



RIVER VALLEY REGIONAL
FOOD BANK



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
- 5) Agency Partner Agreement page 14
- 6) Church Qualifier Form page 17
- 7) Authorized Personnel Form page 18
- 8) Facsimile/email Program Application page 19
- 9) 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 Kim Douglas or Hattie Hamilton 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 Kim Douglas or Hattie Hamilton 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, tax exempt 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 Member Hand Book and extra documents for if anything changes with your agency.
4. After the signed "Memorandum of Agreement" is received, your agency will be assigned an agency account number and given a Member Handbook.
5. A list of authorized shoppers will be kept on file at the Food Bank.
6. 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

_____ Agency Partner Agreement, completed and signed to indicate the agreement is 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: _____

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

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: _____

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? _____

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? _____

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: Number of **duplicated** households served:

Daily Daily
 Weekly Weekly
 Monthly Monthly
 Annually Annually

Number of **unduplicated** 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. _____

(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: Agency Partner Agreement | (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) |



Agency Partner Agreement



Shared Value Statement

We, the members of River Valley Regional Food Bank, are unified by a common vision of a hunger-free, healthy West Central Arkansas. By electing to join the River Valley Regional Food Bank Network, we agree to engage in discussions, make bold decisions and take action collaboratively; working to advance our shared aspirations of supporting our neighbors facing hunger. Undoubtedly, we are Better Together.

Partner Name: _____ Date: _____

Agency ID number: _____

In exchange for the right to be an Agency Partner of the River Valley Regional Food Bank (“RVRFB”) and thereby receive products and services from RVRFB. An official representative of your agency is required to complete and sign this agreement signifying that the following Partner agreement is understood and will be faithfully met.

Agency Partner confirms and agrees to:

1. Receive, store, transfer, use, and handle Product safely and properly in accordance with applicable law
2. Comply with Section 170(e)(3) and other requirements for use and distribution of Donated Product
3. Adhere to additional donor stipulations
4. Comply with the policies, procedures, and recordkeeping requirements of the Food Bank
5. Pay the handling fees assessed by the Food Bank
6. Not engage in discrimination in the provision of service against any person because of race, color, citizenship, religion, gender, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity or expression, unfavorable discharge from the military or status as a protected veteran or as otherwise prohibited under the current USDA nondiscrimination statement
7. Allow regular Food Bank monitoring visits
8. Maintain a procedure for determining that the final recipient of the Donated Product is ill, needy, or an infant, such as using self-declarations of need or other intake processes
9. Acknowledge that all items are accepted in “as is” condition
10. Acknowledge that the original donor, the Food Bank, and Feeding America offer no express warranties in relation to the Donated Product.

11. Release the original donor, the Food Bank, and Feeding America from any liabilities resulting from Donated Product

12. Hold harmless and indemnify the original donor, the Partner Food Bank, and Feeding America from any claims or obligations arising from Donated Product, Agency Partner Conduct, or conditions or activities at Agency Partner locations

PARTNER FOOD BANK AGREEMENT REQUIREMENTS:

13. Agency Partner will maintain records reflecting the total amount of Product received from the Food Bank – including Product received through an Agency Partner Enabled Donor Pick-up Program

14. Agency Partner will keep the records of Product received on file for a minimum of one year from date of receipt

15. Agency Partner will take appropriate administrative and technical measures designed to protect individual privacy and data confidentiality and security

16. Agency Partner may not engage in Sub-Distribution of Product received from the Food Bank without a signed agreement from the Food Bank. “You are not allowed to share or trade product received from the Food Bank with any other agency.”

17. Agency Partner may not participate in an Enabled Donor Pick-up Program without a signed agreement from the Food Bank

18. When transporting Products, Agency Partner will do so in a manner that prevents contamination and adulteration.

Including, without limitation, the following requirements:

- a) Temperature Controlled for Safety (TCS) foods must be staged, transported, and held at temperatures appropriate to the relevant food item (e.g., safe temperatures for hot or cold TCS foods)
- b) When transporting TCS foods, Agency Partner must use a visible active temperature retention system (e.g., refrigerated vehicle) or a passive temperature retention system (e.g., insulated coolers or bags, thermal blankets, Cambro’s) for the safe transport of cold or hot food.
- c) All vehicles used for transporting Product must have clean food storage areas and be maintained to prevent contamination or adulteration of the transported product.

19. Will provide sanitary, reliable, and product appropriate transportation and sufficient personnel to pick up food at the River Valley Regional Food Bank warehouse.

20. Agency Partner has to have adequate storage, Refrigeration and/or freezer space to ensure the wholesomeness of the food.

21. Will notify the food bank **immediately** upon receipt of food if there is any food product liability (spoiled, inedible, etc.)

22. 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.

23. **Agency monthly reports are turned in on/before the 1st of every month.** If reports are not turned in on time, you are subject to suspension of your agency account.

24. Agency is required to place an order at least once a quarter minimum, 4 times per year, unless deemed to be a special program approved by the River Valley Regional Food Bank to keep their account active.

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

Agency Partner will not:

26. Use any non-food Donated Product in their operations or upkeep

27. Use any Donated Product for business meetings, including, without limitation, committee meetings and other functions where business is conducted relating to Agency Partner

28. Use Donated Product in connection with fundraisers or events

29. Consume any Donated Product (food or non-food), including consumption of beverages by volunteers when carrying out assigned duties

30. Use Donated Product to compensate or provide incentives to staff or volunteers

31. Will not trade, sell, or barter Donated Product

32. Will not charge clients/recipients any fees for Donated Products

33. Agencies will not require clients to pray, donate, attend service or work to eat and/or receive food.

34. Agency will not store product off site without written consent form River Valley Regional Food Bank.

As an Agency representative of the Agency listed above, I agree that the following documents have been reviewed. I understand that ongoing, edits, and additions will be made as addendums to this document. I agree that I have received, read, and am willing to support the documents below.

EITHER PARTY MAY TERMINATE THIS CHARTER, WITH OR WITHOUT CASE, UPON 30 DAYS WRITTEN NOTICE.

FAILURE TO COMPLY WITH ANY OF THE PROVISIONS ABOVE OR INCLUDED IN THE AGENCY PARTNER GUIDEBOOK OR ANY OTHER AGREEMENTS, WHICH IS INCORPORATED HEREIN BY REFERENCE, CAN RESULT IN ACTIONS UP TO AND INCLUDING SUSPENSION OR TERMINATION.

I have read and understand all the requirements listed above and agree to adhere to them completely.

Signature on behalf of Agency Partner: _____

Printed Name: _____ Title: _____

Signature on behalf of River Valley Reginal Food Bank: Kim Douglas

Printed Name: Kim Douglas Date: _____

USDA Nondiscrimination Statement

In accordance with federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, this institution is prohibited from discriminating on the basis of race, color, national origin, sex (including gender identity and sexual orientation), disability, age, or reprisal or retaliation for prior civil rights activity.

Program information may be made available in languages other than English. Persons with disabilities who require alternative means of communication to obtain program information (e.g. Braille, large print, audiotape, American Sign Language), should contact the responsible state or local Agency that administers the program or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339.

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling, (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410; or

(2) fax: (833) 256-1665 or (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

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

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 Hattie Hamilton or Kim Douglas 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 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: _____



**RIVER VALLEY REGIONAL
FOOD BANK**
A PROGRAM OF THE CRAWFORD - SEBASTIAN COMMUNITY DEVELOPMENT COUNCIL

FAX/EMAIL PROGRAM APPLICATION
(We prefer the email option)

Organization: _____

Address: _____

Fax Number: _____ Email Address: _____

Contact Person: _____

I am the contact person for the above named organization and wish to participate in the Fax/Email Program. I understand that we will be notified on a regular basis of the current Food Bank inventory and that we must place our order by fax or email and not by phone. Even though I will be notified of the inventory of frozen, refrigerated, no fee and assorted products, I understand that these can not be held but must be selected by appointment. I will notify our organization representatives of our participation in this program and its procedures.

Contact Person: _____
Signature