

APPLICATION FOR FOOD BANK MEMBERSHIP

(Please type/print, filling out completely)

Agency Name _____

Program Name (if different from above) _____

Agency Name on 501c3 letter _____

Agency STREET address _____

Agency MAILING address _____

Phone 502 606 859 _____ - _____ Fax _____ - _____ County _____

Email address _____

Kentucky Counties Served by Agency _____

Program Hours/Days of Operation _____

Name/Title of Contact Person _____

Names of People authorized to shop and pick up food _____

Description of your agency and its services:

1. Are you a 501(c) (3) private, nonprofit organization? YES _____ NO _____

If you are unsure what this means, please call God's Pantry

2. Are you a Private Foundation? YES _____ NO _____

3. Do you function as part of a larger "umbrella" organization? YES _____ NO _____

IF YES, print name of organization _____

4. General description of agency and services (attach brochures, fact sheets, board member list, etc.) _____

5. The product you receive from the Food Bank will be used in (check all that apply):

- On-site meal program (serving meals and/or snacks to people at your site)
- Emergency food box program (distributes food boxes to the needy)
- Supplemental food program (serves low-income people through training, housing, education, youth camp, health services or other programs)
- Kids Cafe

6. When did your food program begin? _____

7. Please describe the food services provided by your agency. _____

8. What percentage of people served by your food program(s) are low-income? _____

9. Indicate your agency's food storage capacity (*in cubic feet - Length x Width x Height*)

Dry Storage _____ feet Refrigerator _____ feet Freezer _____ feet

10. Current sources of food: _____

Percent purchased _____ % Percent donated _____ %

11. How will you transport Food Bank products? _____

Shoppers must load their own vehicles. God's Pantry employees can provide only limited help.

12. Keeping in mind that God's Pantry Food Bank product cannot be sold, bartered or traded, and must be given away free to the "ill, needy and/or infants" how will you fund your program?

13. What are your current sources of funds? _____

(federal, state, private, churches, corporate, individual) _____

14. Number of clients served: Monthly _____ Yearly _____

15. Do you have a Food Handler's license from your County Health Department? _____

YOUR SERVICE POLICIES

16. How do you determine whether you will serve an individual? _____

17. Describe your geographic service area _____

18. Do you require proof of income or other identification? YES _____ NO _____

If YES, what are your requirements? _____

19. Do you charge for your feeding program? YES _____ NO _____

If YES, how do you charge? Fixed fee _____ Sliding scale _____

Other (specify) _____

20. How often will you serve a client? _____

21. If you operate an emergency food pantry, how many days' supply of food do you give out?

I, (print name), have read the Manual for God's Pantry Food Bank Member Agencies, and understand the criteria and guidelines for participation as presented in the Food Receipt Form, Certificate of Membership and TEFAP Commodity Distribution Agreement Form (if applicable,) and agree to abide by the stipulations set forth therein.

Signature of your Agency Director

Date