

**NEW YORK CITY
HUMAN RESOURCES ADMINISTRATION**

EMERGENCY FOOD ASSISTANCE PROGRAM (EFAP)

ELIGIBILITY CRITERIA FOR APPLICANT

An organization, requesting Emergency Food Assistance Program membership, must meet the following criteria at the time of the request:

- Applicant organization must have a food pantry/soup kitchen in operation for at least six (6) months prior to submitting an application.
- Applicant organization must have IRS verification of their Employer Identification Number and Tax Exempt Status [501(c)(3)].
- A soup kitchen applicant must have a Permit from the NYC Department of Health.
- Applicant organization must have consistent days and hours of operation.
- Applicant organization must distribute food to the general public.
- Applicant organization must distribute food, free from charge or requirement to participate in any religious or other type of program activity.
- Applicant organization must store, prepare and distribute food in a secured manner in order to insure food safety and integrity.
- Applicant organization must not store, prepare or distribute food from a private resident.
- Applicant organization must have a viable means of accounting for the number of people served.

NEW YORK CITY

Human Resources Administration

EMERGENCY FOOD ASSISTANCE PROGRAM (EFAP)

APPLICATION

Program Type (check one only)

SK (Soup Kitchen)

FP (Food Pantry)

Name of Submitting Organization _____

Program Name _____

- ***This is the name of your soup kitchen or food pantry, if different from the submitting organization name.***

Food Program Address _____

Mailing Address _____

- ***If different from program address.***

Distribution Site Phone _____

Fax _____

Contact Person _____

Contact Phone _____

E-mail Address _____

Employer I.D. Number (EIN)

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- ***Attach IRS verification of submitting/applicant organization's Federal Taxpayer I.D. Number (EIN) listed above, and Federal Tax Exempt Status [501(c)(3)]. If using parent organization's 501(c)(3), submit letter authorizing use, and a copy of relationship agreement or other document of sponsorship (please highlight your program listing). If you do not have this information, do not proceed. Do not submit the application without verification.***
- ***Attach a list of the Board of Directors***

CURRENT PROGRAM INFORMATION

1. Describe your current emergency food program (including the meal type served), the services provided (including all non-food related services), and the community (including any special needs populations) you serve.
 - ***Attach brochure or other public information material if available .***

2. Travel Directions – [ex.: (1) Take the Q4 bus to Linden Blvd & Farmers Blvd. Located on the corner of 117th Road; or (2) Take the J or M train to Broadway & Myrtle Avenue. Located between Myrtle Avenue & Evergreen Avenue)

3. Is your emergency food program accessible to the physically challenged? Yes No

4. **Food funding sources.** Check all that is currently received by your program.

• **Attach documentation of sources such as membership agreement, award letter, or organization budget letter.**

HPNAP Food Bank for New York City

• United Way of New York City City Harvest

• Food Bank for New York City

• Independent (Direct)

Emergency Food and Shelter Program (EFSP) - United Way of New York City

• Independent

• Fiscal Conduit _____

Other (Private donations/grants):

If you have been assigned a program EFRO ID # from any agency listed above, please indicate.

5. When did you start your food program? (month/year) _____

6. Staff type and amount:

• Paid _____

• Volunteer _____

7. Program days and hours of operation (when serving or distributing food).

Mon. _____ Tues. _____ Wed. _____ Thurs. _____

Fri. _____ Sat. _____ Sun. _____

8. Is your soup kitchen or food pantry closed anytime during the year? Yes No

If "Yes", when? _____

9. Describe your program's methodology for keeping a record of the number of people that are served.

10. How many people did your food program service in the last 3 months? _____

11. Do you limit the number of times a participant may use the program? Yes No

If "Yes", explain:

12. **Soup Kitchen Only**

- **Attach copy of Department of Health Permit. Do not submit the application without the permit.**

Check all that apply. Meal served Breakfast Lunch Dinner

13. **Food Pantry Only**

Number of days an average food package serves: One Two Three Four or more

Number of meals per day provided in an average package: One Two Three

14. Describe the program's food storage area. _____

15. Is storage space locked and secured? Yes No

16. Are all products stored in the designated area on appropriate racks at least 6" from the floor or wall?
 Yes No

Name of Authorized Person _____ Title _____

Signature _____ Date _____

Please return original application and supporting documents to:

**NYC Human Resources Administration
Emergency Food & Nutrition Assistance Program/EFAP
150 Greenwich Street – 43rd Floor
New York, New York 10007
(929) 221-7679**