

## **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**

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 \_\_\_\_\_