



# Midwest FOOD BANK *Peoria Division*



## 2011 Agency Aid Application

Agency Name: \_\_\_\_\_

Mailing Address (where you wish to receive mail): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Physical Address (where you distribute food from): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Agency Director: \_\_\_\_\_ Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Who is responsible for providing reports, needs assessments and photos to MFB? \_\_\_\_\_

Website: \_\_\_\_\_ Facebook Page: \_\_\_\_\_

Please provide a reference (MFB may contact them on your behalf):

Agency Name: \_\_\_\_\_

Contact: \_\_\_\_\_ Telephone: \_\_\_\_\_

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

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County: \_\_\_\_\_

How did you hear about Midwest Food Bank? \_\_\_\_\_

Please describe your understanding of the requirements for receiving food from MFB: \_\_\_\_\_

Please define your program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



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This is a:  new program  existing program (please note years in practice): \_\_\_\_\_  
 If new, please note: While you are not necessarily automatically disqualified, MFB typically does not accept start-up programs. We would like to see that you have been running successfully for 4-6 months through the support of your benefactors.

Check all of the following types of programs that apply to your organization:

- Food Pantry  Soup Kitchen  Summer Camp  School Program  Nursing Home  
 Foster Home  Homeless Shelter  Scouts/4-H/Boy-Girl Club  Disaster Response  
 Other (please explain): \_\_\_\_\_

Do you target a specific population? \_\_\_\_\_ If so, whom? (Such as the homeless, children, etc...)

Demographic questions are for the purpose of future grant writing as well as for feedback to our donors.

What percentages of the people you serve are: (total should be 100%)

% Children under 18  % Adults  % Elders (60+)

Please tell us the ethnicity of your clients (total should be 100%):  % African American  % Asian  
 % American Indian  %Caucasian  % Mexican/Hispanic/Latino  % Middle Eastern  % Other

Who is the primary sponsor/support for your organization?

- Church  Service Organization  School  County/Municipality  
 Other (please specify) \_\_\_\_\_

Please breakdown the sources of your food supply (total should be 100%):

- % MFB  % Individual Donations  %Government  %Churches  
 % Purchased with donations  % Community Service Organizations  % Other

On average per month, how many people do you serve? \_\_\_\_\_ Do you serve hot meals? \_\_\_\_\_

Do you feel that your client participation has increased, decreased or remained about the same this past year?

Please explain: \_\_\_\_\_

Please indicate on the chart provided the days and times you are open:

Day (circle)	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Time (write in)							



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Do you require appointments?  if yes, please explain: \_\_\_\_\_

Do you have a written standard policy for those you serve?   
 (If you are willing to share that information, please enclose a copy with your audit)

How do you determine your client need? \_\_\_\_\_  
 \_\_\_\_\_

Does your pantry participate in any program where clients purchase food?  
 if yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Are clients required to donate time or goods for the food they receive?  
 if yes, please explain: \_\_\_\_\_

If your organization is a church, are people required to attend services to receive food or other assistance? \_\_\_\_\_  
 If yes, please explain: \_\_\_\_\_

Does your agency provide food assistance to other organizations?  if yes, please explain: \_\_\_\_\_  
 \_\_\_\_\_

Where is the food you receive from MFB stored? \_\_\_\_\_

Do you utilize thermometers in your cold storage areas? \_\_\_\_\_

Do you have pest control on a regular basis?  if yes, please explain: \_\_\_\_\_

Have you attained Health Department compliance? \_\_\_\_\_

What products would be particularly useful? \_\_\_\_\_  
 \_\_\_\_\_

We appreciate your feedback; please share any comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**For office use only:**

Date application received: \_\_\_\_\_ Date application approved: \_\_\_\_\_

Date agency added to Distribution schedule: \_\_\_\_\_

Agency's assigned day and time: \_\_\_\_\_

Notes: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_



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You hereby agree to the following terms and promise the following:

- Items from MFB will be used to care for the ill and the needy.
- Those goods will not be bartered, traded, or sold for any reason by your organization or anyone served by your organization...this includes flea markets, garage and yard sales, thrift shops, auctions, raffles, charity benefits, fundraising events, or in any other context whatsoever. These items may not be given to or taken by volunteers, officers, clergy, or employees for personal use. This does not prevent you or your organization from giving these goods to another needy person. If any of these should occur, the organization loses their privilege to pick up food and supplies indefinitely.
- You will meet all requirements of IRC Section 170 (e)(3)
- You will completely hold harmless and indemnify MFB and anyone acting on MFB's behalf of any and all liabilities of these products, MFB's actions, your actions, the products transferred to you or your organization, and any legal and/or enforcement taken against you or your organization for the use or abuse of these products. This includes the liability of any accident while picking up these items at MFB.
- Neither MFB, nor the donor warrants or guarantees these products in any way. Use them at your own risk.

I have completely read, understand, and agree to be bound by these terms, I also certify that I am acting as an authorized representative for my organization (if not acting as a needy individual), and my organization and all who are served by my organization agrees to be bound by the same terms.

**MFB RESERVES THE RIGHT TO SERVE WHOEVER THEY CHOOSE TO SERVE**

*Please be sure to include a copy of your most current IRS non-profit certificate.  
It is your responsibility to notify MFB immediately of any changes to your contact information. Failure to do so may result in your termination with this facility.*

By signing this agency application, I acknowledge that I have carefully read this form and I agree that Midwest Food Bank may at any time and without prior notice inspect my facility. I affirm that all my responses in this application are true.

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

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

Title: \_\_\_\_\_