



## ***Application for Membership***

### **APPLICATION PROCESS:**

1. PLEASE COMPLETE **ALL** SECTIONS OF THIS APPLICATION.
2. Return the application and all attachments. Please be sure to include your 501(c) 3 determination with your application. 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. After we review your application, we will contact your agency in writing to notify you if your agency meets all the requirements for membership to the NH Food Bank.
4. A NHFB representative will contact the director or program coordinator of your agency for an orientation and site inspection. Your agency may designate up to five individuals as shoppers and each must attend an orientation session before shopping at the Food Bank.
5. If you are completing an application renewal, disregard steps #3 and #4 listed above.

Return the **ORIGINAL** (typed or hand written) application to:

New Hampshire Food Bank  
Agency Relations Department  
700 East Industrial Park Drive  
Manchester, NH 03109

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**Section I.**  
**GENERAL INFORMATION:**

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

New Applicant:       Application Renewal:

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

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

Yes (*Your 501(c)3 determination letter should be included with this application.*)     No

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**Section II.**

Program Name: \_\_\_\_\_

Contact Person for Program: \_\_\_\_\_

E-mail Address for Contact Person: \_\_\_\_\_

Physical Address for Program: \_\_\_\_\_

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

Program Phone #: \_\_\_\_\_

Cell # of Contact Person: \_\_\_\_\_

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

E-mail Address for Program Director: \_\_\_\_\_

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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**Section III.**

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

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

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

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

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**Section IV.**

Please provide the name of one social service, agency or church in your area that can serve as a reference for your program **(this is required of all agencies)**:

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

Address: \_\_\_\_\_

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

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

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**Section V.**

Briefly describe 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 (if applicable)? \_\_\_\_\_

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**Section VI.**

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

weekly

bi-weekly

monthly

other (comment)

\_\_\_\_\_

For agencies located outside a 50-mile radius of the NH Food Bank, delivery to centralized sites is available.

**\*Delivery charge of \$ .05 cents per pound will be added to your agency invoice.**

If eligible, would you be interested in the delivery system?

Yes

No

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**Section VII.**

**Type of Program (a separate application must be completed for *each* program)**

Pantry  Prepared Meals  Senior Program  Shelter/Group Home/Residential

Seasonal  School Pantry  Snack Program  Children's Program  Other

What documentation does your agency require for food assistance?

\_\_\_\_\_

\_\_\_\_\_

Revision: 4

Date: 22 Jan 2020

Prepared by: M. Yackel Shappy

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**Section VIII.**

**Hours of Distribution:**

*Please include hours of service if different, weekly, bi-weekly, or monthly.*

Sunday: \_\_\_\_\_

Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_

Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_

Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_

\*Are you on call for appointments outside of distribution hours?    Yes     No

If yes, who should we contact? \_\_\_\_\_

Phone # \_\_\_\_\_

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**Section IX.**

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

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

Position: \_\_\_\_\_

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

# Agency 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/Program 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;
- Willingness to adhere to additional donor stipulations;
- Food will be accepted in “as is” condition and **will be stored properly at the address given on the membership application**;
- **Will not refer to itself as a Food Bank on its letterhead, signage, brochures or materials of any type**;
- The original donor, Feeding America and the NHFB, a program of Catholic Charities NH, are released from any liability resulting from the condition of donated goods;
- Are held harmless from any claims or obligations in regard to the Agency or the donated good and offer no express warranties in relation to the gift of good;
- Agencies 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.
- Quarterly Service Reports will be completed and submitted to the NH Food Bank on the form provided by the Food Bank within one month of each quarter-end. These statistics are used in assessing the growing number of NH residents who are hungry and in need.
- Agencies that are participating in the Fresh Rescue Program will submit a signed contract and submit timely reports to NH Food Bank.

### 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 \$.09 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. Delinquency in reimbursement of payments will result in suspension of shopping privileges or inactivation of membership.**

### 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: \_\_\_\_\_