



## Nutrition Pantry Program Application

The **Nutrition Pantry Program** provides a process for implementing practical, client-centered strategies of a health-focused environment in all types of food distribution sites. This program was developed by Leah's Pantry and the **New Hampshire Food Bank is an implementing partner**. We're pleased to offer your pantry assistance at no cost to help your clients be nourished, feel seen and heard, and know that they matter.

To **become a selected pantry site for 2024-2025**, please complete and sign the form below. Your signature means you acknowledge our assistance is free to your organization and you agree to participate in the Nutrition Pantry Program. Participation requires regular meetings (minimum 2x month) and communication with someone who can make decisions for the pantry. We're looking forward to working with you!

**Pantry Name:** \_\_\_\_\_

**Pantry Address:** \_\_\_\_\_

**Primary Pantry Contact Name and Title:** \_\_\_\_\_

**Primary Phone Number (please use a cell # if you prefer to text):**

\_\_\_\_\_

**Primary Email:** \_\_\_\_\_

**Alternate Pantry Contact Name and Title:** \_\_\_\_\_

**Alternate Phone Number (please use a cell # if you prefer to text):**

\_\_\_\_\_

**Alternate Email:** \_\_\_\_\_

**Please check the most preferred way for us to contact you.**

- Phone Call
- Text Message
- Email

**Please list your pantry's food distribution days/times:**

\_\_\_\_\_



**Please share why you are interested in being a Nutrition Pantry Program partner.**

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**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Questions?**

*Contact Meredith Howe at [mhowe@nhfoodbank.org](mailto:mhowe@nhfoodbank.org) or call 603-669-9725, ext. 1130.*

**Returning your application:**

Please return your completed application via email to Meredith Howe at [mhowe@nhfoodbank.org](mailto:mhowe@nhfoodbank.org).