

For MFB use only

Date received _____ Date of LOR _____
Date of DD tour _____ Date inspected _____
Date added _____ Date discontinued _____

Agency Application

Please type or print neatly in blue or black ink.
Please attach your organization's most recent IRS or state tax exempt affirmation letter
And your program's 501c3 documents.

Agency partner name _____ County _____

Physical address _____ City _____ State ____ Zip _____

Mailing address _____ City _____ State ____ Zip _____

Agency phone number _____ Agency email _____

Agency website _____

Agency Facebook page _____

Agency Director _____ Phone Number _____

Agency Director email address _____

Primary contact _____

Phone number _____ Ext _____ Email _____

Secondary contact _____

Phone number _____ Ext _____ Email _____

Driver/pickup contact _____

Phone number _____ Ext _____ Email _____

1. Our food program(s) (Please select all that apply.)

- Provides food to other organizations. Sells food. Stores food on-site. Stores food off-site.
 Stores food in an on-site refrigerator. Stores food in an on-site freezer.
 Other _____

2. Approximately what percentage of the food you distribute comes from Midwest Food Bank? _____%



3. How many unique people receive food from your agency on a monthly basis? _____

(If someone comes to your pantry every week, that individual is counted as 1 not 4. If an individual receiving services represents a family of 3, they should be counted as 3 not 1.)

4. What type of food distribution does your agency conduct? Please check all that apply and provide a count of unique individuals served by each program.

- Food Pantry (Groceries distributed for off-site use) # of people served: ____ per month ____ per year
- Year-round Residential Shelter (On-site snack/meal served) # of people served: ____ per month ____ per year
- On-site Snack/Meal Served (Soup kitchen, after-school program) # served: ____ per month ____ per year
- Weekend School Feeding Program (Groceries distributed on-site for off-site use) # served: ____ month ____ year
- Meal Delivery (Snacks/meals prepared on-site for off-site use) # served: ____ per month. ____ per year

5. What are the eligibility requirements for clients to receive food from your agency? (Check all that apply.)

- Must be a client in one or more of our agency programs or services.
- Must meet certain income guidelines.
- Must reside in a certain county, zip code, neighborhood, or setting.
- Must be involved with an income-based program such as Medicaid, Medicare, TANF, Food Stamps, Social Security Disability, etc.
- Must be a certain age.
- Must be nutritionally at risk.
- We have no requirements. Anyone can receive food.
- Other (please specify)

6. Our clients are required to show: (Check all that apply.)

- Proof of address.
- Photo Identification.
- Proof of household income.
- Household size.
- Proof of age.
- None of the above. Anyone who is eligible will be served.
- Other (please specify). _____



7. In order to receive food, our clients are required to: (Check all that apply.)

- Complete application/registration.
- Attend church service.
- Volunteer and/or donate goods.
- Purchase food.
- Make an appointment.
- No requirements. Anyone who is eligible will receive food.
- Other (please specify) _____

8. Which of the following groups does your food program target? (Check all that apply.)

- Pregnant and/or parenting
- Disabled
- Veterans
- Domestic violence victims
- Migrant workers
- Low income (below the poverty line based on US Federal guidelines)
- Ward of the County or State (foster care, residential, etc.)
- Students
- Single parents
- Subsidized housing residents
- Patients
- Family members of inmates and/or inmates
- Homeless
- Elderly
- Children
- Chemically dependent/in recovery
- We don't have a target group
- Other (please specify) _____

Service Hours and Stats

9. Do you have specific hours of operation? Yes No

If yes, what are the hours? _____

10. Your responses to the following question must total 100. About what percentage of your Food Program clients were male and female last year?

Female _____% (must be 0-100) Male _____% (must be 0-100)

11. Your response to the following question must total 100. About what percentage of the following ethnic groups did your Food Program serve last year?

_____ % White

_____ % Black

_____ % Hispanic or Latino

_____ % Asian/Pacific Islander

_____ % American Indian/Alaska Native

_____ % Multi-ethnic (individuals who identify with multiple ethnic groups)

_____ % **TOTAL**

12. Your response to the following question must total 100. About what percentage of the following age groups did your Food Program serve last year?

_____ % 0-4

_____ % 5-12

_____ % 13-18

_____ % 19-29

_____ % 30-55

_____ % 56-64

_____ % 65+

_____ % **TOTAL**



13. Is your Food Program restricted to individuals living in a certain geographic area?

Yes No

List the county or counties your program(s) serves.

List the city or cities your program(s) serves.

List the zip code(s) our program(s) serves.

I acknowledge I have read the above information and have answered the questions in this application to the best of my ability.

Print name

Signature

Email of person completing the form

Daytime phone number