FOOD BANK OF NORTH CENTRAL ARKANSAS

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Building bridges from hunger to hope

Food Bank
OF NORTH CENTRAL ARKANSAS

AGENCY MEMBERSHIP

APPLICATION PACKET

Revised August 23, 2011

arkansas Hunger Relief alliance

A "Feeding America" Food Bank Member
of the Arkansas Hunger Relief Alliance

FOOD BANK OF NORTH CENTRAL ARKANSAS

Dear Prospective Food Relief Director:

Thank you for your interest in becoming a member agency of the Food Bank of North Central Arkansas. The mission of the Food Bank of North Central Arkansas is to "build bridges from hunger to hope" by securing food from numerous sources and distributing it to the hungry. The Food Bank of North Central Arkansas currently distributes hundreds of thousands of pounds of grocery products annually to food pantries, soup kitchens, shelters, children's weekend food packs, and other special feeding programs at approximately fifty nonprofit agencies and churches throughout north central Arkansas. These partnerships make it possible to get food directly into the hands of the people who need it across nine Arkansas counties (Baxter, Boone, Marion, Newton, Stone, Izard, Fulton, Sharp and Searcy).

The Food Bank of North Central Arkansas is a "Feeding America" food bank member of the Arkansas Hunger Relief Alliance. Through this Alliance, the Food Bank of North Central Arkansas and other members work together to increase food donations, collect information about the needs of hungry Arkansans and how these needs are being met, and raise funds and other resources to support the work of six hunger relief partners in Arkansas and their member agencies. The Arkansas Hunger Relief Alliance exists to eliminate hunger in Arkansas.

In order to be a member agency of the Food Bank of North Central Arkansas, your organization must be an established non-profit as defined by the Internal Revenue Service. This means your organization must be a designated 501(c)(3), be wholly owned by an organization with this designation, be sponsored by a 501(c)(3) organization, or qualify for the IRS equivalent for religious organizations. Non 501(c)(3) religious organizations must meet nine (9) of the 14 IRS eligibility requirements. A form describing these requirements is included in this packet.

Enclosed in this packet are the following documents:

1) Membership Application Process page 4
2) Agency Application Checklist page 6
3) Membership Application page 7
5) Membership Criteria page 15
6) Church Qualifier Form page 18
7) Authorized Personnel Form page 19

Please take the time to carefully read the information and follow the instructions provided. If you have questions about meeting the non-profit requirement or about the application process, please contact the executive director at 870-499-7565.
You are commended for your efforts to help those in need in your community. We look forward to assisting you in your endeavors.

What's Available at the Food Bank of North Central Arkansas?

A variety of food and non-food products are available in the Food Bank of North Central Arkansas's warehouse. Some of these foods and non-food products are locally donated, some are donated through the nation's food bank, "Feeding America". Some of our grocery products are donated through national retail stores and some of these foods are purchased from food manufacturers and retail or wholesale food outlets. Examples of the products we distribute are fresh and frozen foods, canned goods, paper products, cereal, beverages, cleaning supplies, and USDA commodities. The Food Bank of North Central Arkansas also receives non-food products from United Way and serves as an "In-Kind" Warehouse for that organization. Availability of products depends on what is donated or otherwise procured; therefore, the inventory may vary greatly from week to week.

A member agency of the Food Bank of North Central Arkansas may be eligible to receive products for **ONE or ALL** of the following programs:

- Emergency Food (food pantry that provides groceries, cleaning supplies and personal care items)
- Soup Kitchen/Shelter (cooking or serving meals to walk-in guests on a regular or occasional basis and/or providing temporary, emergency lodging)
- On Site/Residential (cooking or serving meals to a registered clientele, e.g. a day care, detoxification center, half-way house, group home, day activities program, youth or senior program)
- Disaster Relief

If you have questions about what is available at the Food Bank of North Central Arkansas and how your program might be supported, please contact the executive director at 870-499-7565.

FOOD BANK OF NORTH CENTRAL ARKANSAS

Membership Application Process

Provided below is a step by step process for becoming a member in good standing of the Food Bank of North Central Arkansas. Please follow this process to ensure that you submit a complete and thorough application packet. The process is divided into three parts:

Part 1. Completing and Submitting the Application Packet

1. Review all membership criteria and indicate agreement to comply by signing and dating the document. (Signer must be a member of the organization and authorized to enter into this agreement.)
2. Complete ALL appropriate sections of this application and all applicable attachments. If a section does not apply, please write N/A.
3. Include with this application a photocopy of the IRS letter of determination stating that your agency has 501(c)(3) tax-exempt status.
4. Religious organizations must include either the IRS 501(c)(3) letter OR a letter from the denomination's headquarters stating that your organization is in good standing in that denomination. A church qualifier form, which requires backup documentation, is included in this packet.
5. Return the completed and signed application, signed membership criteria form, tax-exempt status documentation or church qualifier form (and attachments), and authorized personnel form, to Linda Finley, Executive Director, Food Bank of North Central Arkansas, P. O. Box 128, Norfork, AR 72658.

Part 2. Document Review and Site Visit

1. Once the packet is received, an evaluation team will review the information provided and determine how Food Bank of North Central Arkansas can best serve your agency and the community.
2. During the review process, a Food Bank of North Central Arkansas representative will visit your site, examine program procedures, and attempt to confirm that you can maintain appropriate food storage, handling, record-keeping, and distribution standards, as well as meet all membership criteria.
3. Upon completion of a successful site visit, you will be given a legal document called a "Memorandum of Agreement" to review and sign. This signed document must be received by Food Bank of North Central Arkansas before a new member orientation will be scheduled.

Part 3. New Member Orientation and Shopping at the Food Bank of North Central Arkansas.

1. After the signed "Memorandum of Agreement" is received, your agency will be assigned an agency account number and given a Member Handbook.
2. You and all others who will be shopping at the Food Bank of North Central Arkansas must attend a mandatory orientation session. (You will not be admitted to the Food Bank of North Central Arkansas for shopping without attending this session.) A list of authorized shoppers will be kept on file at the Food Bank of North Central Arkansas.
3. You will be given a tour of the Food Bank of North Central Arkansas and meet Food Bank of North Central Arkansas staff members.
4. Handling fees may be charged for some food and grocery products. Method of payment of these fees will be determined at the time your agency becomes a member of the Food Bank of North Central Arkansas.
5. There is no annual membership fee.

FOOD BANK OF NORTH CENTRAL ARKANSAS

Agency Application Checklist

Please feel free to use this checklist to make sure you have all the documentation needed for your application.

_____ Membership application form completed and signed

_____ Membership Criteria, completed and signed to indicate the criteria are understood and agreement to comply

_____ Church Qualifier Form, completed, if applicable

_____ Copy of IRS Letter of Determination of Tax-Exempt Status or proper documentation for religious group (letter from denomination or church qualifier form with attachments)

Date of Application: _____

FOOD BANK OF NORTH CENTRAL ARKANSAS

Membership Application

Organizational Information

Please provide all information that applies to your program.

Name of Organization: _____

Name of Food Program (if different): _____

Mission of Organization: _____

_____

_____

_____

Date Organization Established: _____

Organization Mailing Address: _____

_____

County: _____

Physical Address of Program (if different from organization address): _____

_____

Phone Number: _____ Fax Number: _____

Website Address: _____

Name of Agency/Organization Director: _____

Address: _____

_____

Phone Number:_____ Fax Number: _____

E-Mail Address: _____

Name of Contact Person (if different from Director): _____

Position: _____

Address: _____

_____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Name of Food Coordinator (if different from above): _____

Address: _____

_____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Billing Contact: _____

Address: _____

_____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Parent Organization (if your program is part of a separate organization):

_____

Contact Name: _____

Address: _____

_____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Website Address: _____

Program Information

Date Program Established: _____
(If your program has not yet begun, please respond with what is planned.)

Types of Service (check **all** that apply and complete **all** applicable sections below):
_____ Emergency Food Pantry _____Soup Kitchen/Shelter _____ On Site/Residential
_____ Day Care Program or Children's Weekend Meal Program_____Special Program

How do people learn about your services? _____
_____

What is your total annual budget for food and grocer products? _____

Emergency Food Pantry (provides groceries, cleaning supplies and personal care items)

- Regular Days and Hours: _____
- Are referrals required: _____ Yes _____ No

  If yes, please list agencies: _____
  _____
  _____
- Are appointments required? _____ Yes _____ No
- Who should people call for help?

  Name _____

  Phone Number _____ When (Hours/Days)_____
- Which items do you distribute? (Check all that apply.)

  _____Dry Goods (canned food, boxed foods, bottles)

  _____Fresh fruits/vegetables

  _____Dairy products

  _____Non-food items (soap, tissues, personal care items, etc.)
- How many people do you serve each month? _____
- Do you provide delivery to clients? (if so, please describe) _____
  _____
  _____

- Are people that are receiving food (check all that apply):

  ____ asked to donate?

  ____ required to attend services?

  ____ required to work?

  ____ required to provide any other participation or service to get food?

- List eligibility requirements for individuals to receive donation: _____

  _____

  _____

- How often may an individual receive food? _____
- What geographic area(s) does the program serve? _____

  _____

- What are the funding sources for this program? _____

  _____

  _____

<u>Soup Kitchen/Shelter</u> (cooking or serving meals to walk-in guests on a regular or occasional basis and/or providing temporary, emergency lodging)

- What days and times are meals served? _____
- What meals are served? _____
- Describe people who are served? _____
- How many people are served at the average meal? _____
- Are any of the meals catered? _____ Yes _____ No

  If yes, by whom? _____

- List names of staff who work with food: _____

  _____

- Do you have a health certificate from the local Department of Health?

  ___ Yes ___ No

- List eligibility requirements for people who are served: _____

  _____

  _____

- Who should people call for help?

  Name _____

  Phone Number _____ When (Hours/Days)_____

  After hours emergency contact? _____

- Are people who receive services required to or asked to make donations, attend religious services, or work? _____ Yes _____ No
- What are the funding sources for this program? _____

  _____

  _____

On Site/Residential/Kids Café (cooking or serving meals to a registered clientele, e.g., detoxification center, half-way house, group home, day activities program, youth or senior program)

- Type of program (see list above): _____

  _____

- Number of people in program: _____ Number of staff: _____
- Days and times of operation: _____
- Meals Served (check all that apply):

  _____ Breakfast

  _____ Snack

  _____ Lunch

  _____ Dinner

  _____ Occasional party

- Licenses and numbers:

  _____ Arkansas Department of Health & Human Services

  _____ Division of Children & Families

  _____ Food Service License

  _____ Other - Please specify:_____

- Are any meals catered? _____ Yes _____ No

  If yes, which ones? _____

- What is the tuition or program fee? _____

- What are the funding sources for this program? _____

  _____

  _____

Day Care Program or Special Weekend Meals for Children (serving meals and or snacks to either children or adults enrolled in day care program or weekend back pack program for school children.)

- Type of program (see list above): _____

  _____

- Number of people in program: _____ Number of staff: _____
- Days and times of operation: _____
- Meals Served or Packs Prepared (check all that apply):

  _____ Breakfast

  _____ Snack

  _____ Lunch

  _____ Dinner

  _____ Occasional party

- Licenses and numbers:

  _____ Arkansas Department of Health & Human Services

  _____ Division of Children & Families

  _____ Food Service License

  _____ Other - Please specify:_____

- What is the tuition or program fee? _____
- What geographic area(s) does the program serve? _____

  _____

- What are the funding sources for this program? _____

  _____

  _____

If any of the above programs are already in operation, please provide the following information. If the program is not yet underway, please indicate anticipated numbers.

Type of population served:

_____Transient _____Youth
_____Elderly _____Other (describe)_____
_____Residential _____

Number of **un**duplicated households served:
_____Daily
_____Weekly
_____Monthly
_____Annually

Number of duplicated households served:
_____Daily
_____Weekly
_____Monthly
_____Annually

Number of **un**duplicated individuals served:
_____Daily
_____Weekly
_____Monthly
_____Annually

Number of duplicated individuals served:
_____Daily
_____Weekly
_____Monthly
_____Annually

Physical Facilities Information

Are you able to close, lock, and secure the area where the food and products are stored?
_____ Yes _____ No

Storage Capacity:
Cubic feet refrigerated _____
Cubic feet frozen _____
Square feet dry storage _____

Do you have a walk-in: _____freezer _____ refrigerator _____cooler? None _____

Do all storage areas meet Arkansas Department of Health requirements? ____ Yes ____ No

Is someone in organization certified in food safety? _____ Yes _____ No

Transportation Information

Please describe your means and/or method(s) of transporting food and grocery products to your agency and to clients. _____

_____

_____

_____

_____

(Please Print)

Name of person completing application: _____

Title: _____

Signature of person completing application: _____

Date: _____

Membership Application must be accompanied by the following completed attachments, as applicable:

Attachment A:	Membership Criteria	(Required from all Applicants)
Attachment B:	Church Qualifier Form	(for Non-501(c)(3) entities)
Attachment C:	Shopping Authorization Form	(Required from all Applicants)

ATTACHMENT A

FOOD BANK OF NORTH CENTRAL ARKANSAS

Membership Criteria

The following criteria must be agreed to and complied with for your agency to become and remain a member in good standing of the Food Bank of North Central Arkansas. An official representative of your agency is required to complete and sign this agreement signifying that the following membership criteria are understood and will be faithfully met. If you have questions, please call us at Food Bank of North Central Arkansas and we will go over each of these criteria with you.

If for any reason any of the criteria are not being met, the Food Bank of North Central Arkansas should be notified as soon as possible. .

Does your agency meet the following criteria? (**Please check each statement to confirm agreement.)**

____ 1. Is incorporated and operating as a private non-profit organization or under the umbrella of such an organization and is established in the community.

____ 2. Qualifies under section 501(c)(3) of the Internal Revenue Service code or meets the definitional requirements of the IRS code to qualify as a church.

____ 3. Does not discriminate against any person because of race, gender, religion, political affiliation, sexual preference, or national origin.

____ 4. Will not sell, transfer, barter, nor offer for sale the items supplied by the Food Bank of North Central Arkansas in exchange for money, property, goods, or services, or otherwise allow items to re-enter commercial channels.

____ 5. Will use all items drawn from the Food Bank of North Central Arkansas only in activities included in its tax-exempt purpose and solely for feeding people who are ill, in need, or infants.

____ 6. Will provide sanitary, reliable, and product appropriate transportation and sufficient personnel to pick up food at the Food Bank of North Central Arkansas warehouse.

____ 7. Is licensed by the state and/or city as a food service establishment according to the service provided and will notify the Food Bank of North Central Arkansas of any changes in licensing status.

____ 8. Has adequate storage and refrigeration and freezer space to ensure the wholesomeness of the food until it is used.

____ 9. Will maintain good health and sanitation procedures for the types of food drawn.

____ 10. Will accept food in "as is" condition and agrees to inspect such items, withholding from distribution and/or consumption any food that might be spoiled or inedible.

____ 11. Will immediately discard any unfit food and advise the Food Bank of North Central Arkansas. (Your agency is not responsible for hidden, unobservable defects.)

____ 12. Will maintain records on the receipt, distribution, and use of products from the Food Bank of North Central Arkansas sufficient to provide a clear audit for such products for at least 36 months <u>after</u> the receipt of such products.

____ 13. Will permit representatives of the government and the Food Bank of North Central Arkansas to inspect records described in item 12. (Applicable to participation in USDA Commodity Distribution program).

____ 14. Agrees to regular monitoring by the Food Bank of North Central Arkansas representative, or an affiliate thereof, to verify compliance with these criteria and the information provided on the agency's application and monthly reports.

____ 15. Will support the operation of the Food Bank of North Central Arkansas by paying a handling fee on a per pound basis for applicable products.

____ 16. Understands that food received is a gift and not the result of any sales transaction; and as such, acknowledges that no express warranties are given and no implied warranties apply to the nature and condition of the food.

____ 17. Affirms that the original donor, the Food Bank of North Central Arkansas, and its affiliates are held harmless from any claims or obligations in regard to the products received by the agency.

____ 18. Will destroy and/or discard any food upon notice from the Food Bank of North Central Arkansas, or original donor that such food may not be fit for human consumption.

____ 19. Will notify the Food Bank of North Central Arkansas whenever notice of any claim of liability with respect to food is received.

____ 20. Will observe and implement any use-of-product restrictions placed on items by the Food Bank of North Central Arkansas at the request of the original donor.

____ 21. Assumes any and all responsibility for food product liability relating to any act or failure to act by the agency associated with the distribution, storage, preparation, or service of food after the agency assumes possession of the food.

____ 22. Will not use donated products for the purpose of fundraising.

____ 23. Will submit a monthly report by the 15th day of the following month.

____ 24. Never charges clients for food.

____ 25. Never requires clients to pray, donate, or work to eat or receive products.

____ 26. Will order and pick up products at least 4 times per year, unless deemed to be a special program approved by the Food Bank of North Central Arkansas.

____ 27. Will be open at least 1 day per week for a minimum of 4 hours, unless deemed to be a special program approved by the Food Bank of North Central Arkansas

I understand these membership criteria and, as an authorized representative of _____ (Agency), will ensure that these criteria are faithfully met. If for any reason any of the criteria are not being met, I agree to notify the Food Bank of North Central Arkansas as soon as possible.

_____ _____

Signature of Representation Date Signed

_____

Print Name and Title

ATTACHMENT B

FOOD BANK OF NORTH CENTAL ARKANSAS

Church Qualifier Form

The Internal Revenue Service uses 14 characteristics to determine whether an organization qualifies as a church. In accordance with this provision, the Arkansas Hunger Relief Alliance adopted a policy requiring a program operating under an organization which functions as an independent, unincorporated church to meet at least nine of the following characteristics. Each item checked must be proven with copies of printed material from your church, and these materials must be included with your application. Examples of items that your church might use as evidence to satisfy legal requirements are given below. Check each characteristic that applies to your church.

_____ 1. A distinct legal existence *Example: Articles of Incorporation filed with the State*

_____ 2. A recognized creed and form of worship
Example: Cover page and two pages of creed, copy of church bulletin

_____ 3. A definite and distinct ecclesiastical government
Example: Organization chart of parent organization as well as local church, indicating names and addresses of officials

_____ 4. A formal code of doctrine and discipline
Example: Copy of cover and first three pages of document

_____ 5. A membership not associated with any other church or denomination
Example: Statement of mission, objectives and goals of the church signed by the pastor and three others

_____ 6. A distinct religious history
Example: If member of recognized association, a copy of the church bulletin; if not associated with other churches, a brief written history

_____ 7. A complete organization of ordained ministers ministering to their congregations
Example: Church bulletin or other published document listing ministers

_____ 8. Ordained ministers elected after completing prescribed courses of study
Example: Appropriate documentation indicating ordination and courses of study

_____ 9. A literature of its own *Example: Copy of selected cover pages of appropriate literature*

_____10. Established places of worship *Example: Copy of church bulletin*

_____11. Regular congregations *Example: Copy of church bulletin*

_____12. Regular religious services *Example: Copy of church bulletin*

_____13. Sunday schools for religious instruction of the young
Example: Copy of church bulletin indicating times for Sunday School

_____14. Schools for the preparation of ministers
Example: List of names and addresses of schools

ATTACHMENT C

FOOD BANK OF NORTH CENTRAL ARKANSAS

Authorized Personnel Information

Date: _____

Name of Agency: _____

Contact Person: _____

Address: _____

_____

Telephone: _____ E-Mail Address: _____

The names and signatures of the persons below are authorized by _____ _____ (agency name) to pick up products on behalf of your agency at Food Bank of North Central Arkansas Their signatures indicate they have read and understand Food Bank of North Central Arkansas regulations and agree to abide by them.

_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature

Please inform the office manager at 870-499-7565 as soon as any changes are made in your agency's list of people authorized to pick up products at Food Bank of North Central Arkansas.