

# APPLICATION FOR AGENCY MARKET

COMMUNITY FOOD BANK  
P.O. BOX 26727  
TUCSON, AZ. 85726  
520-622-0525

## Application Process:

1. Please complete **All** appropriate sections of this application. Incomplete applications will not be accepted.
2. The agency Director must sign the enclosed letter of agreement.
3. Please include, with this application, a photocopy of your **IRS/US DEPT. OF TREASURY** letter of determination. ( 501c3)
4. Churches must include a copy of there 501c3 or must complete a church qualifier form.
5. Please return application and attachments to the Community Food Bank.
6. Once application is received a Community Food Bank staff person will contact you for a site visit.
7. The completed application with attachments and monitoring sheet will then be presented to our board at the next Food Bank Board of Directors meeting.
8. If membership is granted, the agency Director and/or staff must attend an orientation at the Community Food Bank for the salvage program. This session is **REQUIRED** before an agency may begin shopping in this program.
  - **PLEASE NOTE: Completion of this application does not guarantee membership.**
  - **We reserve the right to refuse membership when the agency does not meet our criteria.**

**SECTION I: GENERAL INFORMATION**  
(To be filled out by all applicants)

NAME OF  
AGENCY: \_\_\_\_\_

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

MAILING  
ADDRESS: \_\_\_\_\_ ZIP \_\_\_\_\_

PARENT ORGANIZATION: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL  
ADDRESS: \_\_\_\_\_

AGENCY DIRECTOR: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

FEDERAL EMPLOYEE IDENTIFICATION NUMBER: \_\_\_\_\_

STATE LICENCE NUMBER: \_\_\_\_\_

PLEASE DISCRIBE YOUR GENERAL PROGRAM OR ATTACH AGENCY  
BROCHURE: \_\_\_\_\_

\_\_\_\_\_

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WHEN DID THIS PROGRAM BEGIN? \_\_\_\_\_

WHAT ARE YOUR FUNDING SOURCES: \_\_\_\_\_

WHERE DOES MONEY FOR FOOD COME FROM: \_\_\_\_\_

## SECTION II: FEEDING PROGRAM INFORMATION

### CHECK CATEGORY DESCRIBING YOUR PROGRAM:

- (A) \_\_\_\_\_ RESIDENTIAL PROGRAM (cooking and serving meals to registered clients living on site. Includes: Group homes, detox, half-way homes and foster care)
- (B) \_\_\_\_\_ MEAL PROGRAMS (cooking and serving meals to needy persons on a regular or occasional basis. Also includes snack programs)
- (C) \_\_\_\_\_ FOOD BOX - PANTRY PROGRAM (preparing food boxes for the public. providing groceries to those in need of assistance)

\*\*\*DEPENDING ON WHICH CATAGORIES CHECKED, COMPLETE THE CORRESPONDING SECTION\*\*

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**(A) RESIDENTIAL PROGRAM:**

1. HOW MANY INDIVIDUALS IN YOUR PROGRAM?

\_\_\_\_\_

2. AGES? \_\_\_\_\_

3. WHICH MEALS DO YOU SERVE?

\_\_\_\_ BREAKFAST \_\_\_\_ LUNCH \_\_\_\_ DINNER \_\_\_\_ SNACKS

4. WHAT DAYS DO YOU SERVE MEALS? \_\_\_\_\_

5. DO YOU CHARGE? \_\_\_\_\_ IF YES, HOW MUCH? \_\_\_\_\_

6. DO YOU CHARGE ROOM AND BOARD? \_\_\_\_\_

7. ARE YOU LICENSED? \_\_\_\_\_ IF SO, BY WHOM? \_\_\_\_\_

8. BOARD OF HEALTH CERTIFICATE # \_\_\_\_\_

9. WHAT PERCENTAGE OF YOUR CLIENTS ARE LOW INCOME  
OR ELIGIBLE FOR GOVERNMENT AID? \_\_\_\_\_

10. NAME OF THE PERSON IN CHARGE OF FOOD PREPARATION:

\_\_\_\_\_

**(B) MEAL PROGRAM:**

1. HOW MANY INDIVIDUALS SERVED PER MEAL? \_\_\_\_\_
2. AGES? \_\_\_\_\_
3. WHICH MEALS DO YOU SERVE?  
\_\_\_\_BREAKFAST \_\_\_\_LUNCH \_\_\_\_DINNER \_\_\_\_SNACKS
4. DO YOU CHARGE FOR MEALS? \_\_\_\_\_ IF YES HOW MUCH? \_\_\_\_\_
5. DO YOU ASK FOR DONATIONS **FROM** PERSONS SERVED? \_\_\_\_\_
6. WHAT PERCENT OF YOUR CLIENTS ARE LOW INCOME? \_\_\_\_\_
7. PERSONS IN CHARGE OF FOOD PREPARATION: \_\_\_\_\_
8. DO YOU SERVE MEALS TO THE PUBLIC? \_\_\_\_\_
9. HEALTH CERTIFICATE NUMBER: \_\_\_\_\_  
(This is a required certificate if you are working with the public)
10. DO YOU HAVE A REFRIGERATOR? \_\_\_\_\_
11. DO YOU HAVE A FREEZER? \_\_\_\_\_
12. WHAT PERCENT OF YOUR FOOD IS DONATED? \_\_\_\_\_
13. WHAT PERCENT IS PURCHASED? \_\_\_\_\_

**SECTION III : REFERENCE**

**PLEASE PROVIDE THE NAME OF ONE SOCIAL SERVICE AGENCY OR CHURCH, IN YOUR AREA, THAT WILL GIVE YOUR AGENCY A REFERENCE.**

NAME OF AGENCY GIVING REFERENCE: \_\_\_\_\_

NAME OF CONTACT PERSON: \_\_\_\_\_

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

TELEPHONE NUMBER: \_\_\_\_\_

NAME OF PERSON FILING APPLICATION: \_\_\_\_\_

POSITION: \_\_\_\_\_ DATE: \_\_\_\_\_

HOW DID YOU HEAR ABOUT THE COMMUNITY FOOD BANK?

\_\_\_\_\_

**(C) FOOD BOX –PANTRY PROGRAM:**

1. GIVE AN ESTIMATE OF HOW MANY FOOD BOXES IN A MONTH.

\_\_\_\_\_

2. WHAT DAYS/HOURS ARE YOU OPEN TO DISTRIBUTE FOOD?

MONDAY\_\_\_\_\_TUESDAY\_\_\_\_\_

WEDNESDAY\_\_\_\_\_THURSDAY\_\_\_\_\_

FRIDAY\_\_\_\_\_SATURDAY\_\_\_\_\_

SUNDAY\_\_\_\_\_

4. DO YOU SOLICIT DONATIONS FROM THE PEOPLE YOU ASSIST?

\_\_\_\_\_

5. WHAT PERCENT OF YOUR CLIENTS ARE LOW INCOME? \_\_\_\_\_

6. NAME OF PERSON IN CHARGE OF YOUR FOOD PANTRY:

\_\_\_\_\_

7. DO YOU HAVE REFRIGERATORS OR FREEZER? \_\_\_\_\_

8. DO YOU HAVE A HEALTH CERTIFICATE? \_\_\_\_\_

9. PERCENT OF YOUR FOOD THAT IS DONATED\_\_\_\_\_%

\_\_\_\_\_ % PURCHASED

**(C) CONTINUED:**

10. HOW MANY DAYS SUPPLY OF FOOD FOR EACH PERSON IS PROVIDED? \_\_\_\_\_

11. WHAT ARE YOUR ELIGIBILITY GUIDELINES?

\_\_\_\_\_

\_\_\_\_\_

12. DO YOU REQUIRE PEOPLE TO ATTEND CHURCH SERVICES OR WORK IN EXCHANGE FOR FOOD? \_\_\_\_\_

13. DO YOU KEEP RECORDS FOR PEOPLE YOU HELP? \_\_\_\_\_  
(Date/name/number in household/reason for need)?

14. WHAT PROOF OF NEED DO YOU ASK FOR?

\_\_\_\_\_

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