

**Palm Beach County Food Bank: Groceries for Seniors
Agency Contact Form**



Agency Name: _____

Agency Address: _____

Number of requested bags: _____

Program Contact

Name: _____

Title: _____

Phone Number: _____

Email Address: _____

Food Delivery

☐ I will pick up the food directly from the PBCFB.

PBCFB warehouse is open Monday – Friday 8:00 a.m. to 3:00 p.m.

1. Preferred Pick up day: _____
2. Preferred Pick up time: _____
3. Designated people authorized by the Primary Contact who are allowed to pick up food on behalf of their agency.

a. Name: _____

Phone Number: _____

Email address: _____

b. Name: _____

Phone Number: _____

Email address: _____

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☐ I prefer to have the food delivered to me.

Delivery is not guaranteed. A PBCFB representative will confirm a delivery day.

1. Preferred delivery day (provide 2 -3 options): _____

2. What is the earliest time the bags can be delivered? _____

3. What is the latest time the bags can be delivered? _____

4. Is there any time the bags cannot be delivered? _____

5. Contact person who will receive your school bags upon delivery:

a. Name: _____

Title: _____

Phone Number: _____

Email address: _____

6. Detailed instructions for the Food Bank driver as to where the driver will meet the person receiving the backpack bags. Please be specific.

Food Distribution

Agency days and hours of distribution. When do you plan to distribute food? We will add your agency's distribution to our website if you are a public agency.
