

HOUSTON FOOD BANK MEMBERSHIP APPLICATION

Section 1: General Information

*****ALL APPLICATIONS MUST INCLUDE A \$25.00 NON-REFUNDABLE APPLICATION FEE*****

Date _____

Name of Agency _____

Have you ever applied for membership with the Houston Food Bank? Yes No

If so, when? _____

Physical Address (if more than one site, include all sites) _____

Mailing Address (if different from physical address) _____

County _____

Pastor of Church or President of Board (whichever is applicable):

Name _____ Phone _____

Director of Agency:

Name _____ Phone _____

Contact Person:

Name _____ Phone _____

E-mail address _____

Hours to Call _____ Fax _____

Do you have federal tax exempt status under 501(c) (3) of the Federal Code? Yes No

Are you a church, synagogue, or other place of worship? Yes No

Do you receive USDA commodities? Yes No

If yes, from whom? _____

Has your food program been in operation for at least 6 months? Yes No

How many individuals serve on BOD? _____ How often do they meet? _____

How is your program funded? _____

Does your agency submit an I-990? Yes No Is your agency audited annually? Yes No

Do you at any time ask those you serve for a donation? Yes No

If yes, please explain _____

Would your organization be able to pay the shared maintenance fee charged by the Houston Food Bank? Yes No (Please attach a copy of your current budget)

If no, please explain _____

Would you be able to comply with submission of monthly statistics forms to HFB? Yes No

Would you be able to comply with the perpetual inventory procedures? Yes No

Check the category or categories that best describe your program:

Food Pantry (any facility that distributes uncooked food to its clients)

Mobile Distribution (Mobile units)

Food Fairs (Agency must have Food Dealers Permit)

Meal Site / Residential Facility (any facility that cooks food before distributing it to its clients)

Do you have other sources for obtaining food? Yes No

If yes, please explain _____

Does your agency have written client eligibility requirements, or rules for acceptance and participation in program? Yes No If yes: (Submit a copy)

If no: (Please explain process) _____

Does your agency have an intake, or application, to gather information and screen for eligibility?

Yes No If yes: (Submit a copy)

If no: (Please explain process)

Are written records kept on clients receiving food? Yes No

How many paid staff members? _____ How many volunteer staff members? _____

Pantry Programs

Approximately how many families do you serve per month? _____ Individuals? _____

Do you have a current Food Dealer's Permit? Yes No (If no, call county health department)

Who is the primary recipient of your program? _____

What kind of food do you most often supply? _____

Do you have adequate storage space for your program? Yes No

Do you have adequate refrigeration? Yes No

Do you have adequate freezer storage? Yes No

What days and hours is your pantry open? _____

What is the geographic (or zip code) area you serve? _____

Are you affiliated with any other agency? Yes No If yes, please explain:

Meal Site / Residential Programs

Meals provided: Breakfast Lunch Dinner

Approximately how many individuals are served per meal? _____

What days do you serve meals? Sun Mon Tues Wed Thurs Fri Sat

Do you charge for meals? Yes No

Do you keep records of menus for every meal? Yes No

How many meals are served each week? _____

Do you have adequate food storage space for your program? Yes No

Do you have adequate refrigeration? Yes No

Do you have adequate freezer storage? Yes No

Do you have a current Health Inspection Report? Yes No (If no, call county health department)

Do you have a Food Service Manager's Certificate? Yes No (If no, call county health department)

Is your program a residential program? Yes No (If yes, answer the remaining questions)

If residential program, how many beds is your facility licensed to have? _____

Do you have a State License? Yes No (If no, contact appropriate state agency)

Do you have an Occupancy Permit? Yes No (If no, contact appropriate state agency)

If residential, what is the average number of clients in residence on any given night? _____

Is your program a personal care facility? Yes No If not, what kind of facility is it? _____

Is there a program fee? Yes No If yes, please explain: _____

Does everyone pay the complete fee? Yes No

MOBILE DISTRIBUTION UNITS

Must schedule at least 14 days in advance

Must have adequate space for delivery & safe storage

Agency is responsible for damages while unit is on their premises

Agency must provide a Social Service for clients, a flyer must be sent to Agency Service prior to obtaining a mobile unit.

Agency must leave any unused products on mobile unit to be returned to the Houston Food Bank

When complete please return to:
Department of Agency Services
The Houston Food Bank
535 Portwall
Houston, TX 77029

Questions concerning the application process or the status of your application should be directed to the Department of Agency Services, (713) 547-8668.

Certification: I certify that the above information is correct to the best of my knowledge.

Signed, Director of Agency or Program

Signed, Pastor of Church (if applicable)

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc.), should contact the Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877- 8339. Additionally, program information may be made available in languages other than English.

To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at: http://www.ascr.usda.gov/complaint_filing_cust.html, and at any USDA office, or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442; or

(3) email: program.intake@usda.gov.

This institution is an equal opportunity provider.

CHECK LIST

Items Needed for Application: Pantry Program

*****ALL APPLICATIONS MUST INCLUDE A \$25.00 NON-REFUNDABLE APPLICATION FEE*****

1. ____ Copy of the IRS letter that your organization received attesting to your acceptance into the 501(c) (3) tax category.

Or

2. ____ Copy of a letter from your denominational office stating your organization's affiliation with the denomination or copies of the denomination's regional/local directory cover including the page on which your church's name appears.

NOTE: If the applying program is not a church, but an agency, and is covered by a group 501(c) (3), send proof of such affiliation.

3. ____ Copy of the current Food Dealer's Permit (If required by your county's health department.)
4. ____ Description of your organization's mission, goals, programs, services, and operation procedures. (Include the zip codes/areas that you serve, your operation times, and etc.)
5. ____ Copy of the written eligibility requirements used to determine client eligibility for your program.
6. ____ Copy of Budget showing amount budgeted for food cost.
7. ____ List of food program workers.
8. ____ Completed copy of the Food Bank Application.

Items Needed for Application: Meal Site Program

1. ____ Copy of the IRS letter that your organization received attesting to your acceptance into the 501(c) (3) tax category.

Or

2. ____ Copy of a letter from your denominational office stating your organization's affiliation with the denomination or copies of the denomination's regional/local directory cover including the page on which your church's name appears.

NOTE: If the applying program is not a church, but an agency, and is covered by a group 501(c) (3) sends proof of such affiliation.

- 3.____ Copy of the current Health Inspection Report of the kitchen and food storage areas.
- 4.____ Copy of the current Food Service Manager's Certificate(s).
- 5.____ Description of your organization's mission, goals, programs, services, and operation procedures. (Include the zip codes/areas that you serve, your operation times, and etc.)
- 6.____ Copy of the written eligibility requirements used to determine client eligibility for your program.
- 7.____ Copy of the Intake Form or Client Application used to gather information and screen clients for program eligibility (Include a space for client's signature.)
- 8.____ Copy of the daily Tally Sheet that includes clients' date of service, name, and number of meals served daily.
- 9.____ Copy of dated menus.
- 10.____ Completed copy of the Food Bank Application form.

Items Needed for Application: Residential Program

- 1.____ Copy of the IRS letter that your organization received attesting to your acceptance into the 501(c) (3) tax category.
- 2.____ Copy of the current Health Inspection Report of the kitchen and food storage areas.
- 3.____ Copy of the current Food Service Manager's Certificate(s).
- 4.____ Description of the organization's mission, goals, programs, services, and operation procedures. (Include the zip codes/areas that you serve, your operation times, & etc.)
- 5.____ Copy of the written eligibility requirements used to determine client eligibility for your program.
- 6.____ Copy of the Intake Form or Client Application used to gather information and screen clients for program eligibility (Include a space for client's signature.)
- 7.____ Copy of the daily Tally Sheet that includes clients' date of service, name, and number

of meals served daily.

8. ___ Copy of dated menus.
9. ___ Copy of the Occupancy Permit from the city where your program operates.
10. ___ Copy of the State License.
11. ___ If you charge clients a fee for services, submit your official sliding scale policy, what percentage of your total budget is provided by client fees, and the percentage of client fees coming from various sources (SSI, TDHS, TRC, etc.). State basic fee for clients paying full fee and reimbursements received from referring or reimbursing agencies.
12. ___ Completed copy of the Food Bank Application form.

Items Needed for Application: Mobile Distribution

1. ___ Copy of the IRS letter that your organization received attesting to your acceptance into the 501(c) (3) tax category.

Or

2. ___ Copy of a letter from your denominational office stating your organization's affiliation with the denomination or copies of the denomination's regional/local directory cover including the page on which your church's name appears.

NOTE: If the applying program is not a church, but an agency, and is covered by a group 501(c) (3), send proof of such affiliation.

3. ___ Description of the organization's mission, goals, programs, services, and operation procedures. (Include the zip codes/areas that you serve, your operation times, & etc.)
4. ___ Copy of the written eligibility requirements used to determine client eligibility for your program.
5. ___ List of volunteers
6. ___ Copy of Organization's Current Budget
6. ___ Completed copy of the Food Bank Application form.