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| --- | --- |
|  | **FREESTORE FOODBANK****Partnerships and Programs** |
| Produce Pop Ups  |
| Scheduling Form |

***In order to host a Produce Pop Up, you must return this form at least 15 business days prior to requested distribution date. Please return completed form to smata@freestorefoodbank.org***

|  |  |
| --- | --- |
| **Agency Name** |  |
| **Agency Number** |  |
| **Contact Name** |  |
| **Contact Number** |  |
| **Alternate Number** |  |
| **Address** |  |
| **County** |  |

Produce Pop Ups are scheduled on a first come, first served basis. Please provide an alternate date as well.

|  |  |  |  |
| --- | --- | --- | --- |
| **Requested Date** |  | **Alternate Date** |  |
| **Distribution Time:**  |  |
| **Size (circle)** | 100 150 200 (Families) |
| **Frequency (circle)** | Weekly Biweekly Monthly One-time event |

There are 5 windows available for deliveries Monday-Saturday, please rank your preference 1-5 (1 being top priority).

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Window 1** | **Window 2** | **Window 3** | **Window 4** | **Window 5** |
| 7:30a-9:00a | 9:00a-10:30a | 10:30a-12:00p | 12:00p-1:30p | 1:30p-3:00p |
|  |  |  |  |  |

Please describe where any leftover produce will go.

**-------------------------------------------------------------------------------------------------------------------------------**

**Internal use only**

|  |  |  |  |
| --- | --- | --- | --- |
| **Accepts TEFAP** |  | **Change ShipViaCode** | Yes No |
| **Type** | Produce only Add 910 Add 914 |
| **New Location** | Yes No | If yes, date approved  |  |