



Dear Prospective Member:

Thank you for expressing an interest in membership with the Central Virginia Foodbank, Inc. Attached is an application for your information.

Please read all information carefully. If your organization decides to seek membership, you must provide a completed application (printed or typed) and one of the following:

**\*Church Qualifier (supplied by CVFB), \*IRS 501©-3 Letter, \*Umbrella Letter of Affiliation from a current member in good standings with the CVFB (supplied by CVFB), \*Appropriate documentation verifying that your organization is tax exempt and serves an at-risk population. Also, include the budget for the operation of your food program(s).**

If you are a church, then a copy of the church's By-laws, Constitution, History, Mission, Church Bulletin and a copy of the pastor's Certificate of Ordination is needed to complete your membership application.

A site visit is also required as a part of the initial screening process. You will be contacted shortly after we receive your application package to schedule an appointment. Your application cannot be processed until ALL documents are received and the site visit has been conducted. Once approved, the current membership fee will be collected. Therefore, please allow 2-4 weeks for application processing.

Attending a New Members' Orientation is the final step in the membership process. **Orientations are held the last Monday in each month, unless that Monday is a holiday, then it is the Monday before, starting promptly at 10:00a.m.** It is always helpful to call in advance to let us know that you are planning to attend. ***All new agency shoppers must attend the orientation before regular shopping privileges are granted.*** The orientation includes explanation of the Foodbank's policies/procedures, various programs, reporting and a tour of the Distribution Center. A picture ID card will be issued to you when all components of the application are in place.

Membership is based on the present needs of your community and the number of existing Emergency Food Organizations within your zip code and locality.

Again, thanks for your interest. If you have questions or need further information, please do not hesitate to call Member Services at (804) 521-2500.

Sincerely,

Wayne Bain  
Chief Operating Officer



The following criteria relates to membership for the Central Virginia Foodbank's Donated Food Program. All of the points below must be met in order to qualify:

1. The Network Partner must be a **tax exempt, non-profit, publicly supported** organization as described in section 501©(3) of the Internal Revenue Service Code and must provide the CVFB with its 501©(3) letter of determination. Religious organizations **may** qualify without a 501©(3), if they meet a separate set of criteria determined by the CVFB. (Church Qualifier)
2. The Feeding Program serves the **poor, needy, ill, infants, elderly or homeless or those in crises within their Zip Code and Locality**.
3. The Feeding Program does not discriminate on the basis of **race, color, religious beliefs, age, disabilities or sex**.
4. The Feeding Program provides food **FREE** to its clients.
5. The Feeding Program does not **sell, trade, barter or fund raise or used for feedings where 75% of recipients cannot be determined to be below the poverty level (i.e., pastor/church anniversaries, ladies/men day, funerals)** with products withdrawn from the CVFB.
6. The Feeding Program has been **operating a regular feeding program for at least 60-90 days** prior to applying for CVFB membership and has **records on hand verifying previous activity**. A **budgeted amount for operating** the feeding program is required.
7. The Network Partner agrees to **submit records** as required by the CVFB of the number of people served.
8. The Network Partner **must maintain high standards of sanitation and food safety** with regards to food storage, temperature, distribution and meal preparation.
9. The Feeding Program **must maintain stated days and hours of operation** and responds to appropriate **emergency referrals** in its service area unless exempted. Feeding sites **are expected to coordinate with other CVFB Network Partners** in their Zip Code and Locality and/or areas in their commuting pattern.

OVER

**Criteria For Central Virginia Foodbank Membership**

10. The Network Partner **must notify the CVFB in writing on partner letterhead** of any changes in hours, staff and services provided.
11. The Network partner must **withdraw/distribute** food products from the CVFB on a **continuous basis at least once a month**.

**If you believe that your Feeding Program meets the above criteria and does not already have a membership application on file, please contact the CVFB's Member Services Department at (804) 521-2500 for a mailing, or pick up an application at the address below or download the application from our website at [www.cvfb.org](http://www.cvfb.org).**



MEMBERSHIP CONTRACT OF AGREEMENT AND UNDERSTANDING

AGENCY # \_\_\_\_\_ NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

▶ AGREES to and will comply with the following criteria of a recipient agency of the Central Virginia Foodbank. ◀

- 1. Must have a 501©3 tax-exempt status with the Internal Revenue Service, Church Qualifier, Letter of Affiliation from your "Umbrella Organization or Appropriate documentation verifying that your organization is tax exempt and serves an at-risk population. \_\_\_\_\_
2. Must not sell, transfer, barter or offer for sale the items supplied by the Foodbank in exchange for money, property or services, or otherwise allow the items to re-enter commercial channels. \_\_\_\_\_
3. Must be an agency that serves the needy, ill or infants (minor children). \_\_\_\_\_
4. Must be an established agency registered and approved by the Foodbank. \_\_\_\_\_
5. Must serve food directly to its clients in the form of meals or distribute food for emergency situations. \_\_\_\_\_
6. Must have adequate refrigeration and storage space to ensure the wholesomeness of the food until used and/or distributed. \_\_\_\_\_
7. Must be licensed by the State and/or City as a food service establishment according to the service it provides. \_\_\_\_\_
8. Must provide transportation to pick up food at the Foodbank Warehouse. \_\_\_\_\_
9. Must agree to be monitored at any time or at least once every two years by Foodbank representatives. \_\_\_\_\_
10. Must be agreeable to supporting the operation of the Foodbank with a Shared Maintenance Fee of \$.15 per pound for all commodities withdrawn. \_\_\_\_\_
11. Must maintain a file of all Foodbank receipts for one year and all other Foodbank records for three years. \_\_\_\_\_
12. Must not deny access to donated products on the basis of race, creed, national origin, religious affiliation, sex, sexual preference, age, or handicap. \_\_\_\_\_
13. Agency must participate in Community Forums provided within their agency's locality. \_\_\_\_\_
14. Agencies are required to withdraw product at least once a month. \_\_\_\_\_ (Seasonal/CARITAS agencies are exempt)
15. Distribute food withdrawn from the Foodbank to the 'needy'. Records will be maintained on file for each household receiving food. \_\_\_\_\_
16. Forward Monthly Reports to CVFB by the 10th day of each month. \_\_\_\_\_
17. Notify CVFB in writing when changes are made to the original application and distribution criteria. \_\_\_\_\_ (Representatives, addresses, etc.)
18. Pay a fee of \$25.00 for returned checks in addition to the face value of the check. \_\_\_\_\_
19. Request a refund of any credit amount, in writing, by December 31st of current year, if a decision is made NOT to continue membership. All monies left in the account will be donated to CVFB. \_\_\_\_\_

We hereby release both the original donor and Central Virginia Foodbank, free and harmless against all liabilities, damages, claims, losses, cause of action, and suits of law or inequity, as well as any person employed by Central Virginia Foodbank in connection with its transportation, storage and use of donated foods.

\_\_\_\_\_  
Director / Pastor Signature

\_\_\_\_\_  
Position

\_\_\_\_\_  
Printed Name of Director/Pastor

\_\_\_\_\_  
Date



MEMBERSHIP APPLICATION

APPLICATION DATE \_\_\_/\_\_\_/\_\_\_

Note: Please TYPE OR PRINT clearly and fill in all blanks. Be as specific as possible. Put N/A if the question does not apply to your agency. If more space is needed, please use a blank sheet of paper and attach.

SECTION I

NAME OF ORGANIZATION \_\_\_\_\_

✓ AGENCY TYPE ↓

\_\_\_ PANTRY (PR)
↓
(OFF-SITE FEEDING)

\_\_\_ CONGREGATE (CR)
↓
(OH-SITE FEEDING)

\_\_\_ BOTH (BR)

✓ AGENCY STATUS ↓

\_\_\_ 501C3 TAX EXEMPT STATUS \_\_\_ CHURCH QUALIFIER \_\_\_ UMBRELLA
OR

\_\_\_ Appropriate documentation verifying that your organization is tax exempt and serves an at-risk population.

↓ Name and Address for Foodbank Mailings ↓

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

Mailing Address \_\_\_\_\_ City \_\_\_\_\_, Virginia Zip \_\_\_\_\_

Home Phone# \_\_\_\_\_ Work Phone # \_\_\_\_\_

Address of
Food Storage Site \_\_\_\_\_ City \_\_\_\_\_, Virginia Zip \_\_\_\_\_

Food Site Phone# \_\_\_\_\_ FAX# \_\_\_\_\_

Food Storage Site is in what City or County \_\_\_\_\_

Define the main purpose of your organization: \_\_\_\_\_

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

AUTHORIZED REPRESENTATIVES:

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

\_\_\_\_\_ Phone \_\_\_\_\_

Director/Pastor Name \_\_\_\_\_

\*Director/Pastor is responsible for all actions made by their agency.\*



## FEEDING PROGRAM INFORMATION

### SECTION II

DATE FEEDING PROGRAM BEGAN \_\_\_/\_\_\_/\_\_\_\_\_

Indicate Days and Hours Of Feeding Program(s):

	FROM	TO
<input type="checkbox"/> Monday	_____	_____
<input type="checkbox"/> Tuesday	_____	_____
<input type="checkbox"/> Wednesday	_____	_____
<input type="checkbox"/> Thursday	_____	_____
<input type="checkbox"/> Friday	_____	_____
<input type="checkbox"/> Saturday	_____	_____
<input type="checkbox"/> Sunday	_____	_____

### SECTION III

**SERVICES OFFERED** (Check all that apply)

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Soup Kitchen       | <input type="checkbox"/> Senior Program                  | <input type="checkbox"/> Pantry                |
| <input type="checkbox"/> Youth Program      | <input type="checkbox"/> Shelter ___ Male ___ Female     | <input type="checkbox"/> Residential           |
| <input type="checkbox"/> Public Housing     | <input type="checkbox"/> Day Care ___ Adult ___ Children | <input type="checkbox"/> Private Home Day Care |
| <input type="checkbox"/> Pick Up & Delivery | <input type="checkbox"/> CARITAS                         | <input type="checkbox"/> After School          |
| <input type="checkbox"/> Group Home         | <input type="checkbox"/> Other                           |  |

If Other, Please Explain: \_\_\_\_\_

Types of Clients Served:  Children  Adults  Elderly  Mixed

Average Number Of Clients Served Per Month: \_\_\_\_\_

Your clients are not charged a fee for your food/services except for home-based service programs (such as foster care homes or family based day cares) if the service is provided under the auspices of a 501©(3) organizations where no individual is paying specifically for the food and steps are taken to assure that the primary service is to the needy. Initial that you read and understand. \_\_\_\_\_

How do you obtain funds to operate your program? \_\_\_\_\_

Does your agency accept referrals from other organizations? \_\_\_ YES \_\_\_ NO If yes, please list the referral organizations. \_\_\_\_\_

Is the Foodbank your only source of food? \_\_\_ YES \_\_\_ NO

If NO, list other food sources. \_\_\_\_\_

**SECTION IV**

**STORAGE INFORMATION**

What types of Storage space does your Feeding Program have? (Check all that apply)

Dry Goods Storage                       Refrigerated Storage                       Freezer Storage

Describe the size of your Food Pantry/Storage Area. (Put N/A in areas which do not apply)

PANTRY: \_\_\_\_\_ Feet Wide                      \_\_\_\_\_ Feet Long                      \_\_\_\_\_ Feet High

REFRIGERATOR(s) # OF STANDARD \_\_\_\_\_ # OF COMMERCIAL \_\_\_\_\_

FREEZERS(s) # OF STANDARD \_\_\_\_\_ # OF COMMERCIAL \_\_\_\_\_

**SECTION V**

**RECORD KEEPING**

What are the Eligibility Requirements for Your Clients? (Indicate Below)

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The Foodbank requires that records be kept which include:

- Location of food storage site(s)
- Quantities of food product distributed
- Size of family, or number of individuals being served
- Agency Invoices
- Monthly Reports

Your organization agrees to keep ACCURATE AND UP-TO-DATE RECORDS? \_\_\_ Yes/Initials \_\_\_

**SECTION VI**

**PROGRAMS AT THE CENTRAL VIRGINIA FOODBANK**



↓ Check THE PROGRAMS YOU WANT TO KNOW MORE ABOUT ↓

- TEFAP/USDA
- ENABLER
- BROWN BAG
- SUPER PANTRY
- KIDS CAFÉ
- DROP SITE DELIVERY
- CO-OP BUYING PROGRAM
- PRE-ORDERING PROGRAM
- EMERGENCY PANTRY

