Arkansas Foodbank

Thank you for your interest in becoming a member agency of Arkansas Foodbank. The mission of Arkansas Foodbank is to acquire and distribute, through local and national partnerships, large quantities of food and other resources to hungry people. AF is a nonprofit organization that distributes food to food pantries, soup kitchens, and other feeding programs at about 300 nonprofit agencies and churches throughout central and southern Arkansas. These partnerships make it possible to get food directly into the hands of the people who need it across 33 Arkansas counties. Member programs include pantries, emergency shelters, soup kitchens, day care centers, low-income senior meal programs, and multi-service neighborhood programs and shelters.

Arkansas Foodbank is a founding member of Arkansas Hunger Relief Alliance. Through the Alliance, AF 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 six 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 Arkansas Foodbank, your organization must be an established nonprofit as defined by the Internal Revenue Service. This means your organization must be designated by the IRS as a 501(c)(3) tax-exempt organization, 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) Membership Application page 6
3) Membership Criteria page 12
4) Church Qualifier Form page 14
5) Authorized Personnel Form page 15

Please take the time to carefully read the information and follow the instructions provided.

If you have questions about meeting the nonprofit requirement or about the application process, please contact AF’s Agency Relations Director at 501-565-8121.

You are commended for your efforts to help those in need in your community.
What’s Available at Arkansas Foodbank?

A variety of food and non-food products is available through Arkansas Foodbank, including 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, inventory may vary greatly from week to week.

If you have questions about what is available at Arkansas Foodbank and how your program might be supported, please contact the AF’s Agency Relations Director at 501-565-8121.

Each member agency is required to pay an annual membership fee and may be required to pay handling or other fees.

1. Annual membership fee is $75 for an organization with one site and $100 for members with more than one site.

2. Handling fee (18 cents per pound) is an apportioned assessment of member agencies that helps cover the costs of collecting, sorting, storing, and distributing donated products to member agencies. This is not a charge for the products.

3. A $10 fee will be charged to any member that fails to keep an order pick up appointment at Arkansas Foodbank warehouse in Little Rock and does not call 24 hours before the appointment to cancel.

All fees and invoices must be paid with a check from your agency. Personal checks and credit cards are not accepted.
Membership Application Process

Provided below is a step-by-step process for becoming a member in good standing of Arkansas Foodbank. Please follow this process to ensure that you submit a complete and thorough application packet. The process is divided into three parts:

**Part 1. Complete and Submit 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. The name on the IRS letter of determination must match the name of the group applying for Arkansas Foodbank membership. A religious organizations must include either a IRS 501(c)(3) letter addressed specifically to them OR a currently-dated letter from your denomination’s headquarters stating that your organization is covered under the umbrella of the denomination’s nonprofit status along with a copy of the denomination’s 501(c)(3) letter. If neither is available, a church qualifier form, which requires backup documentation, is included in this packet.

4. Return the completed and signed application, signed membership criteria form, tax-exempt status documentation or church qualifier form (and attachments), and the authorized shopper form to Arkansas Foodbank.

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

1. Once the packet is received, an evaluation team will review the information provided. Factors taken into consideration when selecting organizations for membership include existing food pantries in the area, proximity of the food pantries to each other, proposed days and hours of distribution, and whether the organization will also be providing a service that is not being provided in that area, such as home delivery of food baskets to the elderly or others without transportation.

   If Arkansas Foodbank determines that a sufficient number of pantries exists in your area, we may suggest that you partner with an existing food pantry, rather than opening another pantry. Suggestions for partnership may include providing volunteers, organizing food drives, entering data or helping the existing agency order online, or providing monetary donations.

2. If it is determined that your organization meets the review factors described above and all membership criteria, an Arkansas Foodbank 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.
Part 3. New Member Orientation and Safe Food Handling Training

1. Upon completion of a successful site visit and receipt of a check made payable to Arkansas Foodbank with the organization’s or church’s name on it and in the amount of $75 or $100, you will be given an Arkansas Foodbank member handbook.

2. You and all others who will be shopping at Arkansas Foodbank must attend a mandatory orientation and safe food handling training session. (You will not be approved to shop at Arkansas Foodbank without attending this session.) A list of authorized shoppers will be kept on file at Arkansas Foodbank.

Once these steps have been successfully completed, an account number will be assigned to your organization and you can set up your first appointment for pick up and place an order.
Arkansas Foodbank Membership Application

Organizational Information

Please provide all information that applies to your program.

Name of Organization: ____________________________________________________________

Mission of Organization:

________________________________________________________________________________

________________________________________________________________________________

Organization Mailing Address: _____________________________________________________

County: ____________________________________________________________

Phone Number: ___________________ Fax Number: ___________________

Website Address: _____________________________________________________________

Name of Agency/Organization Director or Contact Person:

__________________________________________________________

Address: ____________________________________________________________

Phone Number: ___________________ Fax Number: ___________________

E-Mail Address: ___________________________________________________________

Name of Person Who is Responsible for Payments:

__________________________________________________________

Address: ____________________________________________________________

Phone Number: ___________________ Fax Number: ___________________

E-Mail Address: ___________________________________________________________
Additional Programs/Sites (if more than one additional site, attach separate page):

1) ______________________________________________________________

Contact Name: ______________________________________________________________

Address: ______________________________________________________________________

________________________________________________________________________________

Phone Number: ________________ Fax Number: ________________________________

E-Mail Address: ________________________________________________________________

Program Information

Name of Food Program: ____________________________________________________________

When did the program start? ______________________________________________________

(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):

_____ Food Pantry  _____ School Pantry  _____ College Campus Pantry  _____ Soup Kitchen

_____ Shelter/Residential  _____ Afterschool  _____ Summer Feeding  _____ Back Pack

_____ Day Care Program (Children)  _____ Day Care Program (Seniors)

How do people learn about your services? ____________________________________________

______________________________________________________________________________

What is your total annual budget for food and grocery products? _______________________

Food Pantry (including school and college campus food pantries and back pack programs)

(If you have more than one program in this category, please complete the questions for each

program. For example, if you have a regular food pantry and a back pack program, please

provide separate responses for each program. A separate copy of these questions may be made

for each program in this category.)

• 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 delivery to clients? (if so, please describe) __________________________

- List eligibility requirements for individuals to receive food: ________________

- How often may an individual receive food per month? ______________________

- What geographic area(s) does the program serve? __________________________

- What are the funding sources for this program? ____________________________

  __________________________________________________________

  __________________________________________________________

  __________________________________________________________

  __________________________________________________________

  __________________________________________________________

  __________________________________________________________

  __________________________________________________________

**Soup Kitchen** (cooking or serving meals to walk-in guests on a regular or occasional basis)

- What days and times are meals served? ________________________________

- What meals are served? ____________________________________________

- How many people are served at the average meal? ______________________

- Are any of the meals catered? _____ Yes _____ No

- Is your facility licensed? If so, provide documentation.
  ________________ Ark. Dept. of Health Site Inspection
  ________________ Ark. Dept. of Human Services Div. of Children & Families
  ________________ Food Service License
  ________________ Safe Food Handling Certification
  ________________ Other - Please specify: ________________________________
• List eligibility requirements for people who are served: ______________________

_______________________________________________________________

_______________________________________________________________

• Who should people call for help?

Name: ______________________________________________________________________

Phone Number: ___________ When (Hours/Days): _________________

After hours emergency contact? ______________________________________________________________________

• What are the funding sources for this program? ______________________

____________________________________________________________________

____________________________________________________________________

Shelter/Residential (cooking or serving meals to live-in clients)

• Number of people in program: ___________

• Days and times of operation: ________________________________

• Meals Served (check all that apply):

  _____ Breakfast    _____ Snack    _____ Lunch    _____ Dinner

• Is your facility licensed? If so, provide documentation.

  ___________ Ark. Dept. of Health Site Inspection

  ___________ Ark. Dept. of Human Services Div. of Children & Families

  ___________ Food Service License

  ___________ Safe Food Handling Certification

  ___________ Other - Please specify: ____________________________

• Are any meals catered? _____ Yes    _____ No

• What is the tuition or program fee? _____________________________

• What are the funding sources for this program?

  ______________________________________________________________________

  ______________________________________________________________________
### Day Care Program (Children and Seniors)/Afterschool Snacks and Meals/Summer Feeding (serving meals and or snacks to either children or seniors)

- **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

- **Is your facility licensed? If so, provide documentation.**
  - __________ Ark. Dept. of Health Site Inspection
  - __________ Ark. Dept. of Human Services Div. of Children & Families
  - __________ Food Service License
  - __________ Safe Food Handling Certification
  - __________ 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?**

### 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 ______
(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)

Also include copies of the IRS 501(c)(3) tax-exemption letter, if your organization is a nonprofit entity, and all licenses and certifications related to your food program
# ARKANSAS FOODBANK MEMBERSHIP AGREEMENT

The following criteria must be agreed to and complied with for your agency to become and remain a member in good standing of Arkansas Foodbank (AF). An official representative of your agency is required to complete and sign this agreement annually signifying that the following criteria are understood and will be faithfully met. Placing a check mark by the item indicates that you understand and agree to comply with the criteria. (If the item does not apply to your organization, indicate this by putting N/A in the box beside it.)

____________________ agrees to adhere to the following membership criteria.

<table>
<thead>
<tr>
<th>Our organization 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.</th>
</tr>
</thead>
</table>

**In operating our food program, we agree that we will:**

<table>
<thead>
<tr>
<th>Not discriminate 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.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never charge clients for food or require clients to pray, donate, or work to eat or receive products.</td>
</tr>
<tr>
<td>Not sell, transfer, barter, nor offer for sale, the items supplied by AF in exchange for money, property, goods, or services, or otherwise allow items to re-enter commercial channels, and will not use donated products for fundraising.</td>
</tr>
<tr>
<td>Use all items drawn from AF only in activities included in the member’s tax-exempt purposes and solely for feeding people who are ill, in need, or infants.</td>
</tr>
<tr>
<td>Abide by the AF’s policies, procedures and record keeping requirements</td>
</tr>
<tr>
<td>Safely and properly handle donated product in accordance with all local, state and federal regulations, including appropriate transportation of all product. (This includes covering with a tarp any food transported in open pickup trucks or trailers.)</td>
</tr>
<tr>
<td>Ensure that at least one person on staff has successfully completed a food safety course. (If meals are prepared and served on site, at least one staff member must commercial food safety certification.)</td>
</tr>
<tr>
<td>Accept food in “as is” condition.</td>
</tr>
<tr>
<td>Follow AF recall guidelines.</td>
</tr>
<tr>
<td>Notify AF when any claim of liability with respect to food is received.</td>
</tr>
<tr>
<td>Discard any unfit food received from AF, and immediately notify AF staff.</td>
</tr>
<tr>
<td>Allow regular monitoring by AF representatives to verify compliance with these criteria and the information provided on the agency’s application and monthly reports.</td>
</tr>
<tr>
<td>Support the operation of AF by paying a handling fee on a per pound basis for applicable products.</td>
</tr>
<tr>
<td>Pay an annual membership fee of $75.00 or $100, if more than one site.</td>
</tr>
<tr>
<td>Accept that the original donor, AF and Feeding America offer no express warranties in relation to the product.</td>
</tr>
<tr>
<td>Hold harmless from any claims or obligations in regard to your organization or the donated product, the original donor, AF and Feeding America.</td>
</tr>
<tr>
<td>---</td>
</tr>
<tr>
<td>Release the original donor, AF and Feeding America from any liabilities resulting from the donated product.</td>
</tr>
<tr>
<td>Adhere to any use of product restrictions placed on items by the AF and any additional donor stipulations.</td>
</tr>
<tr>
<td>Submit by the 15th of each month a report on the previous month’s service activity.</td>
</tr>
<tr>
<td>Order from AF a minimum of six times per year, unless special arrangements have been made with AF staff.</td>
</tr>
<tr>
<td>Hold regular distributions at least once a month, display distribution dates and times outside the pantry, and notify AF immediately of any changes in distribution dates and times.</td>
</tr>
</tbody>
</table>

_____________________________                                      ____________________________
Arkansas Foodbank Representative Signature                      Agency Representative Signature

______________________________                                     ____________________________
Print Name                                                      Print Name

Date: __________________          Date: ____________________________
Arkansas Foodbank

Church Qualifier Form

The Internal Revenue Service uses 14 characteristics to determine whether an organization qualifies as a church. In accordance with this provision, 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 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

The names of the persons below are authorized by ______________________________ to pick up products on behalf of your organization at Arkansas Foodbank. You agree they have read and understand Arkansas Foodbank regulations and agree to abide by them.

Member: ______________________________

Contact Person: ______________________________

Site Address: ______________________________

Telephone: ________________ E-Mail: ______________________________

Print Name

Print Name

Print Name

Print Name

Print Name

Print Name

Print Name

Print Name

Please inform the Agency Relations Director at the Arkansas Foodbank as soon as any changes are made in your organization’s list of people authorized to pick up products at Arkansas Foodbank.