



Application for Membership

APPLICATION PROCESS:

1. **PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION.**

2. Return the application and all attachments.
 - Be sure to include your 501(c)3 determination. This is your Internal Revenue Service, Department of Treasury Letter of Determination [**which states your 501(c) 3 tax exempt status.**] **PLEASE NOTE:** This is **NOT** your Federal Tax ID #.
 - Review and sign the Non-Compliance Policy.
 - Review the Policies & Procedures, and the Criteria For Membership. Signatures for acknowledgement of these documents is included within the Application for Membership.
 - Churches and other organizations applying under a parent or umbrella agency must include a 501(c)3 letter of determination **and** a letter from their parent agency stating that the agency applying for membership is a member in good standing.
*Independent churches without the 501(c)3 classification must complete a Church Qualifier Form. Contact the Agency Relations team if you need access to this form.

3. **New Applicants:** After we review your application, we will contact your agency to notify you if your agency meets all the requirements for membership to the NH Food Bank. A NHFB representative will contact the director or program coordinator of your agency for an orientation and site inspection. Your agency may designate up to five individuals as shoppers and each must attend an orientation session before shopping at the Food Bank.

Return the **ORIGINAL** (typed or hand written) application to the address below. Photo copies, emails and faxes will not be accepted. Signatures must be hand written with pen.

New Hampshire Food Bank
Agency Relations Department
700 East Industrial Park Drive
Manchester, NH 03109

Section I.



GENERAL INFORMATION:

Please fill out entire section (print or type all information).

New Applicant: Application Renewal:

Date: _____

Are you a non-profit organization with federal tax-exempt status under the 501(c)3 code?

Yes (*Your 501(c)3 determination letter should be included with this application.*) No

Section II.

Program Name: _____

Contact Person for Program: _____

E-mail Address for Contact Person: _____

Physical Address for Program: _____

Program Mailing Address: (if different) _____

Program Phone #: _____

Cell # of Contact Person: _____

Program Director: _____

E-mail Address for Program Director: _____

Name of Person responsible for Accounts Payable: _____

Address: _____

Telephone: _____

Section III.

IRS 501(c)3 Employer Identification Number (EID): _____

Program name as listed on the 501(c)3: _____

Is this 501(c)3 for your specific Agency(location) or part of a larger Organization? _____

If it is not your own, you must include a letter from that organization approving use of their status.

Section IV.

Please provide the name of one social service, non-profit, or church in your area that can serve as a reference for your program **(this is required of all agencies)**:

(This reference cannot be from within your organization or located at your same address.)

Name of Organization: _____

Address: _____

Telephone # _____

Contact Person: _____

Section V.

Briefly describe your program or services, and how the food acquired from the NHFB will be used at your facility. _____

Section VI.

How often do you plan to utilize the New Hampshire Food Bank?

weekly

bi-weekly

monthly

other (comment)

For agencies located outside a 50-mile radius of the NH Food Bank, delivery to centralized sites is available. ***Delivery charge of \$0.05 per pound will be added to your agency invoice.**

Section VII.

Type of Program (a separate application must be completed for each program):

Food Pantry Shelter Senior Program Group Home/Residential

Seasonal School Pantry Soup Kitchen Children's Program Other

What requirements (if any) do you have for clients that receive services from your program?

Food Pantries & Soup Kitchens only: As a partner agency with the NH Food Bank, your program will be listed on the NH Food Bank website for public viewing access.

Section VIII.

Hours of Distribution:

This program is open 24 hours a day. (You may skip the rest of section VIII.)

Please list your hours if not open 24 hours a day:

Sunday: _____

Monday: _____

Tuesday: _____

Wednesday: _____

Thursday: _____

Friday: _____

Saturday: _____

Food Pantries: Are you on-call for emergency assistance outside of distribution hours?

Food Pantries: Do you offer delivery services for homebound clients?

Section IX.

Printed name of person filling out this application: _____

Signature: _____ (pen signatures only)

Position: _____

Date: _____

Agency Agreement

I have read and understand the stipulations set forth in the NH Food Bank in the “CRITERIA FOR MEMBERSHIP” and the “POLICIES AND PROCEDURES FOR AGENCY RELATIONS ISSUES”. ***I agree to abide by them.***

I affirm that these guidelines will be posted in a conspicuous place so that all persons affiliated with this program, staff and volunteers, will be aware of the policies, procedures and guidelines.

Agency name: _____

Printed name: _____

Signature: _____ *(pen signatures only)*

Position: _____

Date: _____

Signing this agreement constitutes a legal and binding contract between the NH Food Bank and your organization.



Basic Agreement

The New Hampshire Food Bank (NHFB) and _____ have reached a Basic Agreement. This agreement provides for and sets the conditions by which the NHFB agrees to provide donated, purchased, and prepared food to non-profit agencies who in turn use these foods in programs that provide nutrition and assistance to families, infants, children, and the elderly.

USES AND LIABILITY

THE AGENCY AGREES THAT:

- Donated products will not be transferred and/or exchanged for money or services of any kind; (IRS 170 (e) (3) of the tax reform act of 1976). This includes soliciting financial donations;
- Donated products will be used only in a manner related to the exempt purposes of the organization;
- They are willing to adhere to additional donor stipulations;
- Food will be accepted in “as is” condition and will be stored properly only at the address given on the membership application;
- They will not refer to their agency or program as a Food Bank on its letterhead, signage, brochures or materials of any type;
- The original donor, Feeding America and the NHFB, a program of Catholic Charities NH, are released from any liability resulting from the condition of donated goods;
- The NHFB is held harmless from any claims or obligations in regard to the Agency or the donated good and offer no express warranties in relation to the gift of goods;
- They 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, sexual orientation including gender identity, unfavorable discharge from the military or status as a protected veteran.
- Quarterly Service Reports will be completed and submitted to the NH Food Bank using the online form provided by the Food Bank within one month of each quarter-end. These statistics are used in assessing the growing number of NH residents who are hungry and in need.
- If they are participating in the Fresh Rescue Program, they will submit a signed contract and submit timely reports to NH Food Bank by the 15th of each month.

The NHFB requests that all such contributions be made by agency check only (no cash) ***within 30 days. Delinquency in reimbursement of payments will result in suspension of shopping privileges or inactivation of membership.***

CONDITIONS AND STIPULATIONS

The NHFB reserves the right to make any necessary changes to membership and contracts as needed, as well as to limit the amount of food taken by the member agency as consequence for delinquent reporting and payments. Both parties enter into this agreement voluntarily. Either party may terminate the agreement simply by notifying the other party in writing.

Agency name: _____

Printed name: _____

Signature: _____ (pen signatures only)

Position: _____

Date: _____

Non-Compliance Policies

Definitions

- Active: A Food Bank partner agency that is currently in good standing, able to order through Agency Express, and may participate in additional programs (see definition below).
- Hold: This is a temporary action. Agencies on hold are not able to order through Agency Express. Once the matter in question is resolved, the agency will be taken off hold within 3 business days.
- Probation: An agency that is on a disciplinary period. Agencies are still able to order food through agency express, but may not be eligible for any additional programs.
- Inactivated: Agencies that are no longer partnered with the Food Bank.
- Additional Programs: As referenced above, this refers to Fresh Rescue connections with grocery stores, grant eligibility, or any other additional resources that may become available.

Policies

Food Safety: Violations can cause immediate hold and/or inactivation depending on severity. The matter must be addressed and repaired by the agency and the site will be re-inspected by an agency relations coordinator within 1 month. If the matter is not addressed during this period, the agency will automatically be inactivated.

Lack of Activity: If the minimum weight requirement for the year (minimum of 3,000 lbs.) is not met, the agency may be inactivated. An agency who suspects they will not reach the minimum in a certain year should reach out to the Agency Relations team by September to discuss the situation.

Late Quarterly Reports (QSR): Quarterly reports are sent out at the start of the next month following the end of a quarter, and are due at the end of that month. If a QSR is not turned in by the end of that month, the agency will be put on hold. Upon receipt of report, the agency will be taken off hold. Agencies that fail to submit 2 or more consecutive quarterly reports will be inactivated.

Late Fresh Rescue Reports: Fresh Rescue reports are due monthly (weekly submission is preferred, but not required). Reports are due by the 15th of the month for the prior month. If a report is late, the agency will be placed on hold. Upon receipt of report, the agencies will be taken off hold. Agencies that fail to submit 6 or more consecutive monthly reports will be inactivated and will lose their Fresh Rescue privileges.

- All other reporting: Any other occasional reporting requirements (relating to grants, etc.) should be submitted by the due date posted. A report more than 5 days late will result in a hold on the agency's account until the report is submitted.
- Probation: Agencies with repeated non-compliance issues or late reports may not be eligible for grants or new Fresh Rescue connections.
- Holds: Agencies will be placed on hold for non-compliance and/or NHFB discretion. Seasonal programs will be placed on hold when they are not active.
- Inactivation: An agency that has been on hold for 6 or more consecutive months (not including holds for seasonal programs) will be inactivated. Agencies are also subject to inactivation for violations of NHFB policies.
- Re-application: An agency inactivated by NHFB must wait one year to reapply as a partner agency. An agency that voluntarily inactivates may reapply after six months.
- Communication: All holds/inactivations/probations will be communicated via email to the contact person at the agency.

I have read and agree to the above policies set forth by the NH Food Bank.

Agency name: _____

Printed name: _____

Signature: _____ *(pen signatures only)*

Position: _____

Date: _____