**REPORT/RENEWAL**

The following information is required to participate in our Food Service, please make sure each section is completed:

|  |  |  |  |
| --- | --- | --- | --- |
| Partner Organization Name: |  | Office Phone #: |  |
| Address: |  | Office Fax #: |  |
| City, State, Zip:  |  | Email Address: |  |
| Primary Contact:  |  | Alternate Phone #:*(other than office number)* |  |
| Secondary Contact: |  | Secondary Contact Phone #  |  |

Without duplicating please indicate the number of “**participants**” served (NOT meals)

|  |  |
| --- | --- |
| Average # of Individual Congregate served daily |       |
| Average # of Individual Home Delivery served daily |       |

**Is product being used in daily menu?** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Please provide feedback on the food items** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Did the Food Service help your organization meet or make progress towards your goal(s) listed on the request?**

(Click One) Yes [ ]  No [ ]

**Please let us know how this service helped your organization reach the goal(s). Select your top 2 answers:**

[ ]  Increased Resources [ ]  Increased Community Engagement [ ] Improved Outreach [ ]  Improved Education

[ ]  Improved Health [ ]  Improved Public Safety [ ]  Improved Programing [ ]  Improved Results

**Please provide an example of how this service helped you to make progress to your goals:****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Do you have any questions, comments or suggestions about our Food Service or any other PWNA Services?** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**If you would like to renew our Food Service please indicate:**

|  |  |
| --- | --- |
| Average # of Individual Congregate served daily |       |
| Average # of Individual Home Delivery served daily |       |

***Disclaimer:*** *Products provided by Partnership With Native Americans (PWNA) CANNOT be sold or distributed to promote any type of Tribal business (i.e. elections, meetings, campaigns, etc.). If at any time, PWNA is informed that a Program Partner and/or program volunteers have used the product in such manner, PWNA will be forced to drop the Program Partner.*

**\_\_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_****\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Program Partner Primary Contact Signature Date**

