



Application for Service Provider Award

Objective: To recognize the achievement of an agency/program for service to its community.
Eligibility is based on the agency/program having been in service for a minimum of one year, and shows commitment to alleviating hunger and improving the lives of the people in its community.

If the nominee is a program of an agency, the umbrella agency must be in service for at least 2 years and be recognized as a legitimate organization according to law. DEADLINE: APRIL 1st,2010.

AGENCY/PROGRAM NAME:

AGENCY/PROGRAM ADDRESS:

AGENCY/PROGRAM PHONE:

AG/PROG CONTACT NAME: _____

AG/PRO TYPE (Food Pantry, Soup Kitchen, Other) _____

NOMINATOR'S CONTACT NAME AND PHONE:

Is agency/program contact aware of this nomination? (Circle one) Yes No

How long has this agency/program provided a sustained service to its community?

How is the agency/program addressing hunger (and other needs if applicable) of the community?
*Give examples of how the agency enhanced the quality of life in the community. Be specific.
Attach additional pages as needed*

Application for Volunteer Award

Objective: To recognize the achievement of a volunteer or group of volunteers for service to the community.

Eligibility: To be eligible, the volunteer(s) must show a commitment to alleviating hunger and improving the lives of the people in the community. **DEADLINE: APRIL 1st, 2010.**

VOLUNTEER NAME: _____

VOLUNTEER ADDRESS: _____

VOLUNTEER PHONE: _____

If the nominee is a group please provide the group's name and a contact person for the group. _____

Group contact person's name

Telephone

NOMINATOR'S NAME AND PHONE:

Is the Volunteer (individual person or group) aware of this nomination? *(Circle one)* Yes No

How long has this Volunteer provided a sustained commitment to the agency and the community?

How has the volunteer (person or group) served in the fight against hunger (and if applicable, addressing other community needs)? *Give examples and please be specific Attach additional pages as needed*

Application for Donor Award

Objective: To Recognize the generosity of a donor in the fight against hunger in Westchester County. **DEADLINE: APRIL 1st, 2010.**

DONOR NAME: _____
Individual or Corporate .If corporate, provide a contact person's name and phone number. _____ l

DONOR ADDRESS: _____

DONOR PHONE: _____

NOMINATOR'S CONTACT NAME AND PHONE:

Is the Donor aware of this nomination? (*circle one*) Yes No

How long has this donor sustained a commitment to the fight against hunger in Westchester County?

How has the donor aided in fulfilling the needs of the hungry in the community? Give examples and please be specific. Attach additional pages as needed.

Application for Corporate Service Award

Objective: To recognize the achievement of any company that participated in a volunteer warehouse re-packing at the Food Bank for Westchester from April 1, 2009 and April 1, 2010.

Eligibility: To be eligible those companies will automatically be nominated for this award. Additional contributions made by those companies will also be considered. These contributions include, but are not limited to, the organization of company food drives; the provision of in-kind services; and the coordination of other types of fundraising efforts which benefitted the Food Bank in 2008. **DEADLINE: APRIL 1st, 2010.**

COMPANY NAME: _____

COMPANY ADDRESS: _____

COMPANY PHONE: _____

If the nominee is a group please provide the group's name and a contact person for the group. _____

Group contact person's name

Telephone

NOMINATOR'S NAME AND PHONE:

Is the Company (or group) aware of this nomination? (*Circle one*) Yes No

How long has this Company provided a sustained commitment to the Food Bank?

How has the company (or group) served in the fight against hunger (and if applicable, addressing other community needs)? *Give examples and please be specific Attach additional pages as needed*
