

Agency Membership Application

Check list for completion of your membership application:

1. **Complete Application**
2. **Three Community References**—people/businesses within your community that can write you a letter of recommendation for your organization. Must be on letterhead.
3. **Three Financial References**—from someone who can speak to your financial reputation and history. Must be on letterhead as well.
4. **Attach Proof of non-profit status (Complete either A or B)**
 - a. _____ Copy of 501(c) 3 with Determination Letter
 - b. _____ Proof of Denominational Affiliation (Letter from denominational headquarters stating that they will sponsor your church. You will need to include a copy of their 501(c)3).
5. Must pass an on-site monitoring visit.
6. Include payment for **\$75 yearly membership fee** and **\$25 maintenance fee**. In the event that an application is received during any period which is less than the full twelve months of the current calendar year, the membership fee will be prorated. (May combine payments into one check for \$100).

Once we have received these completed forms, we will make arrangements to visit your agency to inspect food storage capacities, and to share further information about our shopping process.

All agencies can have up to 5 designated shoppers. Each shopper must attend orientation prior to receiving his/her shopper's card.

If you have any questions, please call. You may want to make a copy of the application and contract for your records. We look forward to hearing from you and working with you in our fight against hunger.

SECTION I: GENERAL INFORMATION

Name of Agency: _____

Address of Agency: _____

Mailing Address (If different) _____

City: _____ County: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Director: _____

Phone (w): _____ Phone (h): _____

Contact Person: _____

Phone (w): _____ Phone (h): _____

E-Mail: _____

Parent and/or Affiliate Organization: _____

Mailing Address: _____

City: _____ County: _____ Zip: _____

Phone: _____

Do you have a Federal Tax Exempt status under SECTION 501(c)3? YES / NO

Federal Employee Identification Number: _____

***Please attach letter of Determination with a copy of your 501(c)**

Please describe your general program on the back of this sheet (or attach agency brochure).

What are your funding sources? _____

When did you begin providing services described above? _____

Driving directions to program address:

SECTION III: FEEDING PROGRAM INFORMATION

Check the category describing your program and complete the appropriate section.

___A. Emergency Food Pantry (providing groceries to those in need of one-time or short-term food assistance)

___B. On-Premise Feeding Programs (cooking and serving meals to a registered clientele; including Day Care, Detox, Half-way homes, Group homes, Day Activities Programs) or (Soup Kitchen-cooking and serving meals to walk-in guests on a regular or occasional basis)

(A) EMERGENCY FOOD PANTRY

1. Contact Person: _____

2. What days/hours are you opened to help people?: _____

3. Approximately how many families do you serve on a monthly basis? _____

4. How do you determine eligibility? _____

5. Explain your record-keeping system for food distribution. _____

6. Do you have storage space for perishable and frozen food? _____ If yes, please describe:

7. Do you solicit donations from the people you assist? YES / NO

8. Do you require people to attend church services or work in exchange for food? YES / NO

9. May we refer in individuals who call the Food Bank for food to your program? YES / NO

(B) ON-PREMISE PROGRAM (continue on next page)

1. How often do you prepare meals? Daily Weekly Monthly Other

2. Which meals do you serve? Breakfast Lunch Dinner Snacks

3. What days do you serve meals? Circle all that apply. S M T W Th F Sat

4. On average, how many individuals are served per meal? _____

5. Do you charge for meals? YES / NO If yes, how much? _____

6. Do you have a room/board or program fee or ask for donations from those you serve?
YES / NO If yes, how much? _____

Authorized Shoppers

Agency Name: _____

Additional shoppers, up to 5 per agency, may be requested by the director in writing. All shoppers must attend orientation at the Food Bank.

The following individuals are authorized to order and pick up food, and sign invoices for this agency:

1. _____ 2. _____ 3. _____

4. _____ 5. _____

Agency Director: _____ Date: _____

SECTION V: AGENCY MEMBERSHIP CONTRACT

(_____) is subject to the following conditions and agreements to become a member of the Food Bank of Northeast Georgia:

1. The above agency is an established 501(c)3, or equivalent organization that serves the ill, poor, or minors. A copy of the letter of determination from the IRS must accompany this contract.
2. The above agency certifies that it will not charge fees of any kind to the recipients, individual, or families, and that no specific donations will be requested. The IRS eligibility requirements for receipt, transfer, and use of donated food under section 170(e)(3), states, "no fee, for administration costs or otherwise, may be charged in connection with transfer of donated property directly from any organization to ill or needy individuals or minors."
3. The above agency agrees that it will not engage in discrimination, in the provision of service against a person because of race, color, citizenship, religion, sex, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity, and unfavorable discharge from the military or status as a protected veteran or by political affiliation.
4. The above agency agrees to provide the Food Bank of Northeast Georgia with service statistics on a monthly basis, maintain adequate records to reflect use of Food Bank of Northeast Georgia products and to be monitored by Food Bank of Northeast Georgia staff. These shall include at least the following:
 - a. File of all invoices received from Food Bank of Northeast Georgia for one year.
 - b. On premise agencies must record the number of persons fed at each meal and the date of each meal.
 - c. Food pantry program must record the name, address, total number of persons in household, those under 18 and over 65, amount of food distribution, and date of service.
 - d. Agencies, which receive USDA/GNAP commodities, must complete the required record-keeping for these products.
5. The above agency understands that all products from Food Bank of Northeast Georgia are accepted in "as is" condition. The agency is responsible for inspecting the products to ensure fitness for human use. The above agency understands that the original donor, the Food Bank of Northeast Georgia and the Feeding America National Office are released by the Agency from liabilities resulting from the donated goods, are held harmless from any claims or obligations in regard to the Agency or the donated goods, and offer no express warranties in relation to the gift of goods.
6. The above agency must not give food received from Food Bank of Northeast Georgia to program staff for their personal use; must not use food for general congregational use.
7. The above agency must provide safe and proper handling of the donated goods, which conforms to all local, state and Federal regulations.
8. The above agency must serve food directly to its clients in the form of meals or distribute packaged for emergency situations.
9. The above agency must have adequate storage space and refrigeration to ensure the integrity of the food until it is used or distributed.
10. If required, the above agency must be licensed by the State of Georgia and / or city of residence as a food establishment according to the service provided.

11. The above agency must be agreeable to supporting the operation of the food bank with an annual membership contribution of \$75 and maintenance fee of \$25 due January 1 or when accepted as a member agency.
12. The above agency must be agreeable to supporting a portion of the distribution costs and operation of the Food Bank of Northeast Georgia with a shared maintenance contribution of eighteen cents per pound on food received. This is not a charge for food.
13. The above agency must willingly agree to abide by the policies, procedures, and record keeping requirements of the Food Bank of Northeast Georgia.
14. The above agency must be agreeable to monitoring by the food bank representatives.
15. The above agency must be prepared to attend annual conference. (Date to be determined)
16. The above agency acknowledges that specific items distributed by the Food Bank of Northeast Georgia may have value added processing fees and that the agency agrees to pay handling fees assessed in addition to share contribution. The value added processing fees will always be listed as a separate item on all invoices.
17. The above agency agrees to pay all invoices within thirty days of the invoice date.
 - a. The agency acknowledges that accounts are past due when not paid within forty-five days and thereafter must pay the share contribution invoice amount for each invoice at the time of shopping.
 - b. The agency acknowledges that accounts not current after sixty days will lose shopping privileges until the account is paid in full.
 - c. The agency acknowledges that after having lost shopping privileges due to its past due status, the agency will automatically be required to pay its share contribution at the time of an invoice for a period of sixty days.
 - d. The agency acknowledges that should an agency lose shopping privileges a second time due to its past due status, the agency will be placed on permanent pay for the contribution invoice each time they shop at the Food Bank.
18. The above agency must be willing to adhere to additional donor stipulations and any specific board policies that should appear in such an agreement.
19. The above agency understands that to agreement is meant to have legal significance and that violation of these conditions and agreements may result in loss of membership privileges.
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Having read and understood the above conditions and agreements the above agency now accepts those conditions and agreements by the signature of authorized agency representative.

Agency: _____

Agency Director: _____

Date: _____

For Food Bank Staff Only

Food Bank of Northeast Georgia Representative: _____

Date: _____