NAVIDAD EN EL BARRIO®

2025 Agency Distribution Site

AGENCY NAME_____**NO. OF BASKETS**_____

Address_____**City/Zip**_____

Phone Office_____**cell**_____**fax**_____

E-mail address: _____

Distribution Site Address _____

City _____ State _____ Zip _____

Contact person at site _____

Phone number(s) @ site _____ Contact Cell #_____

Type of community organization:_____

Community Served: Families_____ Youth_____Seniors_____ Homeless_____
(Please check all that apply)

Services Offered_____

_____

IRS Non-Profit Number:_____ Years in Operation_____

Lead staff person (specify title) _____

Distribution Contact person (if different) : _____Phone #: _____

Will you receive food from sources other than Navidad En El Barrio? Yes ☐ No ☐
If Yes, please provide details_____

_____

Remarks, questions_____

_____

Please attach a list of your board of directors and a copy of your IRS exemption letter

Navidad En El Barrio
Post Office Box 80704, San Marino, California 91118
Irma Rodriguez (213) 448-0320