



# THE FOOD BANK OF MANATEE

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[www.foodbankofmanatee.org](http://www.foodbankofmanatee.org)

**AGENCY MEMBERSHIP APPLICATION**



## Criteria for Membership in the Food Bank Program

In accordance with Section 170(e)(3) of the Internal Revenue Code, the following criteria must be met by all The Food Bank of Manatee (FBM) recipient agencies/churches:

1. The agency must be a non-profit, tax exempt organization as described in Section 501(c)(3) of the Internal Revenue Code, or an established church that meets the Internal revenue Service 14 point guidelines for churches.
2. The agency/church must use the food to serve the ill, needy or infants (children under 18 years of age). Must provide on site and/or emergency food to those who qualify without cost.
3. The Feeding Program of the agency/church must fit under one of the following categories:
  - (a) Residential/Congregate Feeding Program: Where meals are prepared and served on site.
  - (b) Food Pantry Program: Where food products are distributed to needy families and individuals.
  - (c) Emergency Family & Baby Baskets
  - (d) Bi-Monthly Commodity Distribution
  - (e) After School/Snack Program
4. The agency/church must not charge for meals, sell food, or exchange food for services or other property. The agency/church may not require or solicit donations from recipients for food. The agency/church must not use food bank products for any other purposes, i.e., banquets, parties, etc., or for fundraising purposes. The items must be used only for needy clients.

The agency/church must notify FBM immediately if:

- (a) The program is discontinued.
  - (b) Authorized ordering person(s) is replaced.
  - (c) The program changes location.
5. Agency/church will be required to provide an account of number of clients served per month by completing the monthly Agency Survey. A report must be submitted for each month, even if there is no client activity. For on-site feeding programs, the number of people being fed must be submitted monthly.
6. The agency/church must have adequate refrigeration and dry storage space for the amount of food received, to ensure integrity of the food until used or distributed.
7. The agency/church must accept full responsibility for the care, preparation, distribution and use of food once it leaves FBM.
8. The agency/church must not discriminate in the distribution of food or feeding of individuals on the basis of race, religion, color, creed, etc.
9. The agency/church must agree to monitoring by FBM staff.

10. The agency/church must abide by FBM policies on shared maintenance contributions.
11. The agency/church must assume responsibility for the payment of all charges incurred by the agency/church. Only agency/church checks or credit cards may be used for payment. NO cash, personal checks, or money orders will be accepted.
12. The agency/church must agree to meet local and health department requirements, if applicable.
13. The agency/church must provide its own transportation to FBM warehouse.
14. The agency/church must agree to attendance and participation of annual agency meetings & training. All agencies receiving government commodities are required to attend additional training on an annual basis.
15. FBM and the original donor are released by the recipient agency from any liability resulting from the condition of received product, and further, FBM and the original donor are indemnified and held free and harmless against any and all liabilities, damages, losses, and/or claims whatsoever arising out of or attributed to any action of said agency, or personnel employed by said agency, in connection with the storage or use of the received product.
16. Consequences of Past Due Reports: Failure by programs receiving government commodities through TEFAP to complete and return reports each month will result in that program's removal from the TEFAP allocation process until all reports are received.
17. Failure of all other programs to complete and return reports within 90 days will result in a product hold status for the agency. An agency on product hold is not able to receive any food or non-food items from FBM until the reports are made current.
18. Failure to maintain terms of this agreement may result in "product hold" status or closure as member agency.

### **Notice of Shared Maintenance**

A shared maintenance contribution (SMC) helps to partially offset the costs of transportation and storage of food. In this system, recipient agencies/churches "share" FBM operational expenses by making an \$.18 per pound contribution for the food it receives. It must be emphasized that the contribution is not a direct charge for the food received but rather a sharing of the cost of operating FBM.

Each agency will be required to pay their SMC at the time the food is received.

Representing my agency, I agree that the above conditions are true and that we will abide by same.

\_\_\_\_\_

Applicants Signature

\_\_\_\_\_

Date

\_\_\_\_\_

Title

\_\_\_\_\_

Approval – FBM

\_\_\_\_\_

Date



## **Prerequisite for Membership Application**

Agency has read and acknowledges the criteria for membership information.

1. Complete the attached membership application form.
2. Provide a copy of the Internal Revenue Service Letter of Determination stating that the agency is tax-exempt under Section 501(c)(3). If an agency is a church and does not have a 501(c)(3), an IRS 14-point guideline for churches letter must accompany submitted application. (See attached)
3. Submit a current Consumer's Certificate of Tax Exemption.
4. Submit proof of address where food will be stored is being treated by a licensed pest control company.

Once the application form has been completed and the documentation submitted, a FBM representative will conduct an on-site inspection to verify that the information provided is accurate. This visit also gives FBM representative the opportunity to answer any questions regarding the FBM services and requirements.

FBM representatives will conduct periodic inspections of each member agency/church to ensure compliance with all FBM directives and requirements. During these visits, please be prepared to provide up-to-date records on their food distribution or feeding programs.

Agencies will be required to attend annual training.



## Membership Application Form

Date: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency Director: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Person's Cell Phone #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Website: \_\_\_\_\_

Feeding Program Information: (check category or categories that best describes your Program)

Emergency Food Pantry:

Residential Program: Cooking and serving meals to clients.

Soup Kitchen: Cooking and serving meals to walk-in clients

Emergency Food Baskets

Child Nutrition Programs (After School, Summer, Etc.)

Bi-Monthly Commodity Distribution Site

Other (Please Describe)

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## Emergency Food Pantry

1. How often do you distribute food boxes?    Daily    Weekly    Other: \_\_\_\_\_
2. Is a fee or donation required for the food box?    Yes    No
3. What days do you serve?    Mon    Tues    Wed    Thurs    Fri    Sat    Sun
4. During what hours? \_\_\_\_\_
5. What areas do you serve? \_\_\_\_\_
6. Who is eligible to receive them? \_\_\_\_\_
7. What are your eligibility guidelines? \_\_\_\_\_  
\_\_\_\_\_
8. Types of food most needed? \_\_\_\_\_
9. Do you accept walk-ins?    Yes    No    Referrals?    Yes    No
10. Do you require people to attend church/synagogue services or work in exchange for food?    Yes    No
11. What segment of the population is your focus? (Individuals, families, children, men, women, infants, etc.)  
\_\_\_\_\_
12. Present sources of food: \_\_\_\_\_ % Donated    \_\_\_\_\_ % Purchased
13. May we refer individuals who call the Food Bank of Manatee to your program?    Yes    No

## Residential Programs

1. Which meals do you serve?    Breakfast    Lunch    Dinner    Snacks
2. What days do you serve?    Mon    Tues    Wed    Thurs    Fri    Sat    Sun
3. How many individuals in your program? \_\_\_\_\_
4. Do you charge for meals?    Yes    No    If yes, how much? \_\_\_\_\_
5. Do you have a room/board or program fee?    Yes    No    If yes, how much? \_\_\_\_\_
6. What % of your clients are low income and/or eligible for government aid? \_\_\_\_\_
7. Are you licensed?    Yes    No    If yes, by whom? \_\_\_\_\_  
License # \_\_\_\_\_
8. Name of the person in charge of food preparations: \_\_\_\_\_



## Soup Kitchen Information

1. How often do you provide meals?    Daily    Weekly    Other: \_\_\_\_\_
2. Do you charge for meals?    Yes    No
3. What days do you serve?    Mon    Tues    Wed    Thurs    Fri    Sat    Sun
4. Which meals do you serve?    Breakfast    Lunch    Dinner    Snacks
5. How many individuals served per meal? \_\_\_\_\_
6. Are meals prepared on premises?    Yes    No
7. If not, where are meals prepared? \_\_\_\_\_
8. Do you have a health certificate from the local Board of Health licensing you to serve public meals?  
Certificate# \_\_\_\_\_
9. Types of food most needed? \_\_\_\_\_
10. Present sources of food: \_\_\_\_\_ % Donated    \_\_\_\_\_ % Purchased
11. Do you solicit your own food donations?    Yes    No
12. If yes, please list sources of food: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## Storage Information

Where will food be stored? \_\_\_\_\_

Cold Storage: (Please give number of cubic feet for each)

Refrigerators

Walk-In Coolers

Walk-in freezers

Chest freezers

## Documents Needed:

Churches:

Please attach a copy of your Internal Revenue Service Letter of determination stating that you are exempt under Section 501(c)(3) if you have one. If you do not, please include a letter on your letterhead and signed by the Pastor or other Chief Executive Officer, which states that you are a church in the spirit of the "14-point IRS guidelines for churches".

All other Agencies:

Please attach a copy of your Internal Revenue Service letter of determination stating that you are exempt under Section 501(c)(3)

All Churches and Agencies:

Please attach a copy of your current Consumer's Certificate of Tax Exemption and proof of licensed pest control.

\_\_\_\_\_  
Applicants Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Approval – FBM

\_\_\_\_\_  
Date



## Use Your Letterhead

*This is a sample letter provided by the Internal Revenue Service.*

*If you do not have a 501(c)(3), you must provide a letter stating the following information on your church letterhead.*

### Internal Revenue Service 14-Point Guidelines for Churches

1. A distinct legal existence.
2. A recognized creed and form of worship.
3. A definite and distinct ecclesiastical government.
4. A formal code of doctrine and discipline.
5. A distinct religious history.
6. A membership not associated with any other church or denomination.
7. A complete organization of ordained ministers ministering to their congregations.
8. Ordained ministers elected after completing prescribed courses of study.
9. A literature of its own.
10. Established places of worship.
11. Regular congregations.
12. Regular religious services.
13. Sunday schools for religious instruction of the young.
14. Schools for the preparation of its ministers.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Consent and Release Agreement

Date: \_\_\_\_\_

Agency/Church: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

This incorporated, non-profit 501(c)(3) agency/church understands the established requirements for continued participation, and agrees to comply fully with the following conditions and restrictions:

1. To use the food products solely to serve the ill, needy, and children.
2. Not to charge for meals or emergency food baskets, sell food, or exchange food for services or other property.
3. To screen potential food recipients for eligibility.
4. To account for all food, and to keep up-to-date records on names and numbers served and submit monthly reports.
5. Agree to on-site monitoring by FBM representatives.
6. To abide by the FBM policy on Shared Maintenance Contributions.

It is further understood that the recipient agency/church is ultimately responsible for the condition and healthfulness of all food prepared or distributed to the needy. It is agreed that FBM and the original food donor are to be held free and harmless against all liability for any damages that may result from the use of any food product.

### **THE PEOPLE LISTED BELOW ARE DESIGNATED TO PICK UP FOOD:**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_



## Compliance Checklist

Pink copies of shopping slips must be kept on file at your location.

A copy of your signed contract membership agreement must be kept on file at your agency.

Temperatures should be recorded daily and the logs kept on file.

All food must be stored off the floor.

Proof of licensed pest control logs kept on file (dates and actions taken)

Pantries or areas where food is stored must be locked.

Record all families and individuals receiving food each week. Please keep names and size of family in logs.

Bring in new tax exempt documents when issued.

Do not store food by cleaning products.

No personal checks / cash / money orders. Agency checks or credit cards only.

Emergency food baskets allowed once a year. Baby baskets allowed weekly. Both are completed Mondays, Wednesdays, and Fridays. Fax all orders no later than 10:00am and pick up between 11:00am-1:00pm. Client to sign application and Exhibit F form.

Post a sign with days and hours that pantry is open and/or when commodities will be distributed. Non-discrimination statement should be on all signage.

No food should leave Manatee County.

Only 2 people per agency allowed in FBM at a time when shopping.

Food is not be given to or used for volunteers, staff, or church dinners.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# AGENCY MONTHLY REPORT

Email form to [csloan@foodbankofmanatee.org](mailto:csloan@foodbankofmanatee.org)

Please fax a minimum of 10 days prior to requested pick up or delivery.

Requested Pick Up Date: \_\_\_\_\_

Requested Delivery Date: \_\_\_\_\_

Date & Time of Distribution: \_\_\_\_\_

Month: \_\_\_\_\_ Year: \_\_\_\_\_

Agency Name: \_\_\_\_\_ Contact: \_\_\_\_\_

Phone #: \_\_\_\_\_ Frozen Food ? Yes No

## PROGRAM TYPE:

Food Pantry (open weekly, bi-weekly or as needed)

Day of the Week Pantry is Open? Mon Tues Wed Thurs Fri Sat Sun

Hours of Operation \_\_\_\_\_

On-Site Feeding and/or Snacks

Bi-Monthly Commodity Distribution

Method Used to Notify Public \_\_\_\_\_

## TOTAL SERVED:

\_\_\_\_\_ Number of Households Served \_\_\_\_\_ Total # of Clients

\_\_\_\_\_ Number of Prepared Meals/per day (Snacks, Soup Kitchen, On-Site)

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Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish).

"This agency is an equal opportunity provider and employer."