Membership Application

SECTION I: GENERAL INFORMATION

Name of Agency: _____

Tax ID / EIN Number: _____

Address of Agency: _____

County: _____

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: _____

SECTION II: SERVICE READINESS

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

_____

_____

_____

_____

Please note that the responses to the following questions will determine how quickly you'll be able to get services started.

2. When did/will you begin providing services described above?

   _____

3. What are your funding sources?

   _____

   _____

4. What is your monthly/yearly budget? *Please specify whether it is monthly or yearly.*

   _____

5. Will you have the capacity to be able to begin ordering food to serve neighbors ***within 90 days*** of completing the orientation?

   _____

6. Do you have a designated space to store food?

   _____

SECTION III: 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: _____

Process for Orientation

*Please note that the expectation is that you will begin ordering food **within 90 days of completing orientation**. Failure to do so may result in membership deactivation. Thank you for your understanding.*

1. Application submission and review.
2. Initial Inspection
3. Orientation
4. Orders for food may begin.

Please email your completed application to members@foodbanknega.org

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

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.