



EMERGENCY FOOD ASSISTANCE PROGRAM (EFAP) ELIGIBILITY CRITERIA – 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 four (4) months prior to submitting an application.
- Applicant organization must have IRS verification of their Employer Identification Number and Tax Exempt Status [501(c) (3)].
- Applicant Organization must have other established sources of food and funding.
- Soup kitchen applicant must have a valid New York City Department of Health and Mental Hygiene Permit to operate.
- 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 residence.
- Applicant organization must have an acceptable means of accounting for the number of people served.



EMERGENCY FOOD ASSISTANCE PROGRAM (EFAP) APPLICATION

PROGRAM TYPE (*check one only*) SK (Soup Kitchen) FP (Food Pantry)

If the program has been assigned an EFRO ID# from any agency funding agency, please indicate.

Name of Submitting Organization

Program Name (*This is the name of the soup kitchen or food pantry, if different from the submitting organization name*)

Distribution Address

Mailing Address (*If different from distribution address*)

Distribution Site Phone

Fax

Contact Person

Contact Phone

Email Address

Employer I.D. Number (EIN)

- **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 this information is not available, do not proceed. Do not submit the application without verification.**
- **Attach a list of the Board of Directors.**

(Turn Page)

FOOD FUNDING SOURCES (check all that is currently received by the program)

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

HPNAP

- United Way of New York City
- Food Bank for New York City
- Independent (Direct)

Food Bank for New York City

City Harvest

Emergency Food and Shelter Program (EFSP)

- United Way of New York City
- Independent
- Fiscal Conduit _____

Other (private donations/grants):

CURRENT PROGRAM INFORMATION

Describe the 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.

• When did the food program start? (month/year) _____

Staff type and amount: Paid _____ Volunteer _____

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

Monday _____ Tuesday _____ Wednesday _____ Thursday _____

Friday _____ Saturday _____ Sunday _____

• Is the soup kitchen or food pantry closed anytime during the year? Yes No

If "Yes", when? _____

• Describe the program's methodology for keeping records of the number of people they served:

• How many people did the food program service in the last 3 months? _____

• Does the program limit the number of times a participant may visit the program? Yes No

If "Yes", explain: _____

• Describe the program's food storage area:

• Is storage space locked and secured? Yes No

• Are all products stored in the designated area on appropriate racks at least 6" from the floor or wall? Yes No
– **Please provide photos of your storage area.**

• 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]

• Is this emergency food program accessible to the physically challenged? Yes No

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

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

• Does the emergency food program currently provide SNAP Outreach Service? Yes No

If "Yes", please describe: _____

Name of Authorized Person

Title

Signature

Date

WAYS TO RETURN APPLICATION AND SUPPORTING DOCUMENTS



MAIL — NYC Human Resources Administration
Emergency Food and Nutrition Assistance Program / EFAP
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