



# Pre-Membership Qualification Questionnaire

Thank you for expressing interest in partnering with the Central Pennsylvania Food Bank. CPFEB will review all pre- applications and make determinations based on agency capacity and available resources in the geographic area surrounding the agency.

Agency Name: \_\_\_\_\_ Agency Phone number: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_ Contact Phone number: \_\_\_\_\_  
 Contact Title: \_\_\_\_\_ Email Address: \_\_\_\_\_ County: \_\_\_\_\_  
 Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_

**General:**

1. Are you a 501 ( c ) 3 nonprofit organization?  Yes  No
2. Do you have an established Board of Directors?  Yes  No
3. Does someone in your program hold a Food Safety credential?  Yes, Level: \_\_\_\_\_  No
4. What type of food program do you provide?  Soup Kitchen  Client Choice Pantry  Pre-Packed Pantry  Other (explain)  
Describe program: \_\_\_\_\_
5. How long has your food distribution been open?  Not open yet  Under 6 Months  6 Months-1year  Over 1 Year
6. How often can guests visit your program?  Daily  Weekly  Bi Monthly  Monthly  Other: \_\_\_\_\_
7. If you are a food pantry, What types of food do you offer?  Fresh Produce  Frozen Meat  Cans/Boxed Goods  Bread/  
Desserts
8. How many households do you serve per month?  Less than 25  25-50  51-100  101-150  151+  Not Open yet

**Location:**

1. Do you currently have a secured location for food storage?  Yes  No
2. Please list the number of refrigeration units available for use.  
Residential Combination \_\_\_\_\_ Refrigerators \_\_\_\_\_ Freezers \_\_\_\_\_ Walk In Cooler \_\_\_\_\_ Walk In Freezer \_\_\_\_\_
3. Can pallets/pallet jacks be used to deliver and store food?  Yes  No

**Services/Resources:**

1. Have you established policies and guidelines for your program?  Yes  No
2. Do you have an established volunteer base?  Yes  No
3. How is your program funded?  
 Individual donations  Church or organization  Grants  Fund raisers  Other: \_\_\_\_\_
4. Are there other feeding programs in your area?  Yes  No  Unsure  
If yes, has your program considered partnership with neighboring programs?  Yes  No
5. Does your program accept donations from clients?  Yes  No
6. Has your program discussed a plan for sustainability?  
Please dis-  
cuss: \_\_\_\_\_  Yes  No
7. Have you determined a service area?  Yes  No

Submit form or questions via email to: [arinfo@centralpafoodbank.org](mailto:arinfo@centralpafoodbank.org)  
 or call 717-564-1700 (Harrisburg) 570-321-8023 (Williamsport) and ask for the Agency Services Department .  
 Thank you for your interest in partnering with Central Pennsylvania Food Bank. We will review your pre-application and let you know of next steps in the process or any additional questions we may have.

Please See Reverse Side.

**Documentation:**

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|-----------------------------------------------------------------------------------------|---------------------------|--------------------------|
| 1. Have you established an enrollment/intake process for your clients?                  | <input type="radio"/> Yes | <input type="radio"/> No |
| 2. Have you determined an eligibility procedure?                                        | <input type="radio"/> Yes | <input type="radio"/> No |
| 3. Do you maintain records of how often a person receives assistance?                   | <input type="radio"/> Yes | <input type="radio"/> No |
| 4. Are your files and documentation confidential and secured?                           | <input type="radio"/> Yes | <input type="radio"/> No |
| 5. Does your program require clients to provide payment for services?                   | <input type="radio"/> Yes | <input type="radio"/> No |
| 6. Does your program require any religious observances for clients to receive services? | <input type="radio"/> Yes | <input type="radio"/> No |
| 7. Will the majority of those you serve/will serve be considered low income?            | <input type="radio"/> Yes | <input type="radio"/> No |

Please describe your agency's purpose/mission:

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What population does/will your program serve? (ex. Overall low income community, elderly, children, homeless, etc.)

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If your program is not currently operating, when is the estimated start date?

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