



Food Bank Membership Application

Check list for completion of your membership application:

1. **Complete Application**

2. **Attach Proof of non-profit status (Complete either A or B)**

- a. _____ Copy of 501(c) 3 with IRS Determination Letter Note: Your denominational headquarters or parent organization may have a 501(c)3 you can use. We will need an additional letter from the larger organization stating they will sponsor your organization/church through their nonprofit status.
- b. _____ Proof of "church" status by IRS, determined by 7 or more of the following characteristics (Note: "church" here is not limited in terms of denomination, faith tradition, or religious practice). Please check all that apply:

- A distinct or legal existence: EIN# _____
- A recognized creed and form of worship
- A definite and distinct ecclesiastic government
- A formal code of doctrine and discipline
- A distinct religious history
- A membership not associated with any other church or denomination
- A complete organization of ordained ministers ministering to their congregations
- Ordained ministers elected after completing prescribed courses of study
- A literature of its own
- Established places of worship
- Regular congregations
- Regular religious services
- Sunday schools for religious instruction of the young
- Schools for the preparation of its ministers

3. Must pass an initial distribution site assessment before acquiring food from the Food Bank.
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.

Once we have received these completed forms, we will coordinate a to visit your agency to inspect food storage capacities or mobile pantry sites.

All agencies can have up to 5 designated shoppers if they choose to utilize the Sharing Floor. Each shopper must attend orientation prior to receiving his/her shopper's card.

If you have any questions, please call. We look forward to hearing from you and working with you in our mission to connect neighbors with nourishing food.



SECTION I: GENERAL INFORMATION

Name of Agency: _____

EIN Number: _____

Address of Agency: _____

Mailing/Billing Address: _____

City: _____ County: _____ Zip: _____

Phone: _____ Fax: _____ E-Mail: _____

Director of Organization: _____

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

Contact Person/Pantry Manager: _____

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

E-Mail: _____

Parent and/or Affiliate Organization: _____

EIN Number: _____

Mailing Address: _____

City: _____ County: _____ Zip: _____

Phone: _____

Please describe your general program below (or attach agency brochure).

What are your funding sources? _____

When did/will you begin providing services described above? _____



SECTION II: FOOD DISTRIBUTION PROGRAM INFORMATION

Choose which type of food distribution best describes your program. Please check all that apply.

___A. **Standing Pantry** (providing groceries to those in need of one-time or regular food assistance, usually in a brick-and-mortar location and with regular days/hours of operation).

___B. **Direct Distribution** (providing groceries directly to those in need by delivering food directly to neighbors; food may or not be stored in the organization's facility after receiving food from the Food Bank).

___C. **Mobile Food Pantry** (providing groceries to those in need, often a re-occurring distribution that can be walk-up or drive-thru).

___D. **On-Premises 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).

Please let us know if you change the type of food distribution your organization hosts or if you add new programs.

Based on your selections above please fill out the following sections. You do not need to fill out sections that you did not select.

(A) **STANDING PANTRY**

1. Contact Person: _____
2. Approximately how many families do you serve on a monthly basis? _____
3. How do you determine eligibility? _____
4. Explain your record-keeping system for food distribution. _____

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

6. Do you solicit donations from the people you assist? YES / NO
7. Do you require people to attend church services or work in exchange for food? YES / NO
8. May we refer individuals who call the Food Bank for food to your program? YES / NO
 - a. If Yes, what is the public phone number of your organization: _____
 - b. What days/hours is your pantry open to help people?: _____



(B) DIRECT DISTRIBUTION

1. How often do you do direct distributions? Daily Weekly Monthly Other _____
2. Do you have a regular or designated route you travel while distributing food? YES / NO Describe:

3. How do you determine who to deliver food to? _____
4. On average, how many individuals are served during each distribution? _____
5. Explain your record-keeping system for food distribution. _____

(C) MOBILE FOOD PANTRY

1. Contact Person: _____
2. Approximately how many families do you serve on a monthly basis? _____
3. How do you determine eligibility to receive food? _____
4. Explain your record-keeping system for food distribution. _____

5. How do you advertise/let neighbors know about your distribution? _____
6. Do you solicit donations from the people you assist? YES / NO
7. Do you require people to attend church services or work in exchange for food? YES / NO
8. May we refer in individuals who call the Food Bank for food to your program? YES / NO
 - a. If Yes, what is the public phone number of your organization: _____
 - b. What days/hours is your pantry open to help people?: _____

(D) ON-PREMISES FEEDING 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? _____



Authorized Shoppers

Agency Name: _____

Additional shoppers, up to 5 per agency, may be requested by the director in writing. All shoppers must watch the Food Bank's orientation, which is on our website.

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 III: 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 statues, 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.
20. 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.

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: _____