Request for Nutrition Services

Date Requested: ___________  Date of Event: ___________  Time of Event: ___________

Organization: ____________________________________________________________

Contact Person: ___________________________________________  Phone Number: ______________________________

E-mail Address: __________________________________________________________

Location & Address of Event: _____________________________________________
________________________________________________________________________
Metro Accessible: □ Y □ N  Parking Available: □ Y □ N

Parking Details: _________________________________________________________

1. What service would you like us to provide? Please select ONE ONLY:
   □ Food Budgeting Workshop
   □ Food Budgeting Workshop w/ food prep
   □ Cooking Class
   □ Health Fair Education
   □ Health Fair Food Demo
   □ Garden Workshop: Seed Starting (Feb-May)
   □ Garden Workshop: Harvesting (June-Aug)

2. Would you like this service in-person or virtual?
   □ In-person
   □ Virtual

3. If you are requesting a virtual food demo/sampling or workshop, please describe the context for the event if not straightforward:
________________________________________________________________________
________________________________________________________________________
4. If it is a virtual event, which platform (e.g. Zoom, Webex, Google Meet, Cisco, etc.) do you use?

_______________________________________________________________________________

5. If this event is a health fair, how many people do you anticipate? __________________________

6. Please provide the following information about the audience:

<table>
<thead>
<tr>
<th># of Attendees*</th>
<th>Age Group</th>
<th>Gender</th>
<th>Literacy Level</th>
<th>This is for</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐ 0-10</td>
<td>☐ 10-14 years</td>
<td>☐ Males</td>
<td>☐ 3rd to 6th grade</td>
<td>☐ Food Bank Clients</td>
</tr>
<tr>
<td>☐ 11-20</td>
<td>☐ 14-19 years</td>
<td>☐ Females</td>
<td>☐ 7th to 12th grade</td>
<td>☐ Students</td>
</tr>
<tr>
<td>☐ 21 or more</td>
<td>☐ 20-50 years</td>
<td>☐ Mixed group</td>
<td>☐ over 12th grade</td>
<td>☐ Parents</td>
</tr>
<tr>
<td>☐ Health fair</td>
<td>☐ Over 50 years</td>
<td></td>
<td>☐ Mixed group</td>
<td>☐ Community</td>
</tr>
<tr>
<td>☐ Mixed group</td>
<td></td>
<td></td>
<td></td>
<td>☐ Mixed group</td>
</tr>
</tbody>
</table>

*Please note: CAFB has the right to cancel a class if less than 10 people are signed up.

7. Any additional items that may need to be provided (either by CAFB or your organization)

_______________________________________________________________________________

8. How will you advertise/recruit participants? We require at least 10 participants in attendance.

_______________________________________________________________________________

We want to help you meet your clients’ needs. Please assist us in the following ways:

✓ If you are not familiar with the Capital Area Food Bank, please visit our website (www.capitalareafoodbank.org) to learn about our mission and our services.

✓ Please advertise the presentation(s) to encourage attendance.

✓ Please follow up with potential participants with reminders about the presentation(s).

I am requesting the attendance of a member of the Nutrition Education Team at CAFB for the above-mentioned event. I agree to notify a member of the Nutrition Education Team within 48 hours of the event if the event is cancelled, postponed, or if any other pertinent changes related to the event occur. I also agree that if I fail to provide proper notification, the Nutrition Education Team has the right to refuse any future requests for their services. This agreement must be returned to the CAFB office at least three weeks prior to event. I have read and understand the content of this agreement.

__________________________
Print Name

__________________________
Signature and Date

Please email this completed form to education@capitalareafoodbank.org