Request for Community Food Advisor Service

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| --- | --- | --- |
| Today’s Date | Contact Person | Name of Organization |
|  |  |  |
| **Address**   | Telephone # | E-mail |
|  |  |  |
| Location of service (Directions/main intersection) | Parking available /cost of parking  |
|  |  |
| Date(s) Of Service Required: | # Of Days | AM / PM | Length of Service |
|  |  |  |  |
| What Type Of Organization Is This Service For? (Check one)  |
| Church  |  | Food bank |  | Supermarket |  | Community Group  |  |
| School |  | Mall |  | Other (Specify)  |
| Type of Service Required (Check one)  |
| Presentation |  | Cooking Class |  | Display |  |
| TV/Newspaper Article/Radio  |  | Food Demonstration |  | Other (Specify): |  |
| **Topic(s) Requested:** | **# Of People Expected?** |
|   |  |
| **Age Range:**  | Children (<13yrs**)**  |  | Teens (<19yrs) |  | Adults |  |
| Older Adults (65+)  |  | Mixed Ages |  |
| Other Characteristics (Check All That Apply)  |
| FemalesMalesMothersSingle MothersLow Income |  | Ethnic GroupGeneral PopulationSchool GroupClubOther |  |
|  |  |
|  |  |
|  |  |
|  |  |
| Special Needs (Describe) |  |
| Resources Available:  |
| Overhead projector | Yes |  | No |  | Cooking Utensils | Yes |  | No |  |
| Flip Chart | Yes |  | No |  | Hot/Cold Water | Yes |  | No |  |
| Kitchen facilities | Yes |  | No |  | Kitchen sink | Yes |  | No |  |
| Plug-ins/extensions | Yes |  | No |  | Cooking Equipment | Yes |  | No |  |
| **Food Costs:** |
| Food costs involved? | Yes |  | No |  | What is your budget limit? |  |
| Will you reimburse the CFA**?**  | Yes |  | No |  | Other Information: |
| Will you purchase or arrange for all food?  | Yes |  | No |  |
| Presentations by CFAs are free, but we ask a donation of $10.00 to cover transportation costs.  |
| Are you able to provide a donation to support the CFA program?  | Yes |  | No |  |
| If YES, amount |  | Is a receipt required?  | Yes |  | No |  |
| Notes: |

Please return form to cfadvisors@guelphchc.ca