

PARTNER INTEREST FORM

Community FoodBank of New Jersey

Thank you so much for your interest in becoming a CFBNJ partner. At the present time we are restructuring our team to ensure that we meet the needs of our neighbors by hiring and training new staff. Due to this restructure, there is a pause on the onboarding process until February 2023.

The survey will take approximately 5 minutes to complete. Please use this form to tell us about your organization and your interest in becoming a Community FoodBank of New Jersey partner.

We understand community needs continue to grow and serving numbers are on the rise. We have created a waiting list and will review all requests on a monthly basis.

Please feel free to share these resources should you know neighbors in need of immediate food assistance:

Find a Food Pantry Near You: <https://cfbnj.org/findfood/>

TEXT Food or Comida: (908) 224-7776

Filling out this form does not guarantee partnership. CFBNJ will review your interest and evaluate partnership based on equitable food distribution in the community. We seek to identify gap areas in food assistance services throughout our service area and will prioritize partnership interest based on this information. Once we review further, we will contact you to discuss next steps.

* Required

1. What type of feeding program would you like to start?

*Check all that apply **

- ☐ Food Pantry
- ☐ Soup Kitchen
- ☐ Shelter
- ☐ Re-start Current Agency
- ☒ Provide resources - Food and other

2. If other, please describe the type of program you would like to start *

Provide Resources - Food and other.

3. How often does your organization distribute food? *

- ☒ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ Seasonal

4. What days do you distribute food?

*Check all that apply **

- ☒ Monday
- ☒ Tuesday
- ☒ Wednesday
- ☒ Thursday
- ☒ Friday
- ☒ Saturday
- ☒ Sunday

5. County (where organization is located)

CFBNJ directly serves 11 counties (Atlantic, Bergen, Cape May, Cumberland, Essex, Hudson, Middlesex, Morris, Passaic, Somerset and Union).

** We also have affiliate partners in Hunterdon, Mercer, Sussex and Warren Counties. If you are in one of these counties, we will refer you to our partners. **

- ☒ Atlantic
- ☐ Bergen
- ☐ Cape May
- ☐ Cumberland
- ☐ Essex
- ☐ Hudson

- ☐ *Hunterdon **
- ☐ *Mercer **
- ☐ Middlesex
- ☐ Morris
- ☐ Passaic
- ☐ Somerset
- ☐ *Sussex **
- ☐ Union
- ☐ *Warren **

6. City

Where organization is located *

Exurban New York-Binghamton New York.

7. Does the Organization have a current 501(c)3 (cannot have a revoked status) *

- ☐ Yes
- ☒ No

8. Community FoodBank of New Jersey offers more than food to assist partners, communities and neighbors in need.

*Please let us know the services that interest you in a partnership. Check all that apply. **

- ☐ Child Nutrition Programs
- ☐ Diabetes
- ☐ Diaper
- ☐ Hunger as a Health Issue
- ☐ LIHEAP
- ☐ Period
- ☐ Policy and Advocacy Support (in your community)
- ☐ SNAP Application Assistance

- ☐ SNAP-Ed workshops and classes
- ☐ Senior Food Assistance
- ☐ Workforce Development
- ☐ None

9. Organization Name *

Provide Resources

10. Primary Contact Name *

Rakesh Kukatla

11. Primary Contact Cell Number/Phone *

rakeshkelm@gmail.com

12. Primary Contact Email *

rakeshkelm@gmail.com

13. What else would you like for us to know?

Feel free to use this space to tell us about your community. What gaps you're seeing in food assistance and where will your services help to fill those gaps. *

I am at the food pantry in the district, multiple times a day and every day. Unfortunately, it is unavailable multiple times a day and every day and does not satisfy one's development needs.

14. Community FoodBank of New Jersey is committed to providing equitable food distribution in the community.


I understand that by filling out this interest form, my organization does not automatically become a partner of Community FoodBank of New Jersey. I understand that further discussions will take place with the CFBNJ Network Relations team, and when requested, I will need to fill out an application, acquire specific documents and attend trainings before becoming a partner.

Please check YES to agree to these terms: *

☒ Yes

☐ No

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