

GLADES AREA FOOD BANK APPLICATION FOR MEMBERSHIP

This is an application for membership to The Glades Food Program. Both the application and the “Criteria for Membership” document are enclosed and must be signed by the Director of the organization and returned to The Glades Initiative. The Glades Food Program reserves the right to enforce all policies enclosed. There is no membership fee for joining the Glades Food Program. The Glades Food Program agrees to uphold and maintain confidentiality of the information supplied by all member agencies.

Check One: Daycare__ Elderly__ Substance Abuse__ Food Pantry__ Group Homes__ Soup Kitchen__ Mental Health__ Street Ministry__ Other__ Explain: _____

Agency Information:

Agency Name: _____ Phone #: _____

Agency Distribution Location: _____ City: _____ State: _____ Zip: _____

Address to receive Food Delivery _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Director Name: _____ Organization Fax #: _____

Director/ Home# () _____ Cellular# () _____

E-mail Address: _____

Contact Person: _____ Home # () _____

PERSONS AUTHORIZED TO PICK UP FOOD

1) Name: _____ Phone # () _____ Cell # () _____

2) Name: _____ Phone # () _____ Cell # () _____

GENERAL INFORMATION

Source of funding: Federal ___ State ___ County ___ City ___ Church ___ Business ___

Will you accept referrals from the Glades Food Program? ___ **Please specify the day and time of distribution:**

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

No member Agency of The Glades Food Program shall be authorized to distribute food to another not for profit organization. As per this agreement: all donated food must go directly to the distribution site immediately after pick up and must be used solely for the intended use as stated in the Membership Application.: (i.e.: providing free products to the needy.)

The Glades Initiative, Inc respects the privacy of our contacts and handles any information you provide us with care. Your name is safe with us. The Glades Initiative, Inc has never rented, sold or loaned our listed and never will. We value both your support and your privacy.

PROGRAM INFORMATION

Emergency Food Pantry:

Total number of individuals distributed to Weekly: ____ Monthly: ____

How often can they receive a box? ____

Do you keep record of those families you distribute food to? ____

What kinds of documents are required to receive food from your organization? ____

Homeless Street Ministries:

Total of meals served: Daily: ____ Weekly: ____ Monthly: ____

Location where food is being served to the homeless: _____

Day & Time of serving/ feeding: _____

On-Site Feeding Program:

Total of meals served: Weekly: ____ Monthly: ____ Total of people served: _____

Hours of operation: _____ Types of meals provided: Breakfast _____ Lunch _____

Snacks _____ Dinners _____

Equipment/ Storage:

Refrigerator: Y or N If yes, how many? ____ Approx size: S M L

Freezer: Y or N If yes, how many? ____ Approx size: S M L

Dry Storage: Y or N If yes, how many? ____ Approx size: S M L

By signing this application, I acknowledge that all information contained therein is accurate and truthful, to the best of my knowledge. I also acknowledge that I am an authorized representative of the applicant agency, and as such, have the authority to sign agreements and/ or contracts on behalf of the applicant agency. Therefore, by signing “Criteria for Membership”, I understand that should the applicant agency be approved for membership with The Glades Food Program, the agency will comply with all criteria set forth by The Glades Food Program.

DIRECTOR OF THE AGENCY SIGNATURE _____

PRINT NAME _____

CRITERIA FOR MEMBERSHIP

NAME OF AGENCY _____

ADDRESS: _____ ZIP: _____

TELEPHONE: _____ DATE: _____

The purpose of The Glades Food Program is to enhance / increase your organization’s capacity to serve needy residents in the Glades Area of Palm Beach County. We strongly encourage member organizations to take full advantage of other available resources for food. The Glades Food Program is intended to be a supplement to your existing program, not a primary source of supplies. If your site is not already participating with Feeding South Florida Food Bank, providing ACCESS services such as food stamps through DCF or referring clients to local ACCESS providers, please indicate why not.

In order to be considered for membership with The Glades Food Program, we understand and agree to comply with the following criteria.

1. Must be an established agency whose feeding program has been in place for at least 90 days and serves the needy, ill or infants.
2. Must serve food directly to its clients, and available to the community at large (not client specific) in the form of meals and/or distribute packaged food for emergency situations.
3. The Glades Food Program products/ foods may not be sold, traded, bartered, or given in exchange for donations or compensations of any kind, UNDER ANY CIRCUMSTANCES.
4. After picking up food/products at The Glades Initiative, Inc food program, all food/products MUST be taken immediately and directly to distribution address on file, with no exceptions. We do not encourage improprieties or activities of a suspicious nature.
5. Must utilize existing resources to food assistance whenever possible, such as Feeding South Florida Food Bank, providing ACCESS service to DCF programs such as food stamps, or making a referral to a local organization who can assist the client/resident.
6. Must be willing to submit client service logs on a monthly basis (copies of logs submitted to Feeding South FL are acceptable)
7. Prefer organizations with a 501 (c) (3) tax exempt status with IRS. Your program has a federally recognized 501 (c) (3) letter indicating your tax exemption status.
8. Prefer submission of a current safe food handler’s certificate.

DIRECTOR OF THE AGENCY SIGNATURE: _____

PRINT NAME: _____