



Thank you for your interest in partnering with Second Harvest Food Bank of Greater New Orleans and Acadiana (SHFB)! An agreement with our organization provides your program(s) access to a wide variety of quality food and non-food products.

Attached is the Second Harvest Food Bank of Greater New Orleans and Acadiana Membership Application. In addition to completing the membership application, a site visit to the Member Agency by a SHFB representative as well as your attendance at an orientation are required before your organization may be approved for a 90-day provisional membership. During the provisional membership, SHFB and the Member Agency will work in partnership to ensure quality service to both of our clients by: successfully completing two unscheduled site visits; completing ServSafe training or providing certificates if training has already been completed; and implementing any other recommendations made by Second Harvest Food Bank of Greater New Orleans and Acadiana.

Membership with Second Harvest Food Bank is a privilege. At the discretion of the President/CEO or his/her designee, SHFB may refuse membership to any organization, or terminate any existing membership. No explanation will be provided.

Instructions: Please type or clearly print all information and be sure to fully complete all sections. **ONLY COMPLETED APPLICATIONS WILL BE CONSIDERED.** Enter N/A for questions that do not apply to your program(s). Completed documents should be mailed with the application fee to:

**Second Harvest Food Bank of Greater New Orleans and Acadiana
Agency Relations Department
700 Edwards Ave.
New Orleans, Louisiana 70123**

Questions may be directed to agencySHFB@secondharvest.org.

NO FAXES PLEASE!

PLEASE NOTE: INCOMPLETE APPLICATIONS WILL BE RETURNED.

PLEASE CONTACT US IF YOU HAVE NOT RECEIVED A CONFIRMATION OF RECEIPT OF YOUR APPLICATION WITHIN TWO WEEKS.

PLEASE BE SURE TO KEEP A COPY OF MEMBERSHIP APPLICATION FOR YOUR FILES.

IF YOU HAVE ANY QUESTIONS OR NEED FURTHER INFORMATION, PLEASE CONTACT OUR AGENCY RELATIONS DEPARTMENT AT 504-734-1322.

Second Harvest Food Bank of Greater New Orleans and Acadiana
700 Edwards Avenue | New Orleans, Louisiana 70123 | 504.734.1322
215 East Pinhook Road | Lafayette, Louisiana 70501 | 337.237.7701
www.no-hunger.org



MEMBERSHIP APPLICATION CHECKLIST

- Membership Application
- Accounts Receivable Information
- Second Harvest Food Bank Release Form

- **501(c)3 Verification Attachments (check only one)**
 - A copy of 501(c)3 letter
 - A formal documentation connecting the Member Agency to the larger organization
 - Church Qualifier form (page 7 of this application)
 - An unincorporated church may submit a letter on its organization letterhead and signed by the Chief Executive Officer. The letter has some very specific items that must be addressed. The letter must state that the organization is a church. It must also include the history of the church's 501(c)3 status; if it does not have current 501(c)3 status, then the letter must show either a) it has applied for a 501(c)3 determination and it was denied or b) it not not have current 501(c)3 status (meaning not revoked) but it essentially meets the 14 criteria used by the IRS in defining a church. Supporting documentation must be presented for each of the criteria.

- Retail Health Permit along with recent Retail Health Inspection report– anyone applying to prepare hot meals

Additional Attachments

- A roster of the governing Board of the organization, giving names, addresses and telephone numbers
- A copy of your organizational budget to show what has been allotted for food assistance program
- A copy of your organization's by-laws
- Safe Food Handling Certification of at least one current staff member
- Copy of general liability insurance
- Other material such as a news article, newsletter or annual report if available

INCOMPLETE APPLICATIONS WILL BE RETURNED!

PLEASE KEEP A COPY OF MEMBERSHIP APPLICATION FOR YOUR FILES!

Completed documents should be mailed or hand delivered to:

**Second Harvest Food Bank of Greater New Orleans and Acadiana
Agency Relations Department
Attn: New Member Agency Application
700 Edwards Ave.
New Orleans, Louisiana 70123**

NO FAXES PLEASE!



MEMBERSHIP APPLICATION

Date: _____

Main Office:

Member Agency Name: _____
 Physical Address: _____ City: _____ Zip Code: _____
 Billing/Mailing Address: _____ City: _____ Zip Code: _____
 Delivery Address: _____ City: _____ Zip Code: _____
 Parish: _____ Phone Number: _____ Fax Number: _____
 Website Address: _____ Email: _____

Contact Information:

Agency Director: _____ Email Address: _____
 Business Number: _____ Cell Number: _____

Food Contact: _____ Email Address: _____
 Business Number: _____ Cell Number: _____

Billing/Correspondence Contact: _____ Email Address: _____
 Business Number: _____ Cell Number: _____

Program Site Information: (please indicate if physical address is confidential) Yes No

Site 1: Name: _____ Address: _____
 City: _____ Zip Code: _____ Phone Number: _____
 Program Type: _____ Date Program Created: _____

Site 2: Name: _____ Address: _____
 City: _____ Zip Code: _____ Phone Number: _____
 Program Type: _____ Date Program Created: _____

What days and hours will the Member Agency distribute food?
(Specific hours of operation are required. If two sites, please note times for each location.)

	SUN	MON	TUES	WED	THURS	FRI	SAT
OPEN							
CLOSE							

What is your taxpayer identification number (TIN)? _____

What is the main purpose of your organization?

How long has your organization been in existence? _____

Do you charge a fee or require membership? _____ If yes, explain:

Has your organization distributed food in the past? _____ When? _____

Are you distributing food at the present time? _____

If yes:

How long has the Member Agency been distributing food? _____

On average, how many individuals do you serve each month? _____

How will you finance your feeding program?

What criteria will you use for client eligibility? **Documentation must be kept on file.**

Program type you will be operating?

_____ Pantry

_____ Soup Kitchen

_____ Shelter

_____ Snack ONLY: With pre approval only

_____ Mobile Pantry

What is your health permit #? ___ - ___ - ___ expiration date ___/___/___

Date of sanitarian's last inspection: _____

Special notes:

Individuals picking up product from SHFB must be authorized and present a valid Driver's License or State ID at the dock. Please list authorized personnel. If there should be any changes to the Member Agency's authorized personnel, please submit this information in writing on letterhead.

Name	Phone	ID #

Storage Space

All storage spaces must be clean, dry and free of pests. Food must be stored at least six inches off the floor. All SHFB products must be stored separately from other products. All appropriate measures must be taken to ensure the proper handling and storage of products.

What size is/are the dry storage space(s)?

Is the storage space locked or secured? _____

If no, explain

Do you have cold storage space? _____

If yes, please list the size and current temperature of each unit.

Type	Size	Temperature
Refrigerator		
Refrigerator		
Freezer		
Freezer		
Refrigerator / Freezer combo		
Refrigerator / Freezer combo		



ATTACHMENT A

DONATED PRODUCT USAGE FORM

1. The Member Agency shall not sell or require or receive an interchange of money, property or services whatsoever for the transfer or use of food or other products supplied through SHFB.
2. In accordance with IRS ruling 170(e), donated product cannot be sold, bartered or exchanged for services.
3. Donated product obtained from SHFB shall not be used for fund raising activities, administrative meetings, banquets or administrative related dinners. These actions constitute a misuse of product.
4. According to the Special Rule For The Deduction Of Charitable Contributions (IRS publication):

"The use of the donated property must be related to the purpose or function constituting the grounds for exemption under section 501(c) (3) of the organization to which the contribution is made. The property may not be used in connection with any activity which gives rise to unrelated trade or business income. . . . The property must be used for the care of the ill, the needy, or infants. . . ."

5. The Member Agency shall distribute the product received from SHFB only to the needy, the ill and infants (children under the age of 18). It shall not exclude individuals based on race, religious status, sex, national origin, age, disability or sexual preference within their own program guidelines for determining client eligibility for the receipt of product.

Agency's President/CEO (printed)

Food Coordinator (printed)

Signature

Signature

Date _____

Date _____

ATTACHMENT B

IRS TAX EXEMPT STATUS INFORMATION

All agencies receiving food or non-food product from Second Harvest Food Bank must be a tax exempt 501(c) (3) organization (private, non-profit) as designated by section 170(e) of the Internal Revenue Tax Code **OR** must fit the IRS description of a church. Second Harvest Food Bank does not serve private foundations.

All agencies must provide one of the following documents with this application to verify their 501(c) (3) status. Unincorporated churches must submit Attachment C, in the event they have not filed for their 501(c) (3) status.

Check appropriate box and submit a copy of the supporting documentation.

- IRS TAX EXEMPTION LETTER** - An agency may submit a determination letter from the IRS. An updated copy of your tax exemption letter may be requested from the IRS at: IRS, CSU Room 817, P.O. Box 13163, Baltimore, MD 21203. Include your organization's name, address, and employer identification number (if available). The letter must be signed by an officer of the organization. The IRS phone number is (800) 829-3676.
- IRS LISTING** - An agency may submit its listing in the current edition of the IRS Cumulative List of Organizations
- GROUP EXEMPTIONS** - An agency, which is a subsidiary of a larger 501(c) (3) organization, may submit a copy of the larger organization's status. Include the phone number where membership can be verified.
- ATTACHMENT C** – Must be submitted by Houses of Worship without 501(c) (3) designation.

Certification: I certify that all the information provided is correct to the best of my knowledge. I also certify that I am an authorized agent of the organization named above. Any changes to the facts and information contained in this document must be provided in writing to Second Harvest Food Bank as soon as is reasonable prior to or after the changes occur. False information contained in the application, or failure to abide by the agency requirements may result in suspension or denial of Second Harvest Food Bank product, or both.

Agency's President/CEO (printed)

Food Coordinator (printed)

Signature

Signature

Date _____

Date _____

ATTACHMENT C

UNINCORPORATED CHURCHES

HOUSES OF WORSHIP WITHOUT A 501(c) (3) DESIGNATION

The following 14 criteria must be met in spirit in order to qualify as a church or house of worship. A letter (on letterhead stationary) must be sent by the Chief Executive Officer of the church / house of worship affirming that the organization meets these requirements.

The organization must:

- Have a distinct legal existence.
- Have a recognized form of worship.
- Have a definite and distinct ecclesiastical government.
- Have a formal code of doctrine and discipline.
- Have a distinct religious history.
- Have a membership not associated with any (other) church or denomination.
- Have a complete organization of ordained ministers ministering to their congregations.
- Have ordained ministers elected after completing prescribed courses of study.
- Have a literature of its own.
- Have established places of worship.
- Have regular religious services.
- Have Sunday schools for religious instruction of the young.
- Have schools for the preparation of its ministers.

Certification: I certify that the all information provided is correct to the best of my knowledge. I also certify that I am an authorized agent of the organization named above. Any changes to the facts and information contained in this document must be provided in writing to Second Harvest Food Bank as soon as is reasonable after the changes occur. False information contained in the packet, or failure to abide by the agency requirements may result in suspension or denial of Second Harvest Food Bank product or both.

Agency's President/CEO (printed)

Food Coordinator (printed)

Signature

Signature

Date _____

Date _____

ATTACHMENT D

ENTRY TEST

Answer all questions, sign and return with application.

- T F All member agency staff and volunteers, who handle SHFB product must be familiar with all SHFB regulations.
- T F It is OK for churches to refuse assistance to someone because they are not of the same religion.
- T F Agencies must notify SHFB in writing of any changes in their operations, which affect the food distribution.
- T F SHFB representatives will always schedule an appointment for a monitoring visit.
- T F All food must be stored at least 6 inches from the ground.
- T F Refrigerators must hold a temperature of 40 degrees.
- T F Freezers must hold a temperature of 32 degrees.
- T F Product received through SHFB may only be stored at approved storage facilities.
- T F Pantries must maintain records for all clients receiving food assistance including: name address, phone, date of distribution and number of people living in the house.
- T F It is never OK to sell SHFB product.
- T F It is OK to use SHFB product for fundraising purposes.
- T F It is OK to share SHFB product with other organizations without getting approval from SHFB.
- T F Monthly Reports must be sent even if no order was placed.

Agency's President/CEO (printed)

Food Coordinator (printed)

Signature

Signature

Date _____

Date _____

APPLICATION FEE AGREEMENT

Agency Name _____

Please read and initial in each space provided.

_____ I understand that there is a **\$275.00** non-refundable fee (\$175.00 application fee and an annual 100.00 membership fee of which both are non-refundable – (new member agencies only)

_____ I understand that there is a **\$225.00** non-refundable fee (\$175.00 application fee and an annual 50.00 membership fee if any agency joins the second half of the fiscal year of which both are non-refundable – (new member agencies only)

_____ I understand that there is an annual **\$100.00** non-refundable membership fee.
(Due Net 30) (July 31st - each year) – continuing member agencies

_____ Payment of this fee does not guarantee approval of the application. Membership in Second Harvest Food Bank of Greater New Orleans and Acadiana is a privilege. At the discretion of the President/CEO or his/her designee, SHFB may refuse membership to any organization. If an application is denied, no explanation will be provided.

_____ Payment must be made by agency check, money order, or credit cards. No personal checks will be accepted.

The following conditions apply.

_____ All storage areas must be prepared to store food at the time of the initial inspection. Storage area requirements are listed in the Member Agency Handbook.

_____ The Member Agency must place its first order within one month of approval.

I understand and agree to the terms stated above.

Member Agency's President/CEO (printed)

Food Coordinator (printed)

Signature

Signature

Date _____

Date _____