NYC | Department of
Social Services
Human Resources Administration | Emergency Intervention
Department of Homeless Services | Services

EIS-16 (E) 06/24/2022

DSS COMMUNITY FOOD CONNECTION
ELIGIBILITY CRITERIA ─ APPLICANT

An organization, requesting DSS Community Food Connection 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.

NYC | **Department of Social Services**
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DSS COMMUNITY FOOD CONNECTION APPLICATION

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

If the program has been assigned an Emergency Food Relief Organization (EFRO) ID# from any agency funding agency, please indicate.

☐☐☐☐☐

☐ An EFRO ID# has not been assigned
☐ Request DSS Community Food Connection's assistance to obtain an EFRO ID#.

_____
Name of Applicant Organization

_____
Program Name *(This is the name of the soup kitchen or food pantry, if different from the Applicant 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 (TIN) 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.*

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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.*

☐ Hunger Prevention & Nutrition Assistance Program (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):

_____

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) served.

_____
_____
_____
_____

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

  Staff type/Pay per

  hour/week/year: ☐ 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 practice or procedure for keeping records of the number of people served:

_____
_____
_____
_____

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- How many people did the food program service in the last three (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: _____

  _____

  _____

  _____

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_____   _____
Name of Authorized Person   Title

_____   _____
Signature   Date

WAYS TO RETURN APPLICATION AND SUPPORTING DOCUMENTS

MAIL — NYC Department of Social Services
Community Food Connection
150 Greenwich Street, 43rd Floor
New York, NY 10007

FAX — **917-639-0386**

EMAIL — **cfc@hra.nyc.gov**

If you have any questions you can contact CFC at (929) 221-7679.