



Food Shelf Information

Food Shelf Name: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Physical Address (if different): _____

City: _____ State: _____ Zip: _____

Website: _____

Food Shelf Director (primary contact)

Name: _____

Phone: _____

Email: _____

Financial Contact (treasurer, CFO, accountant, etc.)

Name: _____

Phone: _____

Email: _____

Organization Executive Director/CEO (if different)

Name: _____

Phone: _____

Email: _____

Social Media Pages

Yes, we're on Facebook! Find us at: _____

Yes, we're on Twitter! Find us @ _____

Yes, we're on Instagram! Find us @ _____

We're not on social media, but would like some help getting it set up.

Additional Questions

Annual operating budget (approximately): \$_____

Please rank the challenges you face as a food shelf from 1 to 5, with 1 being your largest challenge and 5 being the least challenging:

- ___ Volunteer management
- ___ Fundraising
- ___ Communications (media relations, social media management)
- ___ Program development
- ___ Other (Please specify: _____)

We are looking at new ways to communicate more effectively with you. Which of the following options would you find most beneficial?

- ___ Weekly/bi-weekly email newsletter
- ___ Quarterly conference calls
- ___ Local regional meetings
- ___ Regular (quarterly?) webinar trainings
- ___ Closed Facebook group to network and learn from other food shelves
- ___ Other ideas (Please specify: _____)

Membership dues

- Check enclosed for 2018 membership dues of \$_____
- We are enclosing additional funds to sponsor another food shelf's membership. Amount \$_____
- We are requesting a full or partial sponsorship

Mail this form along with a check payable to:

Hunger Solutions Minnesota
555 Park Street, Suite 400
St. Paul, MN 55103

Questions?

Contact Joe Walker
jwalker@hungersolutions.org
651-486-9860