



PARTNER AGENCY MEMBERSHIP APPLICATION

Name of Applicant Organization:	
Physical Address:	Mailing Address:
Telephone:	Fax:
EIN:	County or City:
Email and/or web address:	

Agency Representative: In this section, please provide information about the person with legal authority to sign contracts on behalf of the Applicant Organization.

Name:	Title:
Mailing Address:	Telephone(s):
Email:	Fax:

Agency Contact: If the main contact person for the organization's food programming is different from the Agency Representative listed above, please provide the following information about the contact person:

Name:	Title:
Mailing Address:	Telephone(s):
Email:	Fax:

Organization & Mission: This organization is a: Church or other house of worship Non-church 501(c)(3)

Please state the organization's mission:

Required Documentation	If the organization is a church or house of worship , please <u>attach a letter on organization letterhead</u> , signed by the chief executive officer, affirming that the organization meets the 14-point criteria employed by the IRS in defining a church. (See BRAFB Guide for Church Qualification.)	If the organization is a non-church 501(c)(3) , please <u>attach a copy of a valid IRS letter of 501(c)(3) determination</u> .
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Need in the Community

Who will be served; what demand within the community has your organization identified or experienced?

Program Types: What food programming does the organization plan to provide? (Check all that apply.) For each type of food programming, state how many individuals the agency is currently serving per month, for how long the agency has been providing this program, the program's hours of operations, and a brief description of the program.

Program Type	# Served	Frequency	Days/Times	Description
Grocery program				__ Prepacked __ Client Choice
<input type="radio"/> Meals program (i.e. prepared meals)				
<input type="radio"/> Other				

Is the organization interested in participating in The USDA Emergency Food Assistance Program (TEFAP) Yes No

Client Eligibility: Please describe all requirements (if any) that a client must meet in order to be served by the organization's food program.

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Service Capacity: Please provide information about the organization's service capacity:

Where will shelf-stable foods be stored? How many square feet of dry storage are available in this location?	Location:	Square footage:
Is there enough space available to implement a client choice model of distribution?		
How many refrigerators does the organization have? What is the total cubic footage of refrigeration? Refrigerators must be used only for pantry food.	# Refrigerators:	Total cubic feet:
How many freezers does the organization have? What is the total cubic footage of freezer space? Freezers must be used only for pantry food.	# Freezers:	Total cubic feet:
What is/are the food program's source(s) of staff and/or volunteers? How many staff and volunteers does the organization have?	Sources of staff/volunteers:	# Staff: # Volunteers: # of volunteers with computer experience:
What is/are the food program's source(s) of funding? What is the annual budget for food programming?	Sources of funding:	Annual budget:
How many computers/laptops does the organization have and what is the internet access on-site? *BRAFB has recently transitioned to a software system called Link2Feed for agency client intake. All BRAFB agencies are required to use this software.	# Computers/Laptops:	Reliable internet access? ___ Yes ___ No Is the organization capable of submitting reports to BRAFB via email? ___ Yes ___ No

The Applicant Organization, by its authorized signature below, acknowledges that the information provided above and in the attached letter is accurate and complete and agrees that, if the organization becomes a partner agency of the Blue Ridge Area Food Bank (BRAFB), the organization will:

- provide all products sourced through BRAFB to people-in-need without any fee, membership requirement, or service obligation;
- transport, store, and handle food in compliance with applicable food safety practices;
- use Link2Feed to record client information and services. Submit all required reports in a timely and complete manner;
- permit BRAFB to conduct unannounced compliance monitorings;
- attend all BRAFB agency meetings; and,
- abide by all other BRAFB regulations, procedures, and contractual requirements.

Signature of person with legal authority to sign contracts on behalf of the Applicant Organization:

Signature: _____

Print Name: _____

Title: _____

Date: _____