

## **Mississippi Food Network Pre-Application Checklist**

**\*\*MS Food Network partners with nonprofits and churches. Documentation of nonprofit status or church qualifications must be provided. \*\***

### **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. Do you have adequate staffing, whether volunteer or paid? (“I can do it all myself” is NOT considered adequate staffing!)  
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)?  
(You will be asked what your funding source is and if it is sustainable)    YES                      NO
2. Do you have a plan for acquiring additional food outside of what you may receive from the food bank?    YES                      NO (MS Food Network CANNOT be your only source of food)  
Explanation of additional food resources:  

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**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 nonprofit or unincorporated church documentation(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 families on an “as needed basis” or a regularly scheduled distribution?  
As Needed (emergency assistance) Regularly scheduled distribution

This is NOT an APPLICATION, this is used to determine readiness to apply. Email to [cwilson@msfoodnet.org](mailto:cwilson@msfoodnet.org) or 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      SHELTER**
- GROUP HOME      RESIDENTIAL REHAB      DISASTER      OTHER**

\_\_\_\_\_  
Mailing Address\_\_\_\_\_

County\_\_\_\_\_Phone\_\_\_\_\_Cell\_\_\_\_\_Email\_\_\_\_\_