



Cooking Matters Host Site Application

Organization Contact Information

Organization Name _____ Date _____

Street Address _____

City _____ State _____ Zip _____

Primary Contact Person _____ Job title _____

Phone Number _____ Fax number _____ E-mail _____

Organizational Information

1. How do you classify your organization? (i.e. Food Bank, School, Church, Community Center, Wellness Center, Housing Development, Food Pantry, etc.)

2. Briefly describe your organization's work and mission. (Include the types of services and programs you offer to your clients)

3. Does your agency serve low-income individuals? Yes No
Do your clients receive WIC, SNAP Benefits or other nutrition assistance? Yes No
If yes, what % of those served participate in nutrition assistance programs? _____ %
How do you determine low-income eligibility? Can you provide us with this verification?

4. How would you rate participation levels among eligible clients for community service programs offered by your organization?

High (100% - 80%) Moderate (79% - 50%) Low (49% - 20%)

5. Do you plan to host Cooking Matters courses at your own facility? Yes No
 If Yes:
- a. Does your organization own or have access to a working kitchen facility for cooking courses? Yes No
 (If not, does the facility offer access to a sink, for hand/ dish washing? Yes No
 - b. **and** have access to a classroom area large enough to accommodate 8–15 people? Yes No
 - c. **and** is your facility easily accessible for clients who rely on public transportation? Yes No

Cooking Matters Assessment

6. How did you hear about Share Our Strength’s Cooking Matters program?

7. Have you observed a Cooking Matters class? Yes No

If so, please provide the following information:

Course Name: _____

Class location (e.g., agency/organization name): _____

8. Why are you interested in bringing Cooking Matters courses to your clients and/or community? How does Cooking Matters differ from and/or complement other related programs currently offered in your community?

9. Which Cooking Matters courses are you interested in offering in your community?

<input type="checkbox"/>	Cooking Matters for Adults	<input type="checkbox"/>	Cooking Matters for Families	<input type="checkbox"/>	Cooking Matters for Teens
<input type="checkbox"/>	Cooking Matters para adultos	<input type="checkbox"/>	Cooking Matters para Familias	<input type="checkbox"/>	Cooking Matters for Child Care Professionals
<input type="checkbox"/>	EXTRA for Parents of Preschoolers	<input type="checkbox"/>	EXTRA for Wellness	<input type="checkbox"/>	Cooking Matters for Kids
<input type="checkbox"/>	EXTRA f or Diabetes				

External Resource Assessment:

Cooking Matters courses are generally held at a host agency that already reaches Cooking Matters target population and has the ability to recruit appropriate course participants. Courses are taught by volunteer, chef instructors, and nutritionists.

10. Please list any local agencies/organizations in your area, besides your own, that could serve as host sites for Cooking Matters classes. Note any existing relationships with these organizations.

11. Please list any other existing relationships/arrangements that could help support course implementation (e.g., relationships that could result in in-kind donations of food or other course materials, volunteers, etc).

Thank you for your interest in Share Our Strength’s Cooking Matters program! After reviewing your application, we will contact you to discuss the possibility of partnering with your organization to offer Cooking Matters courses.

For <Insert Lead Partner Name> office use only

Date Application Received:
Date reviewed:
Reviewed by:
Recommendation/Next Steps: