Cooking Matters: Agency Application

This application is required for all new agencies and organizations that have not previously held a class series at their site. Please complete the following information and return this form via email or mail to:

Ryann Williams, Cooking Matters Program Coordinator
The NH Food Bank, 700 East Industrial Park Drive, Manchester, NH 03109
Email: rwilliams@nhfoodbank.org Phone 603-669-9725 ext. 1133

______________________________________________________
Agency/Organization Name

______________________________________________________
Date

______________________________________________________
Agency Address

______________________________________________________
City

______________________________________________________
State

______________________________________________________
Zip

______________________________________________________
Agency Contact Person

______________________________________________________
Job title

______________________________________________________
Phone Number

______________________________________________________
Fax Number

______________________________________________________
E-mail

1. Have you read through the Agency Information Packet?
   ☐ Yes ☐ No

2. What type of agency/organization do you identify with? (i.e. School, Church, Community Center, Wellness Center, Housing Development, Food Pantry etc.)

______________________________________________________

3. Briefly describe your organization’s work and mission. (Include the types of services, programs, trainings, etc. you offer to your clients)

______________________________________________________

______________________________________________________

______________________________________________________
1. Is your organization a current member agency of the New Hampshire Food Bank?
   ☐ Yes   ☐ No

2. Does your agency serve low-income or needy individuals?
   ☐ Yes   ☐ No

   How do you determine low-income eligibility?

3. Do your clients receive WIC, Food Stamps or other nutrition assistance?
   ☐ Yes   ☐ No

   If yes, what % of those served participate in nutrition assistance programs? ____%

4. What are the general demographics of your client base?
   Ethnic Background: ________________________________
   Age of Clients: ________________________________
   Sex: ________________________________
   Economic Situation: ________________________________
   Other details: ________________________________

5. What type(s) of classes are you interested in hosting?
   ☐ Cooking Matters for Adults
   ☐ Cooking Matters for Parents
   ☐ Cooking Matters for Families
   ☐ Cooking Matters at the Store Tour
   ☐ Cooking Matters at Home Workshops

6. In what ways do you think that cooking and nutrition education would benefit your participants? How will you support the healthy eating environment created through this class?

7. How would you rate participation levels for community service programs offered at your facility?
   ☐ High (100%- 80%) ☐ Moderate (79%- 50%) ☐ Low (49%- 20%)

8. Your commitment to hosting a Cooking Matters class series is important to the overall success of this program at your agency. Are you willing and able to be actively involved in recruiting participants, be present during classes and assist with class preparation and other class needs?
   ☐ Yes   ☐ No

9. Cooking Matters relies on agencies to commit to recruiting participants and hosting courses based on pre-arranged scheduling. Are you committed to recruiting 8-10 participants and open to trying multiple recruitment strategies to ensure the class does not get cancelled?
   ☐ Yes   ☐ No
10. Cooking Matters staff can provide additional support with recruitment if needed. What is your current method of recruiting participants for various programs?
___________________________________________________________________________________________
___________________________________________________________________________________________

11. Cooking Matters courses are not a drop-in program. Each class session is progressive and part of a complete course and participants are expected to attend the 6 course sessions. What steps will you take to ensure that participants understand the importance of regular attendance?
___________________________________________________________________________________________
___________________________________________________________________________________________

12. Do you plan to host Cooking Matters courses at your own facility?
☐ Yes ☐ No

If no, where do you plan on hosting the Cooking Matters courses?
___________________________________________________________________________________________

13. Does your agency have access to a working kitchen facility for cooking demonstrations and classroom activities large enough to accommodate 8-15 people?
☐ Yes ☐ No (if no, this does not automatically disqualify you for classes)

14. What months, days, and times are convenient for hosting a Cooking Matters class series at your facility? Please give your top three choices: (If very flexible please note!)
___________________________________________________________________________________________
___________________________________________________________________________________________

15. Cooking Matters may ask agencies to provide childcare for children of adult participants when necessary. Does your agency currently have this capability?
☐ Yes ☐ No

16. How did you hear about the Cooking Matters program?
___________________________________________________________________________________________
___________________________________________________________________________________________

Thank you for your interest in the New Hampshire Cooking Matters program! After reviewing your application, we will contact you to discuss the possibility of hosting a class at your agency. We hope to work with you soon!

For further questions or information please call Ryann Williams at 603-669-9725 X 1133 or e-mail at rwilliams@nhfoodbank.org