



Membership Application

SECTION I: GENERAL INFORMATION

Name of Agency: _____

Tax ID / EIN Number: _____

Address of Agency: _____

Mailing/Billing Address *(if different)*: _____

Phone: _____ Fax: _____ E-Mail: _____

Website: _____

Director of Organization: _____

Phone (w): _____ Phone (m): _____

E-Mail: _____

Contact Person/Pantry Manager: _____

Phone (w): _____ Phone (m): _____

E-Mail: _____

Parent and/or Affiliate Organization: _____

Tax ID / EIN Number: _____

Mailing Address: _____

Phone: _____

Website: _____

Please describe your general program below (or attach agency brochure).

What are your funding sources? _____

When did/will you begin providing services described above? _____

SECTION II: FOOD DISTRIBUTION PROGRAM INFORMATION

Choose which type of food distribution best describes your program. Please check all that apply.

___A. **Food Pantry:** Providing groceries to neighbors in need of food assistance regularly or during hours of operation - usually in a brick-and-mortar location with proper food storage equipment and space.

___B. **Direct Distribution:** Providing groceries to neighbors in need without storing products between receiving and distributing them, usually involving direct delivery to neighbors.

___C. **Mobile Food Pantry:** Providing groceries to those in need on a recurring basis and typically distributing in bags or boxes to a line of recipients (walk-through or drive-through); proper food storage equipment and space required.

___D. **On-Premises Feeding Programs:** Cooking and serving meals to neighbors in need (Day Care, Detox, Half-way homes, Group homes, Day Activities Programs, Soup Kitchens)

___E. **Other:** Please Explain: _____

Based on your selections above please fill out the following sections. You do not need to fill out sections that you did not select.

(A) FOOD PANTRY

1. Contact Person: _____
2. Approximately how many families do you serve on a monthly basis? _____
3. How do you determine eligibility? _____
4. Explain your record-keeping system for food distribution. _____

5. Do you have storage space for perishable and frozen food? _____ If yes, please describe:

6. Do you solicit donations from the people you assist? *YES / NO*
7. Do you require people to attend church services or work in exchange for food? *YES / NO*
8. May we refer individuals who call the Food Bank for food to your program? *YES / NO*
 - a. If Yes, what is the phone number for people to call your organization: _____
 - b. What days/hours is your pantry open to help people?: _____

(B) DIRECT DISTRIBUTION

1. Contact Person: _____
2. How often do you offer direct distributions? *Daily Weekly Monthly Other* _____
3. If you deliver food, do you have a regular or designated route you travel while distributing food? *YES/NO/N/A* Describe:

4. How do you determine who to deliver food to?

5. On average, how many individuals are served during each distribution? _____
6. Explain your record-keeping system for food distribution.

(C) MOBILE FOOD PANTRY

1. Contact Person: _____
2. How often do you host these pantries? _____
3. Approximately how many families do you serve on a monthly basis? _____
4. How do you determine eligibility to receive food? _____

5. Explain your record-keeping system for food distribution.

6. How do you advertise/let neighbors know about your distribution? _____
7. Do you solicit donations from the people you assist? *YES / NO*
8. Do you require people to attend church services or work in exchange for food? *YES / NO*
9. May we refer individuals who call the Food Bank for food to your program? *YES / NO*

(D) ON-PREMISES FEEDING PROGRAM

1. Contact Person: _____
2. How often do you prepare meals? *Daily Weekly Monthly Other:* _____
3. Which meals do you serve? *Breakfast Lunch Dinner Snacks*
4. What days do you serve meals? Circle all that apply. *S M T W Th F Sat*
5. On average, how many individuals are served per meal? _____
6. Do you charge for meals or additional services?? *YES / NO* If yes, how much? _____

Additional Main Contacts

Agency Name: _____

Please list any additional contacts within your organization who will be authorized to make payments, place and pick up orders, and / or have access to your account with the Food Bank.

1. _____

2. _____

3. _____

4. _____

5. _____

Agency Director: _____ Date: _____

Thank you for completing this application - we look forward to speaking with you!

Please email your completed application to Chris Rountree, crountree@foodbanknega.org.

A Food Access Coordinator will be reaching out to you soon with additional details and will be able to answer any questions you may have at that time.