



Metro Meals on Wheels Program Member Application

Welcome to Metro Meals on Wheels! Founded in 1997, MMOW provides essential services across a seven-county area, such as volunteer recruitment, fundraising, public policy/advocacy, public awareness and outreach, technical assistance and financial assistance. Please complete the following questionnaire so that your application can be presented to the Metro Meals on Wheels Board of Directors for approval.

Organization Name _____
DBA _____ Date of Incorporation _____

Contact Name _____
Mailing Address _____
Phone _____
Fax _____
Email _____
Website _____
Other MOW staff and their titles _____

Service Area/Borders

Types of Meals Provided
____ Hot ____ Cold ____ Frozen ____ Shelf Stable
____ Other, explain _____

Number of Meals Provided last calendar year _____

Number of Volunteers last calendar year _____

Number of meal sites _____

Number of delivery routes _____

Number of paid staff _____ FT _____ PT

Operating budget for last calendar/fiscal year \$ _____

Source/Vendor for Meals _____

Sources of Funding

| | | |
|--------------------|-----------|--------------|
| Title III | \$ _____, | _____ % |
| Grants | \$ _____, | _____ % |
| Waiver | \$ _____, | _____ % |
| Client Contr. | \$ _____, | _____ % |
| Ind. Donations | \$ _____, | _____ % |
| Other: | | |
| _____ | \$ _____, | _____ % |
| _____ | \$ _____, | _____ % |
| _____ | \$ _____, | _____ % |
| Total other | \$ _____, | 100 % |

Attachments:

- ___ Program Brochure/Publication
- ___ IRS 501(c)3 Determination Letter
- ___ List of Current Board Members
- ___ List of Key Staff
- Financial Statements:
- ___ Most recent Financial Audit
- ___ or, P&L and Balance Statement for last
- fiscal or calendar year