



Food Bank of Iowa
2220 East 17th Street
Des Moines, Iowa 50316
Phone (515) 564-0330
Fax (515) 564-0331

Membership Application

Date: _____

New Applicant

Re-Applicant

Administrative Information

Name of Agency: _____

Physical Address: _____

How long has your agency been at this address? _____

Contact Address (to mail inventories): _____

Billing Address: _____

City: _____ Zip Code: _____ County: _____

Phone Number: _____ Fax Number: _____

Web address: _____ Email: _____

How would you describe your program(s)? (Check all that apply)

- | | | |
|--|--|--|
| <input type="checkbox"/> Pantry | <input type="checkbox"/> Soup Kitchen/Congregate Meal Site | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Day care | <input type="checkbox"/> Residential (Long or Short) | <input type="checkbox"/> Senior Center/Program |
| <input type="checkbox"/> Youth Program | <input type="checkbox"/> Rehab/Treatment Center | <input type="checkbox"/> Other (Describe) |

Hours and days of operation: _____

Director of agency: _____

Director of food program: _____

Authorized food shoppers (3 maximum): _____

Are you a designated 501c3 nonprofit charitable organization as defined by the Internal Revenue Code Section 170e3? Yes No

(A copy of the IRS Final Letter of Determination must accompany this application)

Program Information

For On-Site Feeding Programs Only (meals/snacks)

How often are meals provided? Daily Weekly Monthly Other

Number of people served? Breakfast Lunch Dinner Snacks

For Food Pantries Only

Average number of food boxes distributed: Weekly Monthly Other

Please check the range that best describes the number of people you serve per month:

1-50 201-400 Other (Please Explain)

51-200 401-500

For All Agencies

What is the primary purpose of your agency?

Describe your food program in detail. Who does it serve? How long has it been running? How does it work?

What are your hours of operation? _____

Do you charge fees for any services provided? ___ Yes ___ No If yes, please explain.

Why do you seek food from the Food Bank?

Describe the geographic area you serve.

Does your agency maintain more than one site? If so, please include the number of sites and their addresses.

Describe how you let people know about your food program.

Who decides who is eligible to participate in your food program?

Give criteria for a person to be able to participate in your food program.

Describe any restrictions placed on people to whom your agency provides assistance.

Describe what types of records your agency keeps for your food program.

Present sources of food: _____

Facility Information

How many refrigerated units are designated for your food program? Give dimensions and temperatures.

How many frozen units? Give dimensions and temperatures.

How much and what type of dry storage is available?

Are the premises inspected by Health Officials? Yes No Date of last inspection _____

Does your agency have a company contracted to handle pest control? Yes No

If yes, what is the company's name and how often do they come? _____

If no, how does your agency handle pest control? _____

Describe your inventory control procedures. (How is the stored food handled and used?)

How is food product secured in the storage areas?

Other Information

What percentage of your food is purchased? _____ Donated? _____

Will your agency respond to referrals from the Food Bank of Iowa or other community agencies?
 Yes No If yes, please explain any limitations on possible referrals. If no, please explain.

Are you a member of any other Food Bank? Yes No If yes, which?

Do you and the people within your agency understand that the shared maintenance fee can not be passed on to the program participant, staff, or visitors? Yes No

Does your agency have transportation to the Food Bank of Iowa? Please explain.

Does your agency prefer to pick up product: Weekly Monthly Other (explain)

Signature of Agency Director: _____ Date: _____

Approved by: _____ Date: _____

(Director at the Food Bank of Iowa)

LETTER OF AGREEMENT

The undersigned agent of _____
(your food providing organization's name)

Hereby warrants that he/she will receive assorted foods or other products from the Food Bank of Iowa (hereinafter referred to as "Food Bank"). Said agent further warrants that any food will be duly inspected upon delivery and found to be fit for human consumption.

It is further agreed by and between the Food Bank and _____ that:

(food providing organization's name)

1. All food and products are accepted "as is";
2. The Food Bank and the original donor expressly disclaim any implied warranties of merchantability or fitness for a particular use;
3. There have been no express warranties in relation to this gift of food or other products;
4. Said organization hereby releases both the original donor and the Food Bank of Iowa from any liability resulting from the condition of the donated food and/or household products pursuant to the inspection requirements as specified in the Code of Iowa and further agrees to indemnify and hold the donor free and harmless against any and all liabilities, damages, losses, claims, causes of action arising out of or attributed to any action of said organization or any personnel employed by said organization in connection with its storage and use of the donated food and/or products;
5. Said organization hereby represents that it is a 501(c)(3) tax-exempt agency or organization that is other than a private foundation which is not an operating foundation;
6. Said organization hereby represents that all products received by it from the Food Bank of Iowa will:
 - a. not be transferred by it in exchange for money, property, or services (except as expressly permitted by the Internal Revenue Service);
 - b. be used only in a manner related to the tax exempt purpose of such organization and will not be used by said organization in connection with any activity which would give rise to unrelated trade or business income;
 - c. be used by such organization solely for the care of the ill, needy, or infants (minor children); and
 - d. be stored properly and used as soon as possible;
7. That the organization which is party to this agreement with the Food Bank agrees to distribute all items received from the Food Bank to qualified individuals as specified in I.R.S. Code of 1954 as amended by the Tax Reform Act of 1976 (68A Stat. 917, 26 U.S.C. 7805, specifically section 1.170A-4A subsection 2) without regard to their race, sex, sexual preference, color, national origin, creed, age, religion, marital status, physical or mental handicap, political affiliation, or any other basis prohibited by local, state, or federal law;

8. Said organization agrees to operate the program in accordance with Part 251 and, as applicable, Part 250 of Federal regulations;
9. Food Bank of Iowa 2220 E 17th St Des Moines, IA 50316 (515)564-0330 Fax: (515)564-0331
Said organizations hereby represents that it will maintain adequate books and records, and that such books and records will be made available to the Food Bank of Iowa and to the Internal Revenue Service upon request;
10. The organization agrees to provide its own transportation to pick up food and other products at the Food Bank warehouse;
11. The organization must be agreeable to appropriate monitoring by the Food Bank of Iowa and Health Department representatives;
12. Any specific specifications or restrictions attached by a particular donor must be observed;
13. Organization agrees to contribute a reasonable amount to the Food Bank of Iowa to help defray costs. Such contribution shall be determined by the total weight of the donated product and not by the value of property received. The Food Bank of Iowa will submit a statement to the organization indicating the amount due from the organization and its share contribution. Agencies will be billed monthly, statements sent are due upon receipt. Agencies are encouraged to contribute within 15 days;
14. This agreement may be terminated by either party upon 30 days written notice.

Any violation of the agreement may result in the termination of this food providing organization as a member of the Food Bank of Iowa.

(Signature/title of authorized agent of food providing organization) (Date)

Organization Name _____

Address _____

Telephone Number _____ email _____

(Signature/title of authorized agent of Food Bank of Iowa) (Date)