

**AGENCY**

**MEMBERSHIP**

**APPLICATION PACKET**

Approved by the Board of Trustees August 28, 2006



Thank you for your interest in becoming a member agency of the River Valley Regional Food Bank (Food Bank). The mission of the Food Bank is to solicit, store, and distribute food and household products; to provide services to assist those in need; and to raise public awareness about hunger and the role of food banks and hunger rescue agencies in alleviating hunger. The Food Bank, a program of the Crawford – Sebastian County Community Development Council, is a not-for-profit organization under Internal Revenue Service Code 501 (c)(3). The Food Bank is a member in good standing of Feeding America, a founding member of the Arkansas Hunger Relief Alliance, and a United Way agency.

As a member of the Arkansas Hunger Relief Alliance, the Food Bank 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 the seven 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, your organization must be an established nonprofit 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
4. Membership Criteria page 14
5. Church Qualifier Form page 17
6. Authorized Personnel Form page 18
7. Facsimile/email Program Application page 19
8. Memorandum of Agreement page 20

**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 Morgan Osman or Tracy D. Engel at 479-785-0582.

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 River Valley Regional Food Bank?**

A variety of food and non-food products are available in the Food Bank warehouse, all of which are donated. Examples of the products we distribute are fresh and frozen foods, canned goods, paper products, cereal, beverages, cleaning supplies, and USDA commodities. Availability 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 may be eligible to receive products from **ONE or ALL** of the following programs:

**Gratis Food:** Produce and surplus items are available to all member agencies free of charge and may be picked up during an appointment visit by your agency’s authorized personnel. All gratis items must be weighed and added to the invoice. An agency cannot order gratis products but they do appear on the product inventory list at no fee.

When appropriate, produce must be taken in the case or container in which it is packaged. Cases cannot be separated on the loading dock. In some instances the cases must be returned to the food bank. Bulk produce can be bagged or boxed, weighed, invoiced and loaded.

**Handling Fee:** Handling Fee products are grocery items which have been donated to the River Valley Regional Food Bank. There is no cost for the products; however, a handling fee or shared maintenance fee of a maximum of 19 cents per pound is charged for these items. This fee helps to cover the cost of running the warehouse and transporting the products to the River Valley Regional Food Bank. Currently the average fee is only 9 cents a pound.

**Food Purchase Program:** Purchased items that are included on the inventory list are available in the warehouse. These products are assessed a fee based on their cost plus 7-10% for transportation. These products are basically those which are not donated so are purchased below wholesale from a revolving fund based on grants from the Winthrop Rockefeller Foundation and the CSCDC.

**USDA Commodities:** Eligibility for distribution of USDA commodities is by contract only. Once approved to receive USDA commodities, an agency must comply with all regulations set forth by the Arkansas Department of Health and Human Services. Commodities are free of charge.

**Assorted ”Salvage” Products:** These products are either cosmetically damaged name brand items or a variety of non-name brand items donated to the Food Bank. It is helpful to be creative when ordering assorted ”salvage” products, and an agency can round out its selection by consistently ordering salvage products, adding variety to menus and distributions.

Limits may be placed on any item when necessary for equitable distribution. The limit will be so much per agency not per order or per visit.

If you have questions about what is available at the Food Bank and how your program might be supported, please contact Morgan Osman or Tracy Engel at 479-785-0582.

# River Valley Regional Food Bank Membership Application Process

Provided below is a step by step process for becoming a member in good standing of the Food Bank. 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, taxexempt status documentation or church qualifier form (and attachments) and authorized personnel form, to the Food Bank.

**Part 2. Document Review and Site Visit**

1. Once the packet is received, an evaluation team will review the information provided and determine how the Food Bank can best serve your agency and the community.
2. During the review process, a Food Bank 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 the Food Bank before a new member orientation will be scheduled.

**Part 3. New Member Orientation and Shopping at the Food Bank**

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 must attend a mandatory orientation session. (You will not be admitted to the Food Bank for shopping without attending this session.) A list of authorized shoppers will be kept on file at the Food Bank.
3. You will be given a tour of the Food Bank and meet staff members.
4. Handling fees may be charged for some food and grocery products. These fees may be charged to your account or you may pay by check upon receipt of grocery products. Cash payment is not allowed. Any invoice paid by personal check will be referred to your agency director.

# River Valley Regional Food Bank

***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

\_\_\_\_\_ Memorandum of Agreement form completed and signed

\_\_\_\_\_ 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# River Valley Regional Food Bank 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Name of Food Coordinator (if different from above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Billing Contact**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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

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

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

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\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  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) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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* How often may an individual receive food? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What geographic area(s) does the program serve? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What are the funding sources for this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Soup Kitchen/Shelter** (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 Cafe** (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** (serving meals and or snacks to either children or adults enrolled in day care 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:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* What is the tuition or program fee? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What geographic area(s) does the program serve? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* What are the funding sources for this program? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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|  |
| --- |
| ***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: Number of duplicated households served:  \_\_\_\_\_Daily \_\_\_\_\_Daily  \_\_\_\_\_Weekly \_\_\_\_\_Weekly  \_\_\_\_\_Monthly \_\_\_\_\_Monthly  \_\_\_\_\_Annually \_\_\_\_\_Annually    Number of **un**duplicated individuals served: Number of duplicated individuals served:  \_\_\_\_\_Daily \_\_\_\_\_Daily  \_\_\_\_\_Weekly \_\_\_\_\_Weekly  \_\_\_\_\_Monthly \_\_\_\_\_Monthly  \_\_\_\_\_Annually \_\_\_\_\_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. \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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(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 D: email Application Form (Required from all Applicants)

Attachment E: Memorandum of Agreement (Required from all Applicants)

**ATTACHMENT A**

# River Valley Regional Food Bank 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. 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, Tracy Engel or Morgan Osman will go over each of these criteria with you.

If for any reason any of the criteria are not being met, the River Valley Regional Food Bank should be notified as soon as possible.

Does your agency meet the following criteria? (**Please initial 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 engage in discrimination, in the provision of service, against any person because of race, color, citizenship, religion, sex, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity, unfavorable discharge from the military or status as a protected veteran. |
| \_\_\_\_ 4. | Will not sell, transfer, barter, nor offer for sale the items supplied by the Food Bank 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 River Valley Regional Food Bank 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 River Valley Regional Food Bank 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 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. Understands that food received from the Food Bank is a gift and not the result of a sales transaction: Therefore, NO WARRANTIES are given, and no implied warranties apply to the condition of the food.

\_\_\_\_ 11. 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.

\_\_\_\_ 12. Will immediately discard any unfit food and advise the River Valley Regional

Food Bank. (Your agency is not responsible for hidden, unobservable defects.)

\_\_\_\_ 13. Will notify the Food Bank upon receipt of food if there is any food product liability (spoiled, inedible, and etc.)

\_\_\_\_ 14. Assumes any and all responsibility for food product liability relating to any act or failure to act by the Agency regarding the distribution, storage, preparation, or service of food after the Agency assumes possession of the food.

\_\_\_\_ 15. Will maintain records on the receipt, distribution, and use of products from the River Valley Regional Food Bank sufficient to provide a clear audit for such products for at least 36 months after the receipt of such products.

\_\_\_\_ 16. Will permit representatives of the government and the River Valley Regional Food Bank to inspect records described in item 15.

\_\_\_\_ 17. Agrees to regular monitoring by the River Valley Regional Food Bank representative once every two years, or an affiliate thereof, to verify compliance with these criteria and the information provided on the agency’s application and monthly reports.

\_\_\_\_ 18. Will support the operation of the Food Bank by paying a handling fee on a per pound basis for applicable products.

\_\_\_\_ 19. Affirms that the original donor, the River Valley Regional Food Bank and Feeding America are held harmless from any claims or obligations in regard to the Agency or the donated goods.

\_\_\_\_ 20. Affirms that the donor, River Valley Regional Food Bank and Feeding America are released by the Agency from any liabilities resulting from the donated foods.

\_\_\_\_ 21. Affirms that the donor, River Valley Regional Food Bank and Feeding America offer no express warranties in the relation to the gift of goods.

\_\_\_\_ 22. Will destroy and/or discard any food upon notice from the Food Bank or original donor that such food may not be fit for human consumption.

\_\_\_\_ 23. Will observe and implement any use-of-product restrictions placed on items by the River Valley Regional Food Bank at the request of the original donor.

\_\_\_\_ 24. Will not use donated products for the purpose of fundraising.

\_\_\_\_ 25. Will submit a monthly report by the 1st day of the following month.

\_\_\_\_ 26. Never charges clients for food.

\_\_\_\_ 27. Never requires clients to pray, donate, or work to eat or receive products.

\_\_\_\_ 28. Will order and pick up products at least 4 times per year, unless deemed to be a special program approved by the River Valley Regional Food Bank.

\_\_\_\_ 29. 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 River Valley Regional Food Bank.

\_\_\_\_ 30. Will adhere to additional donor stipulations.

\_\_\_\_ 31. Meets IRS eligibility requirements for receipt, transfer and use of donated food under IRS 170e3.

\_\_\_\_ 32. Will ensure that product picked up from the River Valley Food Bank in an open truck will be tarped and all frozen and refrigerated items will be covered with a thermal/freezer blanket or stored in an ice chest for transportation from food bank to your site.

\_\_\_\_ 33. Any member picking up product donations directly from national retailers instead of that being done by the River Valley Regional Food Bank must ensure that they are using appropriate passive or active temperature retention systems (either refrigerated vehicles, ice chest or thermal blankets) and that they are taking/documenting temperatures of refrigerated/frozen product when picking up that product directly from the retailers as well as upon return back to their agency.

\_\_\_\_ 34. All member agencies, excluding group homes, shelters, or daycares cannot be located in or part of an individual’s primary or private residence.

I understand these membership criteria; and, as an authorized representative of

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency),

I 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 River Valley Regional Food Bank as soon as possible.

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

Signature of Representative Date Signed

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

Print Name and Title

**ATTACHMENT B**

# River Valley Regional Food Bank 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 (9) 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**

# River Valley Regional Food Bank 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 the Food Bank. Their signatures indicate they have read and understand Food Bank regulations and agree to abide by them. Agencies are limited to seven (7) selectors.**

|  |  |
| --- | --- |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print Name | Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print Name | Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print Name | Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print Name | Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print Name | Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print Name | Signature |
| \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Print Name | Signature |

**Please inform Tracy Engel or Morgan Osman at the Food Bank as soon as any changes are made in your agency’s list of people authorized to pick up products.**



# River Valley Regional Food Bank REQUIRED EMAIL PROGRAM APPLICATION

Name of Agency: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

As the designated contact person for the above named organization, I recognize and acknowledge the requirement of a designated email recipient. By participating in the Email Program in this role, I understand that I will be notified on a regular basis of the current Food Bank inventory. I acknowledge that all orders must be placed by FAX or email and that no orders can be made by phone. I understand that all inventories of frozen, refrigerated, no fee, and products listed as “assorted” cannot be place “on hold” and that these inventories may only be selected by appointment. I further acknowledge that all notifications of Product Recalls will be sent to the Email address provided above. I will notify our organization representatives of our participation in this program and its procedures and of any product recalls sent by email.

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(print)

Contact Person: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(signature)



# River Valley Regional Food Bank Memorandum of Agreement

This memorandum of agreement is entered into between the River Valley Regional Food Bank (Food Bank) and \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Agency). This agreement is binding unless renegotiated by both parties and an amended agreement signed by representatives of both parties.

Under this agreement, the Food Bank will:

1. Seek and develop resources for food donations on behalf of the Agency.
2. Provide and maintain a central warehouse for food storage and distribution.
3. Provide types and quantities of food and grocery product inventory.
4. Not interfere with the internal affairs of the Agency.

Under this agreement, the Agency will:

1. Meet ALL criteria of the Food Bank participation as set forth in the application packet and handbook.
2. Contribute to the support of the Food Bank through a handling fee applied per pound of food and grocery products received for applicable products, if required.
3. Designate authorized, informed persons to select products from the Food Bank and to notify the Food Bank as changes occur.
4. Provide adequate transportation and personnel to pick up and load Food Bank products.
5. Never sell or trade any Food Bank products.

Under this agreement, the Food Bank and the Agency are committed to the following values:

1. Integrity – We will be open and honest in all relationships, dealings, and transactions.
2. Stewardship – We will maximize and wisely use our resources for the long-term benefit of the community.
3. Accountability – We will set clear standards against which to measure competence, efficiency, effectiveness, and accuracy.
4. Service – We are committed to providing excellent service. We will continue to strive to study, understand, and meet challenging needs with competence and compassion.
5. Partnership – We will strive to collaborate, network, and enhance hunger relief efforts in Arkansas.

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

Food Bank Representative Signature Agency Representative Signature

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

Print Name & Title Print Name & Title

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_