



Our Food Bank operates on a membership basis. Each member organization partners with us toward eliminating hunger in our communities.

Application Process:

- Please complete all appropriate sections of this application.
- The director of your program must sign the enclosed application.
- Please include with this application a photocopy of your IRS/US Dept. of Treasury Letter of Determination (which state your 501© (3) Tax Exempt Status). IRS number 1-877-829-5500.
- Churches must include either their 501© (3) letter or a letter from denominational headquarters stating that the church applying is in good standing. Please include a copy of denominational headquarters' 501 (3) letter as well.
- Independent (non-denominational) churches will need to provide additional data if there is NO 501© (3) available, please see attached information for data required.
- Please make the following preparations before our initial on-site/monitoring visit :
 1. *There must be a closed, secured area with shelves for food storage ~ Kitchen cabinets are acceptable*
 2. *The storage and/or preparation area(s) must be clean*
 3. *You must have thermometers in all designated storage areas*
- When we have received your completed application our Staff will contact you to schedule an on-site/monitoring visit in order to review your food storage and preparation area(s).
- Once all paperwork is in order, your application will be review and given official approval by the Executive Director or Operations Administrator.
- Completion of the application does not guarantee membership. We reserve the right to refuse membership to organizations not meeting our criteria.

<h1 style="margin: 0;"><u>Feeding the Valley</u></h1> <p style="margin: 0;">(AGENCY PARTICIPATION APPLICATION)</p>
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GENERAL INFORMATION:
Please complete legibly

1. Name of Organization (i.e. "First Baptist Church") _____
 Physical Address _____
 Mailing Address _____
 City/State _____ Zip Code _____
 County _____ Phone Number (____) _____
 Fax Number (____) _____ E-mail _____

2. Name of Feeding Program (i.e. "First Baptist Church Day Care"), ***IF DIFFERENT FROM ABOVE*** _____
 Physical Address _____
 Mailing Address _____
 City/State _____ Zip Code _____
 County _____ Phone Number (____) _____
 Fax Number (____) _____ E-mail _____

3. Name of Primary Contact / Food Director _____

Chief Executive (i.e. Executive Director, Board President, Pastor, etc.) ***PLEASE SPECIFY*** _____

4. Persons authorized to pick-up products from Feeding the Valley Food Bank

Shoppers:

Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____
Name _____	Phone _____

****** Please use a separate sheet of paper if there are additional site locations.***

<i>***Food Bank Use Only:</i>		
<i>USDA</i>	<i>SNAP</i>	<i>Regular</i>

MEMBERSHIP CRITERIA

1. Must have a 501(c) 3 tax exempt status with the Internal Revenue Service or complete the Addendum for Agencies without 501(c) 3.
2. Must not sell, transfer, barter or offer for sale the items supplied by the food bank in exchange for money, property or services, or otherwise allow the items to re-enter commercial channels.
3. Must be an agency that serves the needy, ill, or infants.
4. Must be an established agency, registered and approved with the food bank.
5. Must serve food directly to its clients in the form of meals or distribute packaged for emergency situations.
6. Must have adequate refrigeration and storage space to ensure the wholesomeness of the food until used, and/or redistributed.
7. If required by law, must be licensed by state and /or City as a food service establishment according to the service provider.
8. Must provide transportation to pick up food at the food bank warehouse.
9. Must be agreeable to monitoring by the food bank representatives.
10. Must be agreeable to the current maximum share contribution of .18 cents per pound for the food received.
11. Must maintain a file of all food bank receipts for one year.
12. In accordance with Federal law and U.S. Department of Agriculture policy, all Agencies must not deny access basis on race, color, national origin, sex, age or disability is prohibited.

PROGRAM(S) DESCRIPTION:

1. Check type of program applying:

- (A) _____ **Emergency Food Pantry** *(Providing groceries to those in need of short-term food assistance.)*
- (B) _____ **Residential Program** *(Cooking and serving meals to a registered clientele, for instance: Day-Care Centers, Rehabilitation Homes, Group Homes, and Day Activity Programs.)*
- (C) _____ **Soup Kitchen / on-site feeding** *(Cooking and serving meals to needy walk-in guests on a regular or occasional basis. Churches serving occasional meals check this category.)*

2. Depending on which type of program(s) you checked above, please complete the following:

- (A) **EMERGENCY FOOD PANTRY** (Providing groceries for short-term assistance.)

What population do you serve? (Your congregation only, your zip code only, anyone in need, etc.....) _____

How do people find out about your program? _____

What are your eligibility guidelines? _____

How many families are you serving each month? _____

What are the ages of your clients? _____

How often will you serve each client? _____

Is a fee charged? _____ YES or _____ NO If so, how much? _____

Do you accept donations? _____ YES or _____ NO

Do you require that clients attend religious services, classes, or work in exchange of food? _____ YES or _____ NO If so, please describe _____

Do you offer additional services (chapel, counseling, referral/information, clothing etc...)?
____ YES or ____ NO If so, please describe _____

What are your funding sources (i.e. grants, benevolent, etc...)? _____

What are the days/hours of your food distribution?
Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

Which types of food do you provide?
____ canned goods _____ frozen foods
____ dry goods (rice, cereal, etc...) _____ meats (fresh/frozen)
____ perishables (dairy, fresh fruit, etc....) _____ non-food (cleaning/paper products)

What kind of storage do you have for dry food? _____

Do you have a refrigerator/freezer? ____ YES or ____ NO
Type: ____ commercial ____ household How many: ____ Refrigerators (s) ____ Freezer (s)

(B) RESIDENTIAL PROGRAMS (Cooking and serving meals to a registered clientele.
Includes group homes, day care centers, rehabilitation homes, etc.)

How many individuals are in your program? _____ Ages _____

What days of the week do you serve meals?
Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

What meals do you serve?
Breakfast _____ Lunch _____ Dinner _____ Snack(s) _____

Do you have a program fee / room and board fee / tuition? ____ YES or ____ NO
If so, how much? _____

Do you charge for meals and/or snacks? ____ YES or ____ NO How much? _____

Are you licensed? ____ YES or ____ NO If so, by whom? _____

Date of the most recent Health Department inspection? _____ Score? _____

Which types of food do you provide?
____ canned goods _____ frozen foods
____ dry goods (rice, cereal, etc...) _____ meats (fresh/frozen)
____ perishables (dairy, fresh fruit, etc....) _____ non-food (cleaning/paper products)

What kind of storage do you have for dry food? _____

Do you have a refrigerator/freezer? ____ YES or ____ NO
Type: ____ commercial ____ household How many: ____ Refrigerators (s) ____ Freezer (s)

(C) **SOUP KITCHENS** / on-site feedings (Cooking and serving meals to needy walk-in guests on a regular or occasional basis. Churches cooking and serving occasional meals would fit in this category.)

How many individuals do you serve per meal? _____ What ages? _____

Are the majority of your guests low income citizens? _____ What percentage? _____

What days of the week do you serve meals?

Mon. _____ Tues. _____ Wed. _____ Thurs. _____ Fri. _____ Sat. _____ Sun. _____

What meals do you serve?

Breakfast _____ Lunch _____ Dinner _____ Snack(s) _____

Do you charge for meals and/or snacks? _____ YES _____ NO How much? _____

Do you ask for donations? _____ YES or _____ NO

Are donations voluntary? _____ YES or _____ NO

Do you require that clients attend religious services, classes, or work in exchange of food? _____ YES or _____ NO Please describe _____

Do you offer additional services (chapel, counseling, referral/information, clothing etc...)?
_____ YES or _____ NO Please describe _____

Are you licensed? _____ YES or _____ NO By whom? _____

Date of the most recent Health Department inspection? _____ Score? _____

Which types of food do you provide?

_____ canned goods	_____ frozen foods
_____ dry goods (rice, cereal, etc...)	_____ meats (fresh/frozen)
_____ perishables (dairy, fresh fruit, etc....)	_____ non-food (cleaning/paper products)

What kind of storage do you have for dry food? _____

Do you have a refrigerator/freezer? _____ YES or _____ NO

Type: ___ commercial ___ household How many: ___ Refrigerators (s) ___ Freezer (s)

THE FOOD BANK OFTEN RECEIVES CALLS FROM INDIVIDUALS IN NEED OF FOOD ASSISTANCE. MAY WE REFER THOSE IN YOUR AREA TO YOUR PROGRAM? _____ YES or _____ NO

Monitoring Information:

INITIAL INSPECTION MONITORING OF SITE(S)

This phase of the application process gives the Food Bank staff a first hand look at the charity's program(s) and mode of operation. Site visits or monitors are a necessary process because they give the Food Bank an opportunity to meet charity representatives who will be responsible for the day to day operation of your feeding program as well as answer any service questions.

What does a monitor looks for?

- 1.** The existence of all site(s) or program(s) listed on the application.
- 2.** Adequate and appropriate storage for food products received from the Food Bank (dry storage space, refrigerators and freezers).
- 3.** The general cleanliness of the food preparation and storage areas.
- 4.** Existing record keeping procedures and/or systems.
- 5.** Evidence of pest control.

Additional Information required for Churches without 501©(3) status:

All member agencies of the Feeding the Valley Food Bank must operate as non-profit organizations. The 501©(3) letter from the IRS is the preferred proof of non-profit status. However, we can make some exceptions depending upon your providing the requested information below. Please complete and return with application the appropriate section(s) for your organization as well as provide a letter on letterhead signed by the Chief Executive Officer affirming that the organization is in fact a church.

Are you affiliated with a “main line” denomination? (Example: United Methodist, Presbyterian, CME, Southern Baptist, National Baptist, General Council of the Assemblies of God, Diocese etc.)

If yes please list the denomination: _____

Does your congregation have a distinct legal existence, such as incorporation?
If yes, please attach proof of such: _____

Does your congregation have a formal creed, doctrine and form of worship?
If yes, please attach proof of such: _____

Does your congregation have an ecclesiastical body, such as deacons, bishops etc.?
If yes, please attach a list of those persons: _____

Does your congregation have a written history and/or church literature?
If yes, please attach copies: _____

Does your congregation hold regularly scheduled worship services and Sunday school classes?
If yes, please attach copies of the church bulletin or posted schedules _____

Does your congregation have ministers who are ordained after completing a course of study?
If yes, please attach copies of ordination letter and/or certificate: _____

Please attach a representative list of church members: _____

Agency Representative Signature _____ Date _____

Food Bank Representative Signature _____ Date _____