



2026 On-Site Partner Support Program Application

On-Site Partner Support Program applications are due by 11:59 PM February 13, 2026.

Please review the guidelines and eligibility criteria before submitting your application. If you have any questions, please contact AmeriCorps VISTA Claire Cooper at ccooper@ctfoodshare.org or Fernanda Page at fpage@ctfoodshare.org.

Part 1: Agency Partner Information

Organization Name:

Program Name:

Program Address:

Connecticut Foodshare Account Number:

Part 2: Additional Information

Please describe your organization's mission.

What are your organization's days and hours of operation?

Please describe your food assistance program in 75 words or less.

Part 3: Main Contact for the On-Site Partner Support Program

Please identify one person at your organization who will work with Connecticut Foodshare on this project.

Name:

Title:

Phone Number:

Email Address:

Can they commit to meeting 3 to 5 hours a week, for up to 4 weeks at your organization's location?

☐ Yes

☐ No

Person Completing This Form (If different than above)

Name

Title

Phone Number

Email Address

Part 4: Support Request

Which of the following options would you like support with (please, select one option only):

☐ Volunteer management

☐ Fundraising and food sourcing

☐ Centering neighbors

What problem or issue is your organization experiencing in the topic you chose above?

(Please provide more details in 75 words or less.)

Based on the topic you chose, how can the Onsite Partner Support Program help? (Please explain using 150 words or less.)

If selected for this opportunity, what would success look like? (Please detail it in 150 words or less).