

MIDDLESEX COUNTY FOOD ORGANIZATION & OUTREACH DISTRIBUTION SERVICES

c/o MCIA, 101 Interchange Plaza, Suite 202, Cranbury, NJ 08512

Telephone: 609-409-5033 • Fax: 609-655-4748 • email: ja@mciauth.com

Requirements for Agency Partnership with MCFOODS

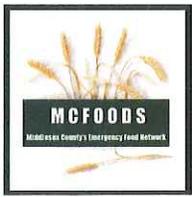
- Must provide food for free to Middlesex County residents in need
- Must have permanent, public location in Middlesex County with set hours for distribution (Vehicles, personal homes or any temporary sites do not meet this requirement)
- Must complete application and questionnaire (attached)
- Must 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. <https://www.cfbnj.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@mciauth.com.

Updated 4/12/19

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Policy for Agency Partnership / Food Distribution

Agencies must register with MCFOODS by completing a registration packet. Agencies must complete an agency verification form annually, or upon request.

In order to obtain food from our warehouse, agencies must identify individuals who will be authorized to pick up food on their behalf. Each agency will receive no more than 2 ID cards listing the volunteers who will represent their agency. The ID card must be worn and shown when signing in to pick up food and the volunteers names must be listed on the card. They must also be able to provide a valid personal ID proving who they are and that their name matches one listed on the card if asked.

The ID Card is required to receive food – no card/no food. If the person picking up is not listed on the card food will not be released. Please do not alter your agency ID card in any way. It is your responsibility to make sure we have accurate information. Please notify us IN WRITING, through an official email or letter on letterhead of any changes to your representatives. Old cards must be surrendered before a new one will be issued.

When picking up food from our facility you must return directly to your agency site and unload the food. The food available from our program is intended for food insecure Middlesex County residents that are clients of registered agencies. The food is not for personal use; the food should not be going to any personal homes and is not to be sold. Please be reminded that MCFOODS may perform random site visits and if your agency is not operating as indicated on your registration forms your agency will no longer be able to receive supplies from us.

Volunteers picking up from us also need to be mindful of our staff and volunteers from fellow agencies. We are all here with the same goal of feeding hungry people in Middlesex County. Common courtesy and respect for one another is expected. Aggressive or inappropriate behavior will not be tolerated. Our staff reserves the right to ask anyone to leave if they are not cooperating. We will not engage in disputes with anyone during distribution. If there is a problem and we ask someone to leave they should leave immediately and we will address our concerns with the agency director after distribution.

When picking up food from our facility please park in the back, enter through the side door, sign in at the reception desk and wait until our staff directs you to enter the warehouse to pick up your allotment. You will exit the ramp at the back of the building to load your vehicle and return the cart at the ramp entrance. Please bring your own bags or boxes for bread and produce.

PLEASE NOTE THAT ALL VOLUNTEERS ARE RESPONSIBLE FOR THEIR OWN SAFETY AND THE SAFETY OF OTHERS. MCFOODS SHALL HAVE NO LIABILITY FOR ANY PERSONAL INJURY OR DAMAGE. FURTHER, MCFOODS SHALL NOT BE RESPONSIBLE FOR ANY PRODUCTS DISTRIBUTED UNDER THE PROGRAM. PRODUCTS ARE FOR THE MOST PART DOANTED TO THE PROGRAM AND IT SHALL BE THE AGENCY'S RESPONSIBILITY TO CONFIRM THAT THE PRODUCTS ARE SUITABLE FOR ITSELF AND ITS CLIENTS. BY ACCEPTING DISTRIBUTIONS FROM MCFOODS, AGECCNY WAIVES ANY CLAIMS AGAINST MCFOODS, THE COUNTY OF MIDDLESEX AND THE MIDDLESEX COUNTY IMPROVEMENT AUTHORITY.

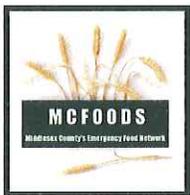
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MCFOODS NETWORK PARTNER INFORMATION SHEET

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?	

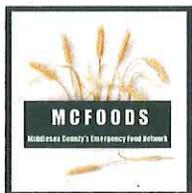
Please provide a signature validating the information provided and authorizing publication in our directory of local emergency food providers. The directory is used as a referral tool by private and governmental agencies in Middlesex County.

Signature, Title and Date _____

Revised 4/12/19

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MCFOODS Application Questionnaire

Please provide complete answers to the following questions as part of the MCFOODS membership process. (Please use additional paper as needed 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? (MCFOODS is intended to be supplemental – not a sole source for agencies)

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