

c/o MCI, 101 Interchange Plaza, Cranbury, NJ 08512 T: (732) 729-0880 (609) 409-5033 F: (609) 655-4748 E: ja@mciath.com

Requirements for Agency Registration for Distribution from M.C.F.O.O.D.S.

- Must provide food for free to Middlesex County residents in need
- Must have permanent, public location in Middlesex County with set hours for distribution (Vehicles, personal homes or any temporary sites do not meet this requirement)
- Must complete application and questionnaire (attached)
- Must provide letter on letterhead with additional background information including: how and when you distribute food, how often clients may return, how many clients you serve each month, do you offer any other services (ex. Food stamps, clothing, rent or utility assistance etc.) Please share any brochures or other literature you may have about your program.
- Must show proof of non profit status
- A site visit must be completed before we can approve an agency's application. If approved; random site visits will be conducted throughout your participation. Site visits will inspect for appropriate location, signage, adequate space for storage and distribution, cleanliness, record keeping etc.
- Must initiate application process with Community FoodBank of NJ if not currently a member. <http://www.cfb.org/> or call them at 908-355-3663. Please provide proof of membership if you are already a CFB partner agency.
- If you are a new pantry starting up you must work with another pantry as a mentor to help set up policies and procedures for distribution. You must provide us with a plan for how you intend to distribute food and what guidelines you intend to put into place. A site visit will need to be performed to see the space you intend to distribute from.
- Any food obtained through our program is for client use only; it is not intended for personal use of agency representatives. Volunteers must transport the food picked up from our warehouse directly to the agency site to be unloaded.

The approval process may take a few weeks to complete. If you have any questions or concerns please contact Jennifer Apostol at 609-409-5033 or ja@mciath.com.

Updated 9/23/15

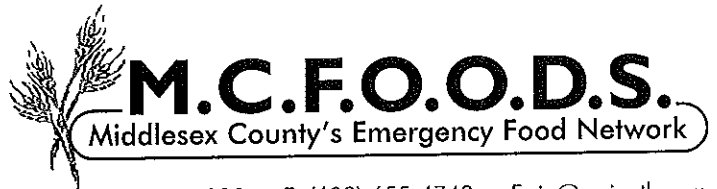


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M.C.F.O.O.D.S. Application Questionnaire

Please provide complete answers to the following questions as part of the renewal process for continued the M.C.F.O.O.D.S program. (Please use additional paper as necessary to provide complete and detailed answers.)

- ❖ How do you publicize your food pantry; how do people in need know when and where you are distributing food?
- ❖ Do you have signage at the facility indicating the days and hours the food pantry is in operation?
- ❖ Are you open to the general public or are services restricted to certain clients, members from within a church community, residents of certain towns, etc.?)
- ❖ Do you require proof of ID, residency in a specific town/county/state or proof of financial need?
- ❖ Do clients have to fill out any type of application? If yes please attach a copy of the application or registration form. How often do you update their registration information? (6 months, 1 year etc.?)
- ❖ How often may clients visit your pantry? For example - Can some one receive food from you every week, once a month, twice a month?
- ❖ Do you keep electronic or paper records of those that you are serving? Please describe your record keeping.
- ❖ Do you have any other resources to obtain food? Do you currently have any supplies stocked at your facility? (M.C.F.O.O.D.S. is intended to be supplemental – not a sole source for agencies)



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M.C.F.O.O.D.S. NETWORK INFORMATION SHEET

Please complete all the information below (use additional paper as needed) and return to our office either by mail, fax or e-mail using the address and numbers listed above.

Name of Organization:	
Mailing Address:	
Location of Emergency Food (If different from mailing address)	
Name of Contact Person:	
Phone Number at Location:	
Phone Number for Contact Person if different:	
Fax and/or e-mail for contact person:	
Website and / or e-mail	
Days and Hours of Operation:	
Services Provided:	
Eligibility Requirements for those you serve. (Documentation, age, residency, financial, times of use per month, etc):	
Any Additional Information – other services offered, how many clients served/month etc.:	
Are you a registered 501(c)3?	
Are you a member of the Community FoodBank of NJ?	

Please provide a signature validating the information provided and authorizing publication in our directory of local emergency food providers. The directory is used as a referral tool by private and governmental agencies in Middlesex County.

Signature, Title and Date

Revised 9/23/15