

Mississippi Food Network

Pre-Application Checklist

If you have read the MFN Information Packet thoroughly, and can answer **YES** to all of the following questions in the checklist, then you are ready to receive an application for membership. **Applications are accepted February-September of each calendar year.**

AGENCY LOCATION

1. Have you secured a location for your facility? YES NO
2. Is the location secured (a secure facility or room away from intruders)? YES NO
3. Is the storage space adequate enough to store items in bulk? YES NO
4. Can the storage area hold shelving or cabinets (lockable) or pallets? YES NO
5. Is the storage area properly ventilated? YES NO
6. Can the storage area properly hold and handle cooling and freezing equipment? YES NO
7. Is your location accessible to the handicapped or disabled? YES NO

SERVICE TIMES

1. Have you decided how often your site will be open for distribution (daily, weekly, monthly, once a month)? YES NO
2. Have you decided definite days and times for distribution? YES NO
3. Are you committed to providing assistance on an ongoing basis, and not just for special projects (Thanksgiving or Christmas) or summer camps? YES NO

BOUNDARIES

1. Have you considered the factors that will make a person eligible for your services (income, household size, specific need, etc.)? YES NO
2. Have you decided to limit your services to residents in your county or city? YES NO
3. Have you decided how often a person can receive assistance from your agency? YES NO
4. Have you decided if your agency will serve the public, children, elderly, etc.? YES NO

STAFF

1. Have you decided if you are going to pay your staff, or will they work on a volunteer basis only?
YES NO
2. Have you decided if your staff/volunteers will be allowed to receive assistance from your agency?
YES NO

RESOURCES (FOOD & FUNDING)

1. Have you secured a continuous source of funding or financial support for your agency (church, non-profit organizations, grants, private donors, government agencies)? YES NO
2. Have you secured a continuous source of food donations/purchases for your agency (canned food drives, non-profit organizations, purchase, churches, clubs, distributors, grocery stores, etc.)?
YES NO

REFERRALS

1. Are the local social service agencies aware of your agency and the services you provide (WIC, food stamp office, human resources, clubs, churches, other pantries or organizations)? YES
NO

DOCUMENTATION

1. Have you established an application process for your clients? YES NO

2. Do you have sign-in sheets or a record of how often a person receives assistance? YES
NO
3. Have you created an adequate filing system (applications, financial statements, sign-in sheets, 501 (C) 3 documentation, cash and food donations, etc.)? YES NO
4. Are your files secured and confidential? YES NO

OTHER REQUIREMENTS

please note that requirements are different for each type of agency

1. 501 (c) 3 or Unincorporated church (all agencies)? YES NO
2. Regular pest control (all agencies)? YES NO
3. Serv Safe or food safety certification (on-site programs that prepare meals, shelters, soup kitchens, daycares, etc.)? YES NO
4. Food Permits & Health Inspection Reports (on -site programs that prepare meals, shelters, soup kitchens, daycares, etc.)? YES NO
5. Licenses to operate (on -site, specialized treatment facilities, daycares, etc.) YES
NO
6. Has your agency been in operation for **3 months or more**, and do you have the documentation to prove it (all agencies)? YES NO
7. Is your agency serving at least **25 families or people** (average) on a monthly basis? YES
NO

If you have answered **YES TO ALL** of the above questions, please complete the information below, and fax the check list to **601-973-7091**. (mail to P.O. Box 411, Jackson, MS 39205, ATTN: Agency Relations). **PLEASE KEEP A COPY FOR YOUR RECORDS.**

Name of Agency_____

Name of contact person or agency director/manager _____

Applying for (please circle one):

FOOD PANTRY SOUP KITCHEN DAYCARE SHELTER

GROUP HOME SNACK PROGRAM DISASTER OTHER

Mailing Address _____

County _____ Phone _____ Email _____