to assess and assist you with your agency's needs.

## Agency Information *(Agency's contact information - How neighbors can contact agency)*

Name of your SHFB Agency Relations Coordinator	
Agency Reference #	
Agency Name	
Agency Physical Address	
Agency Phone #	
Agency Email Address	

## Agency (POC) Point of Contact for SIMC *(SHFB use only - How WE can contact YOU)*

SIMC POC Name	
SIMC POC Role at Agency	
SIMC POC Phone #	
SIMC POC Email Address	

## Agency Distribution Details *(Please select all that apply and/or write under additional notes section)*

**Are you a TEFAP agency?**

Yes  
 No

**Distribution method**

Walk-in pantry  
 Drive thru w/ some walk-ups  
 By appointment  
 Delivery  
 Hot meals

**Shopping appointment at Second Harvest warehouse**

<input type="checkbox"/> MON	<input type="checkbox"/> 7am
<input type="checkbox"/> TUES	<input type="checkbox"/> 8am
<input type="checkbox"/> WED	<input type="checkbox"/> 9am
<input type="checkbox"/> THURS	<input type="checkbox"/> 10am
<input type="checkbox"/> FRI	<input type="checkbox"/> 11am
	<input type="checkbox"/> 1pm

**Distribution frequency**

Weekly  
 Every other week  
 Monthly  
 FIRST – of every month  
 SECOND – of every month  
 THIRD – of every month  
 FOURTH – of every month  
 LAST – of every month

**How often can the same household receive food/services?**

Every distribution  
 Every \_\_\_\_\_ days  
 Every \_\_\_\_\_ weeks  
 Once a month  
 \_\_\_\_\_ times a month

**Distribution day(s) & hours**

<input type="checkbox"/> MON	
<input type="checkbox"/> TUES	
<input type="checkbox"/> WED	
<input type="checkbox"/> THURS	
<input type="checkbox"/> FRI	
<input type="checkbox"/> SAT	
<input type="checkbox"/> SUN	

**Average # households (families) served PER DISTRIBUTION**

\_\_\_\_\_

**Time volunteers arrive to agency on distribution day to set up**

\_\_\_\_\_

**Additional notes you would like us to know so we can better assist your agency's needs**

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