

## Application for Membership

### APPLICATION PROCESS:

1. **PLEASE COMPLETE ALL SECTIONS OF THIS APPLICATION.**
2. Return the application and all attachments. If you did not include your 501(c)3 determination with your original letter of request, please include it in with this packet. 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 #.

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 are not eligible.

3. As we review your application, we will schedule an on-site visit to your program site with a NHFB representative.
4. After this visit, the director or program coordinator of your agency should call the NHFB to schedule an appointment for New Shopper Orientation. Your agency may designate up to three individuals as shoppers and each must attend an orientation session before shopping at the Food Bank.

**GENERAL INFORMATION:**

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

Date \_\_\_\_\_ New Applicant? [ ] Yes [ ] No

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

(Your 501(c)3 determination letter should already be on file with the NHFB) [ ] Yes [ ] No

Agency Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Agency Telephone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail Address \_\_\_\_\_

Program Director \_\_\_\_\_

Name of Person responsible for Accounts Payable \_\_\_\_\_

If you have a parent agency, please use the billing contact for the parent agency. Thank you. Address \_\_\_\_\_ Telephone \_\_\_\_\_

Please describe briefly your general program or services: (You may attach a brochure or use an additional sheet of paper.) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

When did you begin these services? \_\_\_\_\_

Who is your financial/fiscal sponsor? \_\_\_\_\_

**Complete this section ONLY IF you are using a 501(c)3 other than your own:**

Umbrella Agency Name \_\_\_\_\_

Address \_\_\_\_\_

Telephone \_\_\_\_\_

Umbrella Director \_\_\_\_\_

Name of Sponsoring Organization \_\_\_\_\_  
(if different from umbrella)

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Director \_\_\_\_\_

Please provide the name of one social service agency or church in your area familiar with your program:

Name of Organization \_\_\_\_\_

Address \_\_\_\_\_

Telephone # \_\_\_\_\_

Contact Person \_\_\_\_\_

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

weekly       bi-weekly       monthly       other (comment)

\_\_\_\_\_  
\_\_\_\_\_

If eligible, would you be interested in the delivery system?       Yes       No  
(Delivery area must be at least 50 miles from NHFB)

Distance (in miles) from your location to NHFB \_\_\_\_\_

Name of Person filling out this application \_\_\_\_\_  
(Signature)

Please Print Name \_\_\_\_\_

Position \_\_\_\_\_

Date \_\_\_\_\_

# **Agreement**

I have read and understand the stipulations set forth in the NH Food Bank  
**“CRITERIA FOR MEMBERSHIP”**  
and the  
**“POLICIES AND PROCEDURES FOR AGENCY RELATIONS PROBLEMS”**.

*I agree to abide by them.*

I also 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.

Signature \_\_\_\_\_

Printed \_\_\_\_\_

Position \_\_\_\_\_

Agency Name \_\_\_\_\_

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 food to non-profit agencies who in turn use these foods in programs that provide nutrition and assistance to families in need, 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)
- Donated products will be used only in a manner related to the exempt purposes of the organization.
- Food will be accepted in “as is” condition and ***will be stored properly at the address given on the membership application..***
- The original donor, America’s Second Harvest and the NHFB, a program of NH Catholic Charities, are released from any liability resulting from the condition of donated food.
- Quarterly Service Reports will be completed and submitted to the NH Food Bank on the form provided by the Food Bank. These statistics are used in assessing the growing number of NH residents who are hungry and in need.

## SHARED MAINTENANCE CONTRIBUTION

The agency agrees to contribute to the maintenance of the operation of the NHFB. In order to set fair value upon the service of providing donated food, the NHFB requests a ***“shared maintenance contribution”*** at a rate of \$.18 per pound. The NHFB requests that all such contributions be made by ***agency check only*** – no cash – each time food is picked up or the agency may establish a credit account adhering to ***a strict 30-day credit policy.***

## CONDITIONS AND STIPULATIONS

The NHFB reserves the right to make any necessary changes in the “shared maintenance contribution” as well as to limit the amount of food taken.

Both parties enter into this agreement voluntarily.

Either party may terminate the agreement simply by notifying the other party in writing.

Agency Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_