



## APPLICATION FOR MEMBERSHIP

**Mission: The Food Bank of Northern Indiana works in partnership with the community to feed the hungry, increase awareness of the effects of hunger and lead programs designed to alleviate hunger. The Food Bank of Northern Indiana serves Elkhart, Kosciusko, LaPorte, Marshall, Starke, and St. Joseph Counties and is a member of Feeding America, Feeding Indiana's Hungry (FIsh) and United Way.**

Nonprofit organizations wishing to receive food from the Food Bank of Indiana (FBNI) to distribute to people in need must apply to become a Partner Agency.

To apply your organization must:

- **Submit a \$25 non-refundable application fee.**
- Have a 501 (c) (3) nonprofit designation from the Internal Revenue Service (include copy of IRS letter with application)
  - Religious organizations must include either the IRS 501 ( c ) (3) letter OR a letter from the denomination's headquarters stating that the organization applying for membership is one in good standing in that denomination. If a letter is sent from the organization's headquarters, the headquarters must also send a letter from the IRS verifying their own 501 (c) (3) status
- Have a history and records of distributing food, goods, or services to those in need ( include documentation with application)
  - If there is a history of food distribution, agency does not, and will not require the recipient to pay, pray, or work in order to eat or gain admission to the food distribution
- Have a regularly scheduled distribution time established on a weekly or monthly basis.
- Have a clean building with pest control, including safe, well-lit dry and cold food storage
- Program staff and volunteers need to have food safety training
- Have financial ability (a sustainable budget) to obtain foods listed on our shopping list and in our shopping area (please include copy of budget with application)
- **Agree to spend minimum of \$1,000.00(or greater) annually with FBNI**

If you are interested in becoming a Partner Agency, please complete the following application and return with necessary documents. Please contact Brandy Love at [blove@feedindiana.org](mailto:blove@feedindiana.org) with questions.

**PART 1 – AGENCY CONTACT INFORMATION—**

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

Name as it appears on IRS 501 (c) (3) \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_

(Please note, Billing cannot go to a private home. All written correspondence and billing must go to mailing address or Post Office Box)

Physical Address and telephone number:

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

\*\* Does your Agency have multiple sites? If so, provide above information for each site on a separate piece of paper

Agency Director: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email \_\_\_\_\_

Program Contact: \_\_\_\_\_ Phone number: \_\_\_\_\_

Email \_\_\_\_\_

\*\* Please note, all official correspondence will be electronic via email

Persons authorized to order or pick-up food (Agency Director, Agency Contact and two [2] others)

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

Name: \_\_\_\_\_ Phone number: \_\_\_\_\_

**PART 2 – AGENCY INFORMATION –**

Type of Partner Agency: \_\_\_\_\_

(Pantry, Shelter, Soup Kitchen, Non-Emergency Residential Program, Non-Emergency Internal Pantry, Non-Emergency Day Program, please refer to Membership Requirements and Application Information for program definitions)

Is your organization an affiliate of a larger organization? If yes, please provide name and address of organization \_\_\_\_\_

\_\_\_\_\_

Date your program began: \_\_\_\_\_

Date IRS 501(c) (3) was issued: \_\_\_\_\_

Employer Identification Number: \_\_\_\_\_

Does organization have Board of Directors? \_\_\_\_\_ If yes, please attach roster of Board Members

Name and address of organization's bank:

\_\_\_\_\_

Please describe your agency's purpose or mission statement:

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\_\_\_\_\_  
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Please list any services you provide other than food :

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

Hours of operation – What hours will your pantry be open to distribute food? We require that you are open at two (2) hours a month minimum.

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

Please define the geographic area or zip code (s) your program plans to serve. Keep in mind there is a possibility that there are other programs in the area providing food assistance.

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List any organizations that are also providing a food program in your service area

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Approximately what percentage of food served or distributed by your program will come from the Food Bank of Northern Indiana? \_\_\_\_\_

How many staff members will be involved in your food distribution program?

Paid \_\_\_\_\_ Volunteers \_\_\_\_\_

Please be advised that all paperwork, including FBNI invoices, must be kept on file for three (3) years plus the current year. These papers will be needed for site visits. Please describe how your organization will maintain recordkeeping (Include use of computer programs, file cabinets, or binders, etc.)

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Food Storage Areas

Total number of Freezers \_\_\_\_\_

Total number of Refrigerators \_\_\_\_\_

Describe dry storage

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Describe how your organization will store fresh produce (fruits and vegetables)

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Describe pest control plan

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How will the community be aware of the existence of your program?

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PART 3 – Food Pantries Only

Describe your pantry's "client choice" experience

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How many days will the food you give client last the client? \_\_\_\_\_

Describe what you would put in a bag of food for a family of four if you were packing it with what you have today

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Application Check List – MUST SUBMIT ALL REQUIRED DOCUMENTS

Please include as part of application process:

- \_\_\_\_\_ \$25 non-refundable application fee
- \_\_\_\_\_ Completed and signed application
- \_\_\_\_\_ Copy of IRS letter with 501 (c) (3) designation
- \_\_\_\_\_ Documentation of food distribution
- \_\_\_\_\_ Copy of budget for prospective agency (How you intend to pay for FBNI services)
- \_\_\_\_\_ If applicable, copy of organization’s Board of Directors

Upon review of the above information, FBNI will determine if your organization aligns with our mission. An on-site inspection will be conducted by FBNI Agency Relations. Upon approval of site, your organization will be approved to become a Partner Agency.

Organization Director’s Signature \_\_\_\_\_ Date \_\_\_\_\_

Organization Director’s Printed Name \_\_\_\_\_ Date \_\_\_\_\_