



# Midwest FOOD BANK

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2010 SURVEY

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

Please return within 30 days

**Answers should consider only the programs for which food/items from Midwest Food Bank (MFB) are used.  
Clients 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? \_\_\_\_\_  
 11. What percent of the individuals you serve are: (total should equal 100%)  
     Children up to 18 years of age \_\_\_\_\_%   Adults 19-59 \_\_\_\_\_%   Elders 60+ \_\_\_\_\_%  
 12. What percent (if any) of your clients are homeless? \_\_\_\_\_%  
 13. Is food distribution dependent upon client's income? Yes \_\_\_ No \_\_\_

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

**Please complete other side →**

15. 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 ____%	

Attach additional pages as needed. **REMEMBER** we also need a copy of your **NFP Tax Exempt Letter**.

**THANK YOU FOR YOUR RESPONSES!**

Please return by mail, email or fax within 30 days.