



1. ORGANIZATION'S INFORMATION

Organization name: _____

Postal address: _____

City: _____ **Postal code:** _____ **Borough:** _____

Borough(s) covered by the organization: _____

Phone number: _____

E-mail address: _____

Web site: _____

Québec enterprise number (NEQ): _____

Legal form (not-for-profit corporation, etc.): _____

Founding year of the organization: _____

If charity status, registration number: _____

Contact information:

General Director _____ E-mail

Head of food service _____ E-mail

If other contact person _____ E-mail

2. MISSION & DESCRIPTION

Mission of the organization: _____

Description of the organization's activities: _____

3. TYPES OF SERVICES PROVIDED

	Number of individuals helped per month
<input type="checkbox"/> Nutritional education: nutritionists, courses, conferences, etc.	
<input type="checkbox"/> Economic support: job search, budget, etc.	
<input type="checkbox"/> Material support: donations of clothing, donations of other items	
<input type="checkbox"/> Moral support: psychologist, social worker, structured listening	
<input type="checkbox"/> Technical support and advocacy: housing, lawyer, etc.	
<input type="checkbox"/> Health: doctor, nurse, etc.	
<input type="checkbox"/> Transportation services	
<input type="checkbox"/> Spiritual support: priest, pastor	
<input type="checkbox"/> Food support:	
<input type="checkbox"/> Other services (specify):	
<input type="checkbox"/> Other services (specify):	

4. CATEGORY OF ORGANIZATION

If your organization's primary mission is food security, please specify:

- | | |
|--|---|
| <input type="checkbox"/> Food bank / Community grocery | <input type="checkbox"/> Collective kitchen |
| <input type="checkbox"/> Meals on Wheels | <input type="checkbox"/> Community meals |

Comments: _____

If your primary mission is other than food security, please specify:

- | | | |
|---|---|--|
| <input type="checkbox"/> Accommodation centre (long term) | <input type="checkbox"/> Refuge (emergency or short-term accommodation) | <input type="checkbox"/> Pediatric centre/Service for pregnant women |
| <input type="checkbox"/> Addiction Centre/Dependencies | <input type="checkbox"/> Newcomers, refugees and immigrants | <input type="checkbox"/> Organization that helps people with illness |
| <input type="checkbox"/> Multi-service day centre | <input type="checkbox"/> Youth house | <input type="checkbox"/> Religious institution |
| <input type="checkbox"/> Community centre | <input type="checkbox"/> Other: _____ | |

If your organization is affiliated with a religious institution, which one? _____

Comments: _____

5. CLIENTELE

Who are your MAIN users? (check ONLY ONE category)

- | | |
|--|--|
| <input type="checkbox"/> Women | <input type="checkbox"/> Homeless |
| <input type="checkbox"/> Children (0-5 years) | <input type="checkbox"/> Newcomers, refugees, immigrants |
| <input type="checkbox"/> Youth (6-17 years) | <input type="checkbox"/> Indigenous |
| <input type="checkbox"/> Young adults (18-35 years) | |
| <input type="checkbox"/> Seniors (65+) | |
| <input type="checkbox"/> Other specific clientele: _____ | |

What is your secondary clientele? _____

Comments / precisions: _____

6. FOOD AID SERVICE CRITERIA

Qualification of users: What are the eligibility criteria that your organization relies on to provide food aid?

- References (CLSC or other) Identity card Proof of income
 Proof of address Declaration of beneficiary No qualification
 Internet form – if yes, do you validate the online form by phone or by other means? Yes No
 Other: _____

Do you re-qualify your users over time and how often?

Do employees and volunteers have access to the food aid service?

A) Yes No Employees only Volunteers only

B) What criteria do you use to provide them with food aid (economic situation, hours worked, etc.)?

Does your organization have a list of food aid users?

A) Yes No

B) Is this list computerized? Yes No

C) Does your organization check if food aid users seek support in other organizations in the area?

Yes No

If yes, how?



7. FOOD PANTRY PROGRAMS

What types of food assistance services do you currently offer?

- Food distribution* Emergency food aid
 Community grocery store Group purchases
 Magasin-Partage, which one? _____
 Others: _____

***With regard to food distribution, in what form do you offer food assistance?**

- Baskets On tables Voucher Self-service Delivery of food basket

How many households/baskets per food pantry service: _____

How many different people are there in all the households you help?

Number of children: _____ Number of adults: _____

How much do your users have to pay per food pantry service? _____

Frequency of food pantry service (every week, month...): _____

What day(s) and time(s) do you offer these services? _____

If the location of the food pantry service is different from the postal address, please specify:

Address: _____

Borough: _____ Postal Code: _____

- **If your organization does not yet offer a food pantry program but wishes to do so with to the food of Moisson Montréal, please specify:**

How many households/baskets estimated by food pantry service: _____

Frequency of food pantry program (every week, month...): _____

Comments: _____



8. MEAL PROGRAM

What types of meal services do you currently offer?

- | | |
|---|---|
| <input type="checkbox"/> Meals in accommodation center | <input type="checkbox"/> Communal kitchens |
| <input type="checkbox"/> Meals/snacks for your volunteers | <input type="checkbox"/> Community meals |
| <input type="checkbox"/> Soup kitchen | <input type="checkbox"/> Meals/snacks for youth house |
| <input type="checkbox"/> Meals-on-wheels program | |
| <input type="checkbox"/> Other: _____ | |

How many meals or portions do you serve on average per week?

Meals (including breakfasts, dinners, suppers): _____ Snacks: _____

How many different people benefit on average from these meals during a week? _____

Frequency of meals: _____

How much do your users have to pay per:

A) meal: _____

B) snack: _____

If the location of the meal services is different from the postal address, please specify:

Address: _____

Borough: _____ Postal code: _____

- **If your organization does not yet offer a meal program but wishes to do so with the food of Moisson Montréal, please specify:**

Number of meals estimated: _____

Frequency of meals: _____

Comments: _____

9. ACCOMMODATION CENTRE

Number of people accommodated per week: _____

Do your users have to pay for accommodation? Yes No

Average length of stay: _____

If the location of the accommodation is different from the postal address, please specify:

Address: _____

City: _____ Postal code: _____

10. HUMAN RESSOURCES

People working in your organization:	Number of people
Permanent employees	_____
Part-time employees	_____
Participants in government programs	_____
Poverty alleviation fund program	_____
Volunteers	_____

11. WORKING HOURS

What are the organization's general opening hours?

Monday from _____ to _____ Friday from _____ to _____

Tuesday from _____ to _____ Saturday from _____ to _____

Wednesday from _____ to _____ Sunday from _____ to _____

Thursday from _____ to _____

If your organization is closed during annual holidays, specify when: _____

If yes, is there another organization catering to your users' needs?

12. VEHICLES AND FACILITIES

How do you plan to make the pickups at Moisson Montréal?

- Car Family van Econoline Cube
 Refrigerated truck Rental Partnership with another organization
 Other: _____

Which equipment does your organization have, and how many?

- | | |
|---|---|
| <input type="checkbox"/> Storage space _____ | <input type="checkbox"/> Domestic kitchen _____ |
| <input type="checkbox"/> Space to sort food _____ | <input type="checkbox"/> Industrial kitchen _____ |
| <input type="checkbox"/> Cold room _____ | <input type="checkbox"/> Industrial fridge _____ |
| <input type="checkbox"/> Domestic freezer _____ | <input type="checkbox"/> Domestic fridge _____ |
| <input type="checkbox"/> Freezer tomb _____ | <input type="checkbox"/> Cooler _____ |

If not, how do you plan to store and distribute the food: _____

Do your kitchen equipment allow you to perform the following operations?

- Quickly distribute large quantities (minimum 1 pallet) of fruits and vegetables
 Prepare dishes from large quantities of ripe fruits or vegetables (e.g. jams, soup, mashed potatoes, etc.)
 Freeze large volumes of processed food

13. Coordination Committees

Is your organization involved in:

Neighbourhood roundtable/coordinating committee: _____

Coalition on food security: _____

Intersectoral groups of organisations (mental health, youth and family, homelessness, etc.):

14. OTHER

Other than the food pantry and meal programs previously mentioned, what kind of food-related project could your organization development in the short to medium term?

IT IS IMPORTANT TO ANSWER ALL QUESTIONS. OMISSION OF A DOCUMENT OR AN ANSWER MAY CAUSE DELAYS IN PROCESSING THE APPLICATION.

I have read and understood the rules and regulations applicable to the organizations served by Moisson Montréal. The organization I represent is committed to complying with these rules and regulations.

Name (in block letters)

Title

Signature

Day / Month / Year

Documents to provide - mandatory

- Copy of the organization's Québec enterprise numbers (NEQ)
- Copy of your Charity registration number (if applicable)
- Copy of your patent letters
- List of Board members, their contact information and occupations
- Resolution of the Board proposing the accreditation of your organization
- The organization's general statutes and regulations
- Latest activity report
- Latest financial statements with breakdown of sources of income
- Letter of support from a recognized public body (Local food security committee, CIUSSS/CLSC, neighbourhood roundtable, City of Montréal or Borough)

Once the form has been completed, please return it to Community Relations department via one of the following ways:

By e-mail: communityrelations@moissonmontreal.org

By mail: Moisson Montréal
Community Relations Team
6880, chemin de la Côte-de-Liesse
Montréal, QC, H4T 2A1