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.

**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**

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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__________________________

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