



# Fontana Community Senior Center

## Resource Vendor Program Application 2026



**The Resource Vendor Program is to provide quality educational and informative resources to the community.**

Thank you for your interest in partnering with the Fontana Community Senior Center's Resources Vendor Program. Your resource application will be reviewed by the resources administrative staff, and you will be contacted within five-seven business days regarding the status of your application.

**Upon each visit, you will be provided with one table and two chairs. Any presentation or workshop that you would like to present would need approval 4 weeks to the date.**

**To ensure a quality experience at Fontana Community Senior Center, we have created the following terms and conditions for Resource programming. By submitting the application, you agree to the following:**

<b>Prohibited</b>	<b>Allowed</b>
No person shall solicit money, subscriptions, or contributions for any purpose.	Provide educational programs, i.e. discussions, lectures, seminars on topics that seniors have expressed interest in.
No person shall sell or offer for sale, hire, lease or let out any object, service or merchandise or anything whatsoever, whether corporeal or incorporeal.	Donate items for any special events, dances, health fairs, etc. (If you supply item(s) for an event, you will be recognized for the contribution.)
Non-governmental organizations, private businesses, and individuals are not allowed to promote or sell their products and services at the Fontana Community Senior Center.	Distribute informational handouts on seminar topics. (Presenters are responsible for photocopying and/or supplying all handouts, literature, and materials for seminars).
<b>No other third party will be allowed other than the one listed on this application.</b>	Distribute wrapped/sealed treats to hand out to seniors.
<b>No Unauthorized recording or photography allowed.</b>	Sponsor special events, and health fairs by participating in events as a featured vendor.

*Please Note: Vendors may not post or distribute flyers, literature, products, or services without approval.*

**I hereby understand and agree to terms and conditions for Resource Programming at Fontana Community Senior Center. Failure to comply with guidelines will result in termination of partnership and cancellation of all future programming with Fontana Community Senior Center.**

Signature: \_\_\_\_\_

Dated: \_\_\_\_\_

*Please Note: This application will need to be filled out every year from the confirmation of approval date.*

Organization/Business: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

**Partnership with Fontana Community Senior Center will include [Check all that apply]:**

<input type="checkbox"/> Educational Programs	<input type="checkbox"/> Donations	<input type="checkbox"/> Sponsorships	<input type="checkbox"/> Health Screenings
<input type="checkbox"/> Informational Table	<input type="checkbox"/> Consultations	<input type="checkbox"/> Support Groups	<input type="checkbox"/> Doctor/Nurse Talks

Explanation of Partnership: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Please attach a sample of your work, a flyer, business card, website link, any additional information you feel is pertinent to your service/presentation.*

**Resource Calendar Information**

**Requested Vendor Days**

(Please Circle one)

M      T      W      TH      F

**B. Requested Dates**

(For an example: 1st Monday of every month,  
or the 15<sup>th</sup> of every month)

**C. Vendor Program hours: 9am-1pm**

Enter a requested time between program hours

Start Time: \_\_\_\_\_

End Time: \_\_\_\_\_

**D. Contact me for information on:**

- Donation Opportunities
- Special Event Vendor Opportunities

*Please Note: Due to a high volume of Resource vendors, the requested date is never guaranteed, but we'll do our best to accommodate a date that will work with both the schedule and vendor.*

**Coordinator, Jair Mandujano [JMandujano@fontanaca.gov](mailto:JMandujano@fontanaca.gov) – (909) 854-5155**  
**SCSA, Herlinda Sanchez [Hsanchez@fontanaca.gov](mailto:Hsanchez@fontanaca.gov) – (909) 854-5183**

**FOR OFFICE USE ONLY:**

Approved  Denied

Date Received: \_\_\_\_\_

Date of Approval/Denial: \_\_\_\_\_

By: \_\_\_\_\_  
Sr. Community Services Assistant- Resources

By: \_\_\_\_\_  
Community Services Coordinator