

Agency Membership

Application Packet



Mission:

The Food Bank of Northeast Arkansas works to eliminate hunger by distributing food to people in need through a network of non-profit agencies and programs.

Core Values:

- **Passion:** We believe that no person should go hungry.
- **Service:** We serve to make the community we live in a better place.
- **Education:** We believe that education about the problem of hunger is essential to ending hunger.
- **Accountability:** Our organization exists because of the generosity of others. We operate with honesty, openness and trust.

Introduction

Thank you for your interest in becoming a member agency of the Food Bank of Northeast Arkansas. The Food Bank of NEA collects, stores and distributes food and grocery products to a network of over 100 agencies in 12 counties in Northeast Arkansas. This network of agencies includes charitable organizations such as church food pantries, soup kitchens, homeless shelters, non-profit daycare centers, senior citizens centers and special care facilities. These agencies utilize the Food Bank of NEA as a resource to secure food to distribute to families in need in their communities. Our 12 county service area includes: Clay, Craighead, Crittenden, Cross, Greene, Jackson, Lawrence, Mississippi, Poinsett, Randolph, St. Francis and Woodruff.

The Food Bank of Northeast Arkansas is a founding member of the Arkansas Hunger Relief Alliance. The Arkansas Hunger Relief Alliance (AHRA) is a collaborative network of hunger relief organizations committed to reducing hunger in Arkansas by providing equitable and efficient access to nutritious food. Through this Alliance, the Food Bank and other members work together to increase food donations, to collect information about the needs of hungry Arkansans and how these needs are being met, and to raise funds and other resources to support the work of six hunger relief partners in Arkansas and their member agencies.

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

Enclosed in this packet are the following documents:

- | | |
|-----------------------------------|---------|
| 1) Membership Application Process | page 4 |
| 2) Agency Application Checklist | page 6 |
| 3) Membership Application | page 7 |
| 5) Membership Criteria | page 14 |
| 6) Church Qualifier Form | page 17 |
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| 8) Frequently Asked Questions | page 19 |

Please take the time to carefully read the information and follow the instructions provided. If you have questions about meeting the non-profit requirement or about the application process, please contact the Food Bank of Northeast Arkansas at (870) 932-3663.

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

What's Available at the Food Bank of Northeast Arkansas?

A variety of food and non-food products are available in the Food Bank's warehouse, most of which is donated. Examples of the products we distribute are fresh and frozen foods, canned goods, paper products, cereal, beverages and cleaning supplies. 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 of Northeast Arkansas may be eligible to receive products for **ONE or ALL** of the following programs:

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

If you have questions about what is available at the Food Bank of Northeast Arkansas and how your program might be supported, please contact us at (870) 932-3663.

Food Bank of Northeast Arkansas

Membership Application Process

Provided below is a step-by-step process for becoming a member in good standing of the Food Bank of Northeast 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. A check for the application fee, made payable to the Food Bank of Northeast Arkansas, with the organization's or church's name on it in the amount of \$ 25.00 is due at the time the application is submitted. This does not guarantee membership. You must also meet all other membership criteria.
4. Include with this application a photocopy of the IRS letter of determination stating that your agency has 501(c)(3) tax-exempt status.
5. 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. (If you do not have a copy of the IRS 501(c)3 letter, then you must submit the Church Qualifier Form.)
6. Return the completed and signed application, signed membership criteria form, tax-exempt status documentation or church qualifier form (and attachments), authorized personnel form, and the check for the application fee to:

**Food Bank of Northeast Arkansas
3414 One Place
Po Box 2097
Jonesboro, AR 72402**

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 of Northeast Arkansas 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 two documents to review and sign: 1) Memorandum of Agreement and 2) Policies & Guidelines. These signed documents must be received by the Food Bank of Northeast Arkansas before your agency can shop at the Food Bank.

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

1. After the signed documents are 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 for shopping without attending this session.) A list of authorized shoppers will be kept on file.)
3. You will be given a tour of the Food Bank and meet our staff.
4. The Food Bank of Northeast Arkansas may assess a fee to its member agencies for the cost associated with transporting, handling and warehousing the supplies. This fee may range from 1 cent per pound to 18 cents per pound. Fees are due upon receipt of the order, unless your organization has established a line of credit with the Food Bank.

Agency Application Checklist

The following items must be included in the material submitted for application to become a member agency of the Food Bank of Northeast Arkansas. Failure to include all required documentation will slow down the application process.

√ Each item to insure that it is enclosed

_____ Membership application form completed and signed

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

_____ Correspondence from official of organization requesting agency membership, explaining your plans for operation, the expected number or clients served and the geographic area your organization intends to serve.

_____ Check for \$25.00 made payable to the Food Bank of Northeast Arkansas for the application fee.

_____ Copy of the Serv-Safe Certificate. Someone in your organization must complete the training and send us the certificate.

Include one of the following:

_____ Copy of **501(c)3 IRS Letter** of Determination of Tax-Exempt Status

OR

_____ **Church Qualifier Form**, completed, with documentation supporting at least nine (9) of the 14 characteristics.

Date of Application: _____

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 church 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 food service 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

Facilities Information

Are you able to close, lock, and secure the area where the food and products are stored?

Yes No

Storage Capacity:

Cubic feet refrigerated _____

Cubic feet frozen _____

Square feet dry storage _____

Do you have a walk-in: freezer refrigerator cooler? None

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

Is someone in organization certified in food safety? Yes No

Transportation Information

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

(Please Print)

Name of person completing application: _____

Title: _____

Signature of person completing application: _____

Date: _____

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

Attachment A: Membership Criteria (Required from all Applicants)

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

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

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 Northeast 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, contact the Food Bank of Northeast Arkansas to discuss the criteria.

If for any reason any of the criteria are not being met, the Food Bank 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 (Church Qualifier Form).
- ___ 3. Agency will 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, political affiliation, 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 of Northeast 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 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 from the Food Bank's warehouse. The vehicle must be in good repair, free of any dirt and debris, and must be clean and adequate for product pick-up.
- ___ 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 dry 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. (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 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 to inspect records described in item 12.
- ___ 14. Agrees to regular monitoring by Food Bank representatives, or an affiliate thereof, to verify compliance with these criteria and the information provided on the agency’s application and monthly reports.
- ___ 15. Agrees to pay a handling fee on a per pound basis for applicable products.
- ___ 16. Agrees to pay the annual membership fee of \$25.00.
- ___ 17. Understands that food received is a gift and not the result of any sales transaction; and does not hold liable the original donor, the Food Bank of Northeast Arkansas, Feeding America, and its affiliates, and as such, acknowledges that no express warranties are given and no implied warranties apply to the nature and condition of the food.
- ___ 18. Affirms that the original donor, the Food Bank of Northeast Arkansas, Feeding America, and its affiliates are held harmless from any claims, liabilities, or obligations in regard to the products received or donated by the agency.
- ___ 19. 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.
- ___ 20. Will notify the Food Bank whenever notice of any claim of liability with respect to food is received.
- ___ 21. Will observe and implement any use-of-product restrictions placed on items by the Food Bank at the request of the original donor.

- ___ 22. Will not solicit major food donors as defined by the Food Bank of Northeast Arkansas.
- ___ 23. 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.
- ___ 24. Will not use donated products for the purpose of fundraising.
- ___ 25. Will submit a monthly report by the 15th 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 Food Bank of Northeast Arkansas.
- ___ 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 Food Bank of Northeast Arkansas.

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

Signature of Representation

Date Signed

Print Name and Title

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 Food Bank of Northeast Arkansas 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*

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 of Northeast Arkansas. Their signatures indicate they have read and understand the Food Bank's 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 Food Bank of Northeast Arkansas by calling (870) 932-3663 as soon as any changes are made in your agency's list of people authorized to pick up products.