



4010 E. Amendola Dr.
Fresno, CA 93725
Phone 559-237-3663
www.ccfoodbank.org

Member Partner Application Cover Sheet

Please Print

MEMBER PARTNER NAME: _____

MAIN CONTACT PERSON: _____

MAIN CONTACT PHONE #: _____

CONTACT EMAIL ADDRESS: _____

ADDRESS: _____

DISTRIBUTION ADDRESS (if different): _____

Application Checklist

(All information must be provided with completed application to be considered for membership)

- Completed Member Partner Application
- Signed Member Partner Agreement Release Form for Membership
- List of Your Organization's Board of Directors or Governing Body on Letterhead
- IRS Determination Letter of Your Organization's 501(c)(3) Tax Exempt Status**
Or Meet 10 Of The 14 IRS Criteria for A Church and Provide All Requested Documents.

CALIFORNIA SALES TAX-EXEMPTION LETTER IS NOT ACCEPTABLE

- Food Handlers Certificate All Sites or Food Safety Test which is available on CCFB Website
(For Any Feeding Site A Food Handler SERV Safe™ Is Required)
- Copy of Current Liability Insurance for Organization Site
- Copy of Licensed Pest Control Receipt or Invoice for your organization site
- Sponsor Agreement (For organizations That Do Not Have 501(c)(3) And Will Use the Non-Profit Status of a Sponsoring Organization)
- Any Descriptive Materials or Pamphlets About Your Organization
- Schedule Meeting for Trainings on Oasis, and Agency Express



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CENTRAL CALIFORNIA FOOD BANK
Member Partner Application

PART I: CONTACT INFORMATION

Date _____ 501(c)3 Tax ID# _____

Organization Name _____

Address _____ City _____

Zip Code _____ State _____ County _____

Phone Number _____ Email _____

FOOD PANTRY/DISTRIBUTION ADDRESS (if different than above)

Main Contact Person _____ Phone Number _____

Email Address _____

Secondary Contact Person _____ Phone Number _____

Email Address _____

Organization Director _____ Phone Number _____

Finance/Treasurer responsible for paying invoices:

Name: _____ Phone Number: _____

E-mail address: _____

PART II: GENERAL PROGRAM INFORMATION

How did you hear about Central California Food Bank?

- From an existing CCFB partner (Name of organization): _____
- Social media (Please specify): _____
- News/TV/radio (Please specify): _____
- Flyers (Please specify): _____
- Community event (Please specify): _____
- Other (Please specify): _____

Year your organization was founded _____

Please describe your organization's mission/purpose: _____

What types of food programs does your organization currently provide? (Please check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Food Distribution | <input type="checkbox"/> Senior Program |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Children's Group Home |
| <input type="checkbox"/> Soup Kitchen/Hot Meal Site | <input type="checkbox"/> After-School Program |
| <input type="checkbox"/> Child Development/Day Care | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Adult Group Home | |

Geographic areas served (list cities and counties) _____

Do you currently have eligibility requirements for your programs? Yes/No _____

Do you currently charge your clients for food? Yes/No _____

Do you currently ask for donations from clients? Yes/No _____

Do you currently collect client data? Yes/No _____

Do you currently require people to attend a church or religious service, lecture, or work in exchange for food?
Yes/No _____

How do you currently promote your programs to the community? _____

What is your estimated monthly budget for purchasing food?

\$ _____

PART III: FOOD STORAGE FACILITIES

Cold Food Storage (*List number of units/types*)

Type of Unit	Residential Upright	Residential Chest	Commercial Upright	Commercial Chest	Walk-ins
Freezers					
Refrigerators					

Dry Food Storage

Do you have a designated storage area for dry goods? Yes/No _____

Will food be stored in a locked area/cabinet(s)? Yes/No _____

Do you have regular pest control? Yes/No _____

Does your organization currently have liability insurance? Yes/No _____

Please list any other off-site storage areas being used for storing dry, refrigerated or frozen items:

PART IV. PROGRAM INFORMATION

A. FOOD PANTRY PROGRAMS

Do you currently have volunteers to assist with your food pantry? Yes/No _____ If yes, how many? _____

Do you currently distribute food to needy households/individuals? Yes/No _____

Approximately how many households do you serve/plan to serve per month? _____

How often may a person or household receive food from your program? _____

What are your food distribution hours of operation? Complete All That Apply:

Days	Frequency (Ex: every, 1 st , 2 nd , etc.)	Times
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

B. ONSITE PREPARED MEALS AND SNACKS (If you do not serve onsite meal/snacks, skip to the next section)

Do you currently serve meals onsite? Yes/No _____

Please check description(s) that best fit(s) your program (Select all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Soup Kitchen | <input type="checkbox"/> Youth Program |
| <input type="checkbox"/> Child Care | <input type="checkbox"/> Senior Program |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> After-School Program |
| <input type="checkbox"/> Summer Camp | <input type="checkbox"/> Rehab Program |
| <input type="checkbox"/> Homeless Shelter | <input type="checkbox"/> Behavioral Health Program |
| <input type="checkbox"/> Other Shelter | <input type="checkbox"/> Other: _____ |

What are your prepared meals/snacks hours of operation?

Days	Frequency (Ex: every, 1 st , 2 nd , etc.)	Breakfast (times)	AM Snack (times)	Lunch (times)	PM Snack (times)	Dinner (times)
Monday						
Tuesday						
Wednesday						
Thursday						
Friday						
Saturday						
Sunday						

Estimated number of meals served per month: _____

What authorities inspect or license your facility? _____

Date of your last inspection (Please provide copy of license if applicable) _____

Name and title of the person in charge of food preparation: _____

Has this person had any food handling training? Yes/No _____

Please list all staff/volunteers that are state certified:

Name: _____ Certification Number & Expiration Date: _____

Name: _____ Certification Number & Expiration Date: _____

PART V. PERSONS RESPONSIBLE FOR CLIENT DATA COLLECTION & FOOD ORDERING

All client data must be collected and entered into Central California Food Bank's electronic client database

Does your organization have internet access? Yes/No _____

Please list two people who will be responsible for entering client data:

1) Name: _____

Contact Phone Number: _____

E-mail Address: _____

2) Name: _____

Contact Phone Number: _____

E-mail Address: _____

Please list all people who are authorized to place orders and sign invoices on behalf of your organization:

(Please print)

1) Name: _____

Contact Phone Number: _____

E-mail Address: _____

2) Name: _____

Contact Phone Number: _____

E-mail Address: _____

3) Name: _____

Contact Phone Number: _____

E-mail Address: _____

PART VI. DEMOGRAPHIC INFORMATION

Please select the primary populations your organization serves (check all that apply):

Children (0-17)

Adults (18-59)

Seniors (60+)

Individuals with disabilities

Homeless

Veterans

Hispanic/Latino

African American

Pacific Islander

Native American

Caucasian/European

Asian American

PART VII. SIGNATURES

By signing below, I agree that the information provided is complete and accurate to the best of my knowledge:

Signature

Date

Print Name

Title

Please mail or email completed application and all necessary documentation to:

Central California Food Bank
Attn: Tamara Valle, Member Partner Manager
4010 E Amendola Drive
Fresno, CA 93725
or email
tvalle@ccfoodbank.org

For Office Use Only

Date Application Received _____ New application Update/Renewal

Have all required documents been received? Yes No

- Completed Member Partner Application
- Signed Agreement
- List of your organization's Board of Directors or governing body
- IRS Determination Letter of your organization's 501 (c) (3) tax exempt status or meet 10 of the 14 IRS criteria for a church and provide all requested documents
- Basic Food Handlers Certificate (Feeding sites require Servsafe™ Food Handler Certificate)
- Copy of current Liability Insurance
- Copy of Licensed Pest Control Receipt or Invoice for your site location
- Sponsor Agreement (if applicable)
- Any descriptive materials or pamphlets about your organization

Site Visit Completed? Yes No

Is organization approved for membership? Yes No

Comments

Member Partner Manager Approval: _____ **Date:** _____

Partner Original Start Date: _____



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CENTRAL CALIFORNIA FOOD BANK MEMBER PARTNER AGREEMENT RELEASE FORM FOR MEMBERSHIP

Whereas Central California Food Bank has agreed to provide food product and other related items to the undersigned organization, referred to as "Member Partner." The Member Partner will comply with the following criteria for participating with Central California Food Bank.

Therefore, the Member Partner warrants and represents the following:

1. Member Partner has received I.R.S. approval of its status as a not-for-profit, tax-exempt organization under I.R.S. code 501(c)3 or meets the IRS 10 of the 14 criteria for a church or religious organization. The Member Partner also meets IRS eligibility requirements for receipt, transfer, and use of donated food under section 170(e)(3).
2. Member Partner will use all food products only to feed the needy, ill, and infant in accordance with its tax-exempt purpose.
3. Member Partner will not offer any items it receives from Central California Food Bank for sale or barter in exchange for money, services, or property. Member Partner will adhere to any additional donor stipulations.
4. Member Partner assumes sole responsibility for the training of its employees and/or volunteers to evaluate, handle and/or prepare food product acquired from Central California Food Bank.
5. Member Partner will distribute or serve food as described in its original application and will notify Central California Food Bank of any significant changes.
6. Member Partner will distribute or serve food product to eligible clients as soon as possible, to ensure maximum palatability and freshness. This includes the safe and proper handling of donated goods conforming to all local, state, and Federal regulations.
7. Member Partner must notify Central California Food Bank in writing if/when this program changes location, director, contact, shoppers and type or size of food program.
8. Member Partner accepts all food product and non-perishable items in an "as is" condition and accepts sole responsibility for the safety and fitness of all items accepted from Central California Food Bank.
9. Member Partner understands that neither Central California Food Bank nor the primary donor make any warranties or representation as to the purity, quality, or fitness for consumption of all items accepted by the Member Partner.
10. Member Partner hereby warrants that it will hold Central California Food Bank, its employees/volunteers, board of directors, Feeding America, and primary donors, harmless from all claims, lawsuits and damages involving liability arising out of or in connection with, the acceptance and/or distribution of all items acquired from Central California Food Bank.
11. **Member Partner 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.

12. Member Partner cannot require participation in a religious/spiritual program in exchange for Central California Food Bank provided goods.

13. Member Partner must keep all product invoices on site for three years and have them available to Central California Food Bank representatives.

14. Member Partner must agree to time and visitation from Central California Food Bank representatives whether scheduled or impromptu.

15. Member Partner must utilize the Oasis™ Client Intake system to submit all required monthly statistical reports by the fifth of every month. This includes entering client intake information using the approved client intake forms.

16. Member Partner agrees to have at least one representative present at all mandatory Member Partner meetings.

17. Member Partner agrees that shared maintenance fees of \$.00 - \$.19 per pound and the listed price for purchased product may be assessed and Member Partner hereby agrees to pay these fees per invoice within 30 days of the date received.

18. Member Partner agrees to pay the annual membership fee for the Member Partner and any programs that are sponsored by the participating Member Partner.

19. Member Partner agrees to be assessed a \$25 restocking fee if they cancel a Delivery or Pick-up without proper 48 notice to Central California Food Bank.

20. Member Partner agrees to provide Central California Food Bank a copy of its current Liability Insurance Policy.

21. Member Partner agrees to adhere to all policies, procedures and record keeping requirements of the Central California Food Bank.

22. Agencies must release the original donor, Central California Food Bank and Feeding America from any liabilities resulting from donated goods; are held harmless from any claims or obligations regarding the Member Partner or the donated goods; and offer no express warranties in relation to the gift of goods.

23. Open Pantry Agencies must be open for operation or hold a distribution for a minimum of 2 hours per month.

MEMBER PARTNER ACCEPTANCE: Member Partner representatives have read and understand this Agreement and agree to follow its terms.

Print Name of Member Partner

Authorized Agent:

Print Name

Signature

Title

Date

Central California Food Bank reserves the right to refuse membership to any Member Partner.

Last updated 6/23/22