



FOOD BANK
OF NORTHEAST GEORGIA

Agency Membership Application

Checklist for completion of your membership application:

1. **Complete Application**
2. **Provide Proof of non-profit status (Please provide or attach 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).
3. **Must pass an on-site monitoring visit.**
4. **Must be agreeable to supporting the operation of the Food Bank with an annual membership contribution of \$100 due each January 1st or when accepted as a member agency. The \$100 membership contribution will be applied as a one-time \$100 account credit upon first time payment from any newly accepted agency. This \$100 credit can be used to order products from the Food Bank.**

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 1 of 4: 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 2 of 4: 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 open to help people? _____

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

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

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? _____

SECTION 3 of 4: 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 4 of 4: Food Bank of Northeast Georgia Membership Contract

(_____) is subject to the following conditions and agreements to become and/or remain a Member of the Food Bank of Northeast Georgia:

1. **Membership Qualifications** – The above Member of the Food Bank of Northeast Georgia:

- 1.1. For eligibility to distribute donated product, Members must be one of the following types of organizations:
 - 1.1.1. A Public Charity, or an organization wholly-owned by a Public Charity, that either: (i) was organized for and operates for the purpose of the care of and service to the ill, needy, or infants, or (ii) uses donated product in a manner relating to and consistent with the organization’s exempt purpose through programs that care for and serve the ill, needy, or infants.
 - 1.1.2. A Church that cares for or serves the ill, needy, or infants. The Eligibility of a Church is not limited in terms of denomination, faith tradition, or religious practice.
 - 1.1.3. If applicable, a copy of the letter of determination from the IRS must accompany this contract.
- 1.2. Agrees that it will follow IRS eligibility requirements for receipt, transfer, and use of donated product under section 170(e)(3). There will be no charges or fees of any kind charged in connection with donated products to individuals or families being served.
- 1.3. Agrees to honor the Food Bank of Northeast Georgia’s values of Dignity, Compassion, Stewardship, Belonging, Accountability, and Efficacy in how the Member and Member representatives treat neighbors, other Members, and Food Bank of Northeast Georgia employees.
- 1.4. Agrees that it will not engage in discrimination in the provision of service against any person because of race, color, citizenship, religion, gender, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity or expression, unfavorable discharge from the military, or status as a protected veteran or by political affiliation.

2. **Food Safety** – The above Member of the Food Bank of Northeast Georgia:

- 2.1. Will provide safe and proper handling of the donated product, which conforms to all local, state and Federal regulations.
- 2.2. Has adequate storage space and refrigeration to ensure the integrity of the food until it is used or distributed.
- 2.3. If required, the above member must be licensed by the State of Georgia and / or city of residence as a food establishment according to the service provided.
- 2.4. Will complete required trainings:
 - 2.4.1. All Member personnel in management roles must complete the USDA Civil Rights Training.
 - 2.4.2. At least one Member personnel must complete and maintain a ServSafe Food Handler Certification (provided by the Food Bank).
 - 2.4.3. All Member staff and volunteers should receive basic food safety training, such as in-house debriefings on appropriate handling of food.
 - 2.4.4. If the Member provides on-site meals or uses Food Bank products to make meals, one Member representative must complete and maintain an Advanced Food Safety Training.

3. **Food Pantry Operations** – The above Member of the Food Bank of Northeast Georgia:

- 3.1. Understands that all products from Food Bank of Northeast Georgia are accepted in “as is” condition. The Member is responsible for inspecting the products to ensure fitness for human use.
- 3.2. Will 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.
- 3.3. Will serve food directly to its clients in the form of meals or will distribute food in original packaging.
- 3.4. Will abide by the policies, procedures, and record keeping requirements of the Food Bank of Northeast Georgia.
- 3.5. Will adhere to additional donor stipulations and any specific board policies that should appear in such an agreement.

- 4. Liability** – The above Member of the Food Bank of Northeast Georgia:
 - 4.1. Understands that the original Donor, the Food Bank of Northeast Georgia, and Feeding America are held harmless from any claims or obligations in regard to the Member or the donated Product.
 - 4.2. Understands that the original Donor, the Food Bank of Northeast Georgia, and Feeding America offer no express warranties in relation to the Product.

- 5. Reporting and Monitoring** – The above Member of the Food Bank of Northeast Georgia:
 - 5.1. 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:
 - 5.1.1. File of all invoices received from Food Bank of Northeast Georgia for one year.
 - 5.1.2. Members that prepare food on-premises must record the number of people fed and the date of each meal.
 - 5.1.3. Food pantry program must record the name, address, total number of persons in household, those under 18 and over 65, and date of service.
 - 5.1.4. Members using USDA or GNAP product will complete required federal/state record-keeping as applicable.
 - 5.2. Will allow the Food Bank of Northeast Georgia to monitor the Member regularly.
 - 5.3. Will attend the Annual Member Conference.

- 6. Branding and Storytelling** – The above Member of the Food Bank of Northeast Georgia:
 - 6.1. Agrees to co-brand with the Food Bank of Northeast Georgia on any printed or posted materials for events using Food Bank products. If you have any questions about co-branding, please contact your Membership Coordinator.
 - 6.2. Agrees to share, with neighbor permission, stories and photos of events using Food Bank products with the Food Bank of Northeast Georgia.

- 7. Finances** – The above Member of the Food Bank of Northeast Georgia:
 - 7.1. Acknowledges that specific items distributed by the Food Bank of Northeast Georgia may have value added processing fees, handling fees, or delivery fees, and that the Member agrees to pay any fees assessed.
 - 7.2. Agrees to support a portion of the distribution costs and operation of the Food Bank of Northeast Georgia with a shared maintenance contribution of up to eighteen cents per pound on food received. This is not a charge for food.
 - 7.3. Agrees to pay all invoices within 30 days of the invoice date (contact tschreiber@foodbanknega.org with accounting questions) . Further, the above Member:
 - 7.3.1. Agrees 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.
 - 7.3.2. Agrees that accounts not current after sixty days will lose shopping privileges until the account is paid in full.
 - 7.3.3. Agrees that after having lost shopping privileges because of past due status, the Member will automatically be required to pay its share contribution at the time of an invoice for a period of sixty days.
 - 7.3.4. Agrees that should a Member lose shopping privileges a second time due to its past due status, the Member will be placed on permanent pay for the contribution invoice each time they shop at the Food Bank.
 - 7.4. Agrees to support the operation of the food bank with an annual membership contribution of \$100 by December 1st or when accepted as a Member.

Having read and understood the above conditions and agreements the above Member now accepts those conditions and agreements by the signature of authorized Member representative.

Member: _____

Member Director: _____

Date: _____

<i>For Food Bank Staff Only</i>
FBNEGA Rep: _____
Date: _____