



Community
 F O O D
 B A N K

**Agency
 Membership Application**

Date _____

Agency Name _____

Street Address _____

City _____ Zip Code _____

Phone (____) _____ Fax (____) _____

Mailing address (if different) _____

City _____ Zip Code _____

Contact Person _____

Agency Director _____

Agency's 501 (c) 3 number _____

**TO BE ELIGIBLE FOR MEMBERSHIP WITH COMMUNITY FOOD BANK, AGENCY
 MUST SATISFY ALL OF THE FOLLOWING:**

- | | Yes | No |
|---|-------|-------|
| 1. Does your agency provide food directly to the needy? | _____ | _____ |
| 6. Is your agency a non-profit, charitable organization which is tax exempt under section 501 (c) 3 of the Internal Revenue Service Code? | _____ | _____ |
| 7. Does your agency distribute food at no charge, and does not require donations, work, service or attendance at a lecture in exchange for food or meals? | _____ | _____ |
| 4. Does your agency have a fiscal and program director? | _____ | _____ |

Name _____

Emergency Number _____

Yes No

5. Does your agency allow participation in its food distribution program(s) to all individuals regardless of race, color, national origin, religion, sex, sexual preference, disability, or age? _____

6. Does your agency have sources of food other than **COMMUNITY FOOD BANK**. _____

If so, by whom:

Donations _____ %

Farmers _____ %

Grocery Store Purchase _____ %

Individual Food Donations _____ %

Food Bank _____ %

IF YOUR AGENCY'S APPLICATION IS ACCEPTED, YOUR AGENCY MUST:

- ❖ Abide by the provisions of the **COMMUNITY FOOD BANK** Agency Participation Agreement.
- ❖ Have means of transportation to pick up food at **COMMUNITY FOOD BANK** and pick up orders promptly.
- ❖ Have adequate dry storage and/or refrigeration/freezer space to insure the safety of all food until it is used or distributed (see Agency Manual for details).
- ❖ Meet all state and local health department requirements for safe food preparation and/or storage.

All sections of this document must be completed and all attachments must be submitted before **COMMUNITY FOOD BANK** can process this application. Please submit the following documents with this application:

- ✓ Copy of the 501(c)3 IRS Determination Letter
- ✓ List of three (3) individuals who will be eligible to pick-up items from **COMMUNITY FOOD BANK**.
- ✓ List of current Board of Director that includes their addresses and telephone numbers
- ✓ Copy of current Liability Insurance with **COMMUNITY FOOD BANK** listed as a certificate holder.
- ✓ Agency Information Form

The Agency named below is interested in becoming a partner agency with Community Food Bank and agrees to cooperate with Community Food Bank during the application and evaluation process.

AGENCY

Authorized Agents Name:

Print

Signature

Date

For Office Use Only:

- Accepted as Member
- Denied Membership (If denied state reason below)

Agency Representative

Chief Executive Officer CFB