

## Satellite Application

### Applicant Information (Enter your personal contact information below)

Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office phone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

Organization / church you represent \_\_\_\_\_

Organization / church information if different from your contact information:

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Office phone \_\_\_\_\_

Cell phone \_\_\_\_\_

E-mail \_\_\_\_\_

### Applicant Profile

**Note to applicant:** Kids Against Hunger is committed to making our satellites successful contributors to our shared mission of ending child starvation and malnutrition. The information you provide in this application will help us to determine if your organization can successfully start and operate a satellite. Please give your serious and prayerful consideration to these questions.

Are you able / willing to (check the box if your answer is 'yes'):

- form a 501 (c)(3) nonprofit organization
- sign a satellite licensing agreement
- allow Headquarters to conduct a background check
- conduct regular fundraising to pay for the ingredients in the food you will package
- provide a facility for packaging and ingredients storage
- solicit and manage volunteer packagers
- actively promote the Kids Against Hunger mission in your community
- pay the \$8,000 satellite fee for start-up supplies and assistance
- pay \$0.01 for each meal packaged through your satellite to Headquarters on a monthly basis

How did you learn about Kids Against Hunger?

\_\_\_\_\_  
\_\_\_\_\_

When do you want to launch a satellite (please give a date you would like to have the satellite operating)?

\_\_\_\_\_  
\_\_\_\_\_

