

Building bridges from hunger to hope



**AGENCY MEMBERSHIP  
APPLICATION PACKET**



*The Food Bank of North Central Arkansas is  
a Feeding America member of the  
Arkansas Hunger Relief Alliance.*

**FOOD BANK OF NORTH CENTRAL ARKANSAS**

**P. O. Box 128    Norfolk, AR 72658  
Phone: 870-499-7565    Fax: 870-499-3500  
Email: [directorfbnca@centurytel.net](mailto:directorfbnca@centurytel.net)  
Website: [foodbanknca.org](http://foodbanknca.org)**

Dear Prospective Food Relief Director;

Thank you for your interest in becoming a Partner Hunger Relief Organization 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 or create communities without hunger by securing food from numerous sources and distributing it to the hungry. The Food Bank of North Central Arkansas currently distributes approximately 2.5 million pounds of grocery products annually to food pantries, soup kitchens, shelters, back pack programs, and other special feeding programs at approximately sixty 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 mission of the Arkansas Hunger Relief Alliance is to reduce hunger through a unified effort to provide direct hunger relief, education and advocacy.

In order to be a member agency of the Food Bank of North Central Arkansas, your organization must be an established, private foundation 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:

- |                                   |         |
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| 1) Membership Application Process | page 5  |
| 2) Agency Application Checklist   | page 7  |
| 3) Membership Application         | page 8  |
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| 5) IRS 501(c) 3 Requirements      | page 19 |
| 6) Church Qualifier Form          | page 20 |
| 7) Authorized Personnel Form      | page 21 |

**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 Agency Relations Coordinator at 870-499-7565.

We commend you for your efforts to help those in need in your community. We look forward to assisting you in your endeavors.

# **Food Bank of North Central Arkansas Partner Hunger Relief Organization New Member Selection Criteria**

## **Application Period:**

1. New Member Applications will be received and processed from January 1 until September 30 annually.

## **Minimum Service Requirements:**

1. Food Pantry Members must serve a minimum of 25 households per month.
2. Soup Kitchen, Senior Program, Children's Program & Special Program Members must serve a minimum of 25 individuals per month.
3. Current Members whose organization does not meet the above service requirements will be "grandfathered" in and will be allowed to remain Members.

## **Qualifying for Membership:**

1. New members will not be accepted if their organization is located within two (2) miles of an existing Food Bank of North Central Arkansas Partner Hunger Relief Organization unless:
  - a. Proposed Days/Hours of Operation provide access to food/services to individuals who would otherwise not have access.
  - b. Proposed Services Provided includes services not already being provided by existing organizations.
2. Members must be open for distribution or distribute to the public on a regular basis and no less than once a month. Dates and Hours of Operation must be communicated to the public by on-site signage, newspaper, radio, social media or other form of communication easily accessible to the public.
3. Members must order/receive inventory from the Food Bank of North Central Arkansas a minimum of six (6) times per year, unless special arrangements have been made with the Food Bank of North Central Arkansas. Special arrangements must be in writing, signed by the Food Bank of North Central Arkansas Executive Director and a representative of the Member organization. A copy will be maintained by the Member organization and a copy will be placed in the member's file at the Food Bank of North Central Arkansas.
4. Members must meet all criteria set forth in the Food Bank of North Central Arkansas Partner Hunger Relief Organization Policies & Criteria.

## What is 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' warehouse. Some of these foods and non-food products are locally donated, some are donated through 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 partner hunger relief organization of the Food Bank of North Central Arkansas may be eligible to receive products for **ONE or ALL** of the following programs:

- Emergency Food Pantry (food pantry that provides groceries, cleaning supplies and personal care items)
  - Food Pantry
  - School Pantry
  - USDA Pantry
  - Mobile Pantry
  
- On Site/Residential (cooking or serving meals to a registered clientele, e.g. a treatment facility, half-way house, group home, day activities program, youth or senior program, or to a general population in a soup kitchen facility)
  - Shelter
  - Soup Kitchen
  - Treatment Facility
  - Day Care (adult/youth)
  
- No Kid Hungry (back pack program, summer feeding, school breakfast program, after school program)
  - Back Pack Program
  - Summer Feeding – congregate
  - Summer Feeding – non-congregate
  - School Breakfast Program
  - After School Program

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 Agency Relations Coordinator 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 Jeff Quick, Executive Director, Food Bank of North Central Arkansas, P. O. Box 128, Norfolk, 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 dated no more than two years prior to application date  
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

### Emergency Food Pantry

- Food Pantry
- School Pantry
- USDA Pantry
- Mobile Pantry

### On-Site/Residential

- Shelter
- Soup Kitchen
- Treatment Center
- Day Care (Youth/Adult)

### No Kid Hungry

- Back Pack Program
- Summer Feeding (congregate)
- Summer Feeding (non-congregate)
- School Breakfast Program
- After School Program

How do people learn about your services? \_\_\_\_\_

\_\_\_\_\_

What is your total annual budget for food and grocery products? \_\_\_\_\_

**Emergency Food Pantry** (A stationary Community Food Pantry, School Pantry, USDA Commodity Pantry or Mobile 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.)

\_\_\_\_\_ USDA Commodities

• How many people do you serve each month? \_\_\_\_\_

• Do you provide delivery to clients? (if so, please describe) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Are people that are receiving food required to or asked to make donations, attend religious services, or work? \_\_\_\_\_ Yes \_\_\_\_\_ No

- 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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**On-Site/Residential/ Shelter/ Soup Kitchen** (cooking or serving meals to residents of a shelter, treatment facility or walk-in guests on a regular or occasional basis and/or providing temporary, emergency lodging)

- What days and times are meals served? \_\_\_\_\_

- Meals Served (check all that apply):

\_\_\_\_\_ Breakfast

\_\_\_\_\_ Snack

\_\_\_\_\_ Lunch

\_\_\_\_\_ Dinner

\_\_\_\_\_ Occasional party

\_\_\_\_\_ Other

- Licenses and numbers:

\_\_\_\_\_ Arkansas Department of Health & Human Services

\_\_\_\_\_ Division of Children & Families

\_\_\_\_\_ Food Service License

\_\_\_\_\_ Other - Please specify: \_\_\_\_\_

- 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: \_\_\_\_\_  
\_\_\_\_\_

- List eligibility requirements for people who are served: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- What geographic area(s) does the program serve? \_\_\_\_\_  
\_\_\_\_\_

- What is the tuition or program fee? \_\_\_\_\_

- What are the funding sources for this program? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- 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? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**No Kid Hungry** Back Pack Program, Summer Feeding, (either congregate or non-congregate) Breakfast at School, After School program.

- Type(s) of program (see list above): \_\_\_\_\_  
\_\_\_\_\_

- Number of people in program: \_\_\_\_\_ Number of staff: \_\_\_\_\_

- Days and times of operation: \_\_\_\_\_

- What geographic area(s) does the program serve? \_\_\_\_\_  
\_\_\_\_\_

- 
- Meals Served (check all that apply):

Breakfast  
 Snack  
 Lunch  
 Dinner

- 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? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

***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 **unduplicated** households served:

Daily  
 Weekly  
 Monthly  
 Annually

Number of **duplicated** households served:

Daily  
 Weekly  
 Monthly  
 Annually

Number of **unduplicated** 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

If so, who is certified? \_\_\_\_\_

Certifying body \_\_\_\_\_

Certification date \_\_\_\_\_

### 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: Current IRS 501(c) 3 Determination Letter Requirement

Attachment C: Church Qualifier Form (for Non-501(c)(3) entities)

Attachment D: Shopping Authorization Form (Required from all Applicants)

## 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 after 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 shared maintenance 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 10<sup>th</sup> 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 Name), 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

**501(c)3 Determination Letter Requirement (if applicable)**

Dear applicant with IRS 501 (c) 3 status;

In order to ensure compliance with Feeding America and Arkansas Hunger Relief Alliance requirements, all Food Bank Partner Hunger Relief Organization files must contain a current Letter of Determination stating that you are tax-exempt under the 501 (c) 3 Code.

Regulations require a new determination letter *every two years*. We need a determination letter dated *no more than* two years ago.

To apply for a current letter, call the IRS at 877-829-5500. It will take 10 to14 business days to get the new letter from the IRS.

Please mail or fax a copy to us at the Food Bank NCA, P.O. Box 128, Norfork, AR 72658. We may not be able to distribute food to agencies whose files are not current.

Food Bank of North Central Arkansas

I have read and agree to the above requirement.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## 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 D**

**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.**