

**Non-Profit Organization Information Sheet**

Please type or **print** neatly in blue or black ink

Please return AS SOON AS POSSIBLE

Answers should consider only the programs for which food/items from Midwest Food Bank (MFB) are used.

“Client(s)” refer to those persons who receive food from MFB.

If you do not have the exact figures, please use your best estimate.

Organization Name \_\_\_\_\_ County \_\_\_\_\_  
 Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Contact Person \_\_\_\_\_ Alternate Contact \_\_\_\_\_  
 Phone Number \_\_\_\_\_ Ext # \_\_\_\_\_ Phone Number \_\_\_\_\_ Ext # \_\_\_\_\_  
 Email \_\_\_\_\_ Email \_\_\_\_\_  
 Fax # \_\_\_\_\_ Website \_\_\_\_\_

1. How far do you travel to Midwest Food Bank one way? \_\_\_\_\_

2. Check the following which describes the programs for which MFB food is used:

- Soup Kitchen    Summer Camp    Pantry    School Program    Nursing Home    Disaster Response
- Scouts/4-H/Boy-Girls Club    Foster Home    Homeless Shelter    Other (please be specific) \_\_\_\_\_

3. How is the food distributed, and what percent of food is distributed by each method?

Food delivered to clients \_\_\_\_\_%   Food picked up by clients \_\_\_\_\_%   Meals served to clients \_\_\_\_\_%  
 Other \_\_\_\_\_% method \_\_\_\_\_

4. What is the mission(s) of the program(s)?

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

5. Does your program target a specific population (such as homeless, teen Mother’s, children, etc...)

Yes \_\_\_ No \_\_\_ If yes, whom? \_\_\_\_\_

6. Who is the primary sponsor/support for your organization? \_\_\_\_\_ church \_\_\_\_\_ service organization

\_\_\_\_\_ school \_\_\_\_\_ county or municipality \_\_\_\_\_ other (please specify) \_\_\_\_\_

**On average, per month:**

7. How many families do you serve? \_\_\_\_\_

8. What percent are single parent families? \_\_\_\_\_

9. How many individuals do you serve? \_\_\_\_\_

10. What is the average household size of your clients? \_\_\_\_\_

10. What percent of the individuals you serve are: (total should equal 100%)

Children up to 18 years of age \_\_\_\_\_%   Adults 19-59 \_\_\_\_\_%   Elders 60+ \_\_\_\_\_%

11. What percent (if any) of your clients are homeless? \_\_\_\_\_%

12. Is food distribution dependent upon client’s income? Yes \_\_\_ No \_\_\_

13. Do clients pay for the food they receive? Yes \_\_\_ No \_\_\_

14. Please estimate the ethnicity of your clients by percent of your total client population. Please indicate a % of your resource allocation to: (total should equal 100%)

American Indian \_\_\_\_\_%   Caucasian \_\_\_\_\_%  
 Asian \_\_\_\_\_%   Mexican/Hispanic/Latino \_\_\_\_\_%  
 African American \_\_\_\_\_%   Middle Eastern \_\_\_\_\_%  
 Other \_\_\_\_\_%

**Please complete other side →**

15. Please indicate what percent of your food resources come from the following sources.  
Total should equal 100%.

- Midwest Food Bank** \_\_\_\_\_%     Individual Donations \_\_\_\_\_%     Government \_\_\_\_\_%
- Community Service Organizations \_\_\_\_\_%     Purchases made with financial donations \_\_\_\_\_%
- Churches \_\_\_\_\_%     Other \_\_\_\_\_% Source: \_\_\_\_\_

16. How often do you intend to pick up food from Midwest Food Bank?

- Monthly     Seasonal (specify season) \_\_\_\_\_     School year only
- Other \_\_\_\_\_

Attach additional pages as needed.  
**THANK YOU FOR YOUR RESPONSES!**

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