APPLICATION FOR FOOD BANK MEMBERSHIP

Hunger can affect anyone, regardless of age, ethnicity, or gender, urban and rural dwellers alike. Together with more than 475 food pantries and meal programs, God’s Pantry Food Bank works to alleviate hunger in Central and Eastern Kentucky.

Recognizing that donated food resources are limited, God’s Pantry Food Bank reserves the right to prioritize potential member agencies based on the type of services provided, the geographic location of the agency, the capacity of the agency and other criteria.

The purpose of the application is to provide God’s Pantry Food Bank (GPFB) with the information necessary to determine your agency’s eligibility for membership.

The following items must be included with the application to be eligible for review for God’s Pantry Food Bank agency partnership:

- A completed God’s Pantry Food Bank Partnership Application- All questions must be answered. If a question does not apply note, “N/A”.
- If you are an existing pantry/organization, a photo of the outside and inside of the pantry. If there is current signage, such as days and times of the distributions, please provide photos of that as well.
- If you are an existing pantry/organization, any currently used marketing materials, program flyers or other printed information about the pantry and the programs it provides. Printed screenshots from social media posts are acceptable.
- If you are an existing pantry/organization, a copy of current Intake/registration form(s) used to track the families being served.
- A copy of a current Food Safety certification, such as ServSafe Food Handler, for a member of the foodpantry. ServSafe certification can be obtained by going to this website: https://www.servsafe.com/ServSafe-Food-Handler
- A check written from the agency’s bank account in the amount of $50, which will be applied to the agency’s account with GPFB upon partnership approval. Agencies denied partnership will have that money refunded or the voided check returned.
- A copy of the agency’s IRS final determination letter which states 501(c)3 Federal Tax Exempt Status. Copies of the state tax exempt letter are accepted as proof of tax- exempt status.
  - Churches must include either a 501(c)3 determination letter, and/or a letter from the denomination headquarters stating that the church applying for membership is a church in good standing with the denomination. Independent (non-denominational) churches without a 501(c)3 letter should contact the GPFB for requirements.
  - *Not Recognized: The IRS 501(c)(3) document from the Commonwealth of Kentucky, a Department of Revenue sales tax exemption form, or an IRS Federal Employer Identification Number (EIN) alone is not recognized as a replacement for the IRS 501(c)(3) declaration page. A 501c3 designation letter must be submitted.
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Partnership requirements (continued)

Non-Profit status (continued)

• If your agency is a church, you may qualify for 501(c)(3) alternative status. Please ask a God’s Pantry Food Bank representative for details.
• If your agency does not have a 501(c)(3) designation letter or qualify for alternative status (listed above), your organization is not eligible for partnership.
• Private Foundations are not eligible for membership, even if they have 501(c)(3) exemption.

If you have further questions about 501(c)(3) status, please ask for the 501(c)(3) explanation page from your God’s Pantry Food Bank representative.

If you have any questions about the above requirements or documentation, please email AgencyServices@godspantry.org

Contact Information

Partner Agency Name: __________________________________________
Physical (distribution) Address: _____________________________________
    City: _________________ State: _____ Zip: ___________ County: ____________
Mailing/Billing Address (if different): _____________________________________
    City: _________________ State: _____ Zip: ___________ County: ____________

Primary Contact name: ___________________________ Phone: ______________
Email address: ____________________________________________

Secondary Contact name (if applicable): ________________ Phone: ____________
Email Address: ____________________________________________
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Agency Information

Current Program Type

☐ Pantry
☐ Soup Kitchen
☐ Homeless shelter
☐ Transitional Housing
☐ Youth Day Care Facility
☐ Youth After School Program
☐ Youth Residential Program
☐ Senior Adult/Rehab Day Program
☐ Senior Adult/Rehab Residential
☐ Other: ___________

Date Program Began: ________________ Areas/Zip Codes Served: __________________________

<table>
<thead>
<tr>
<th>Sunday</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
</tr>
</thead>
<tbody>
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</tbody>
</table>

If the Program is currently open less than one day per week, please list the current schedule and why:

________________________________________________________________________________________

Agency name______________________________________________________________
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Financial Information

Program Annual Budget: _____________ Monthly Food Budget: _____________

Current Food Sources

Purchased _____%  Donated _____%

If purchased, list current stores/wholesale food suppliers used: ________________________________

Sources of Funding (Figures should equal 100%)

<table>
<thead>
<tr>
<th>Source</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations</td>
<td>_____%</td>
</tr>
<tr>
<td>Grants/Foundations</td>
<td>_____%</td>
</tr>
<tr>
<td>Fundraising Events</td>
<td>_____%</td>
</tr>
<tr>
<td>Government Funding</td>
<td>_____%</td>
</tr>
<tr>
<td>Program Service Fee</td>
<td>_____%</td>
</tr>
<tr>
<td>Other</td>
<td>_____%</td>
</tr>
<tr>
<td>Total</td>
<td>100 %</td>
</tr>
</tbody>
</table>

Please Explain: ________________________________

Staffing Information

How many paid staff and volunteers run the program?

Full-time staff _____  Part-time staff _____  Volunteers _____

Agency name___________________________________________________________
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Client Information
Primary Client Population

Client Restrictions (if any as part of an existing program)

Age ________ Income ________ Gender _____________________________
Other: __________________________________________________________

How does your organization screen clients for eligibility? Please describe your intake process, and attach sample screening/intake forms:

Does your organization require verification and / or identification? Please Explain

Primary Programs (Emergency Food Pantry Only)

<table>
<thead>
<tr>
<th>Service Data</th>
<th>How many served?</th>
<th>Monthly</th>
<th>Yearly</th>
</tr>
</thead>
<tbody>
<tr>
<td>Households</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Individuals</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

How many pounds do you provide for the average household of 4 people? ________

How often may clients receive food?

Other services provided to clients:

Agency name___________________________________________________________
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Storage Area / Kitchen

Dry storage capacity (length, width, height)

Describe area (shelves, cabinets, pallets, basement, etc.)

<table>
<thead>
<tr>
<th>Freezers (number of units)</th>
<th>Refrigerators (number of units)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

On-Site Meal Providers (If clients eat meals at your location)

<table>
<thead>
<tr>
<th>(Meals served)</th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Snack</th>
</tr>
</thead>
<tbody>
<tr>
<td>Daily</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Monthly</td>
<td></td>
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</tbody>
</table>

Does your agency prepare meals on site? Yes No
Does your agency use catered meals? Yes No

On-Site Meal Providers

Describe kitchen and facility area, list equipment:
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By signing below, the undersigned acknowledges that they have read, understood, and agree to abide by the rules, policies, and procedures of God’s Pantry Food Bank. The undersigned further acknowledges that their signature serves as evidence of their intent to become a member of the organization and to support its mission of providing food assistance to individuals and families in need. The undersigned also acknowledges that their membership is subject to approval by God’s Pantry Food Bank’s authorized staff, and that the organization reserves the right to revoke membership at any time for any reason deemed appropriate by God’s Pantry Food Bank.

Partner/Agency Director (Name)  Signature  Date

Received and reviewed by:

God’s Pantry Food Bank Representative  Date

*Following a review of this application, the God’s Pantry Food Bank representative assigned to your Pantry will contact you with the determination on partnership. If the determination is to move forward in the process, the next steps are:

1) The Agency Services Manager will contact you to schedule an in-person or virtual site visit of your facility to get an overview of your food distribution program, including storage areas, and any other community service programs.
2) A meeting, in person or online, will be set up with someone at your organization so they can be shown procedures for ordering, reporting, etc.
3) One person from your organization is required to have ServSafe or another recognized food safety certification. A copy of the certification should be submitted with the God’s Pantry Application, but it will need to be received by God’s Pantry Food Bank before partnership can be approved and officially finalized.

Agency name___________________________________________________________