



"...providing healthy and affordable food to Food Pantries and Feeding Programs in West Central Arkansas!"

Thank you for your interest in becoming a member organization of Project Hope Food Bank. The mission of Project Hope is to eliminate hunger in West Central Arkansas by securing wholesale food at cheap prices and distributing it to agencies who distribute it to those who need it. Project Hope will distribute food to food pantries, soup kitchens, and other feeding programs throughout West Central Arkansas. These partnerships will make it possible to get food directly into the hands of the people who need it. Member programs will include pantries, emergency shelters, soup kitchens, and on-site residential programs.

In order to become a member agency of Project Hope Food Bank, your organization must agree to the guidelines listed in this application packet. Your completed application packet should be sent in one of the following avenues:

- By email to: tthompson@projecthopefoodbank.org
- By fax to: 501.623.2885
- By mail to: Project Hope Food Bank, Box 39, Hot Springs, AR 71902
- In person at Project Hope Food Bank

Enclosed in this packet are the following documents:

- | | |
|----------------------------------|----------|
| 1. Membership Application | page 2-4 |
| 2. Membership Criteria | page 5-6 |
| 3. Authorized Personnel Form | page 7 |
| 4. Quarterly Report Instructions | page 8 |

Please take the time to carefully read the information and fill out all requested information.

If you have any questions about the application process, please contact Ted Thompson, at 501.623.3663.

You are commended for your efforts to help those in need in your community. We look forward to assisting you in your endeavors.

Sincerely,

Ted Thompson
Director

Project Hope Food Bank – www.projecthopefoodbank.org
Physical Address: 915B Gaines Avenue, Hot Springs, AR 71901
Mailing Address: PO Box 39, Hot Springs, AR 71902

Phone: 501.623.3663 (FOOD) Fax: 501.623.2885 Email: info@projecthopefoodbank.org

Project Hope Food Bank Application

(all information must be filled out)

Name of Organization: _____

Name of Food Program (if different): _____

Mission of Organization: _____

Organization Mailing Address: _____

County: _____

Physical Address of Program (if different from organization address): _____

Phone Number: _____

Fax Number: _____

Email address: _____

Number of Persons Served Monthly:

1-25

26-50

50-75

75+

Annual Membership Fees:

\$25 for 1-25

\$50 for 26-50

\$75 for 50-75

\$100 for 75+

Internal Use Only

On Site Inspection

Date: _____

By: _____

Membership Fees

Amount Paid: _____

Date Paid: _____

Approved

Denied

Name of Food Coordinator: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

Billing Contact: _____
Phone Number: _____ Fax Number: _____
Email Address: _____

Program Information

Date Program Established (if your program has not yet begun, please respond with what is currently planned): _____

Type of Services (check all that apply and complete all applicable sections below):

- Food Pantry
- Soup Kitchen/Shelter
- Onsite/Residential

Food Pantry (provides groceries, cleaning supplies & personal care items)

Regular Days & Hours: _____

Which items do you distribute?

- Dry goods (canned food, boxed foods, bottles)
- Fresh fruits/vegetables
- Dairy products
- Non-food items (soap, tissues, personal care items, etc.)

How many people do you serve each month? _____

What geographic area(s) does the program serve? _____

Soup Kitchen (cooking or serving meals to walk-in guests on a regular or occasional basis)

What days and times are meals served? _____

How many people are served at the average meal? _____

Do you have a health certificate from the local department of health? _____

Onsite/Residential (cooking or serving meals eg: detox center, halfway house, group home)

Type of program (see list above): _____

Average number of people in the program: _____

Days and times of operation: _____

Meals served (check all that apply):

- Breakfast
- Lunch
- Dinner
- Snack
- Other

Do you have a health certificate from the local department of health? _____

Physical Facilities Information

Are you able to close, lock and secure the area where the food and products are stored? Yes
No

Storage Capacity:

Cubic feet refrigerated: _____

Cubic feet frozen: _____

Square feet dry storage: _____

Do you have a walk in:

Freezer

Refrigerator

Cooler

None

Do all storage areas meet Arkansas Department of Health requirements?

Yes No

Is someone in the organization certified in food safety? Yes No

(Please Print)

Name of person completing the application: _____

Title: _____

Signature of person completing application: _____

Date: _____

Membership Criteria

The following criteria must be agreed to and complied with for your organization to become and remain a member in good standing of Project Hope Food Bank. An official representative of your agency is required to complete and sign this agreement signifying that the following membership criteria are understood and will be faithfully met. If you have questions, call Ted Thompson at 501.623.3663 and he will go over these criteria with you.

If for any reason any of the criteria are not being met, Project Hope Food Bank should be notified as soon as possible.

Does your agency meet the following criteria? **(Please check each statement to confirm agreement)**

- _____ 1. Is incorporated and operating as a private non-profit organization and is established in the community.
- _____ 2. Does not discriminate against any person because of race, gender, religion, political affiliation, sexual preference, or national origin.
- _____ 3. Will not sell, transfer, barter, nor offer for sale the items supplied by Project Hope Food Bank in exchange for money, property, goods, services, or otherwise allow items to reenter commercial channels.
- _____ 4. Will use all items drawn from Project Hope Food Bank only in activities solely for feeding people who are in need.
- _____ 5. Will provide sanitary, reliable and product appropriate transportation and sufficient personnel to pick up food at Project Hope Food Bank.
- _____ 6. Has adequate storage, refrigeration and freezer space to ensure the wholesomeness of the food until it is used.
- _____ 7. Will accept food in "as is" condition and agrees to inspect such items, withholding from distribution and/or consumption any food that might be spoiled or inedible.
- _____ 8. Will maintain records on the receipt, distribution, and use of products from Project Hope Food Bank.
- _____ 9. Agrees to regular monitoring by a Project Hope Food Bank representative to verify compliance with these criteria and the information provided on the organization's application and quarterly reports.
- _____ 10. Will support the operation of Project Hope Food Bank by paying a handling fee on a per pound basis for applicable products.
- _____ 11. Agrees to pay the annual membership fee according to families served.
- _____ 12. Affirms that the original donor, Project Hope Food Bank, and its affiliates are held blameless from any claims or obligations in regard to any products received by the organization.
- _____ 13. Will not use donate products for the purpose of fundraising.

_____14. Will submit a quarterly report by the 15th of the following quarter

_____15. Will be open at least 1 day per week for a minimum of four hours unless deemed to be a special program approved by Project Hope Food Bank

I understand these membership criteria and, as an authorized representative of _____, will ensure that these criteria are met. If for any reason any of the criteria are not being met, I agree to notify Project Hope as soon as possible.

Signature of Representative

Date Signed

Print Name & Title

Authorized Personnel Information

Name of Organization: _____

Contact Person: _____

Address: _____

Telephone: _____

Email: _____

The names and signatures of the persons below are authorized by _____ to pick up products on behalf of your organization at Project Hope Food Bank. Their signatures indicate that they have read and understood Project Hope Food Bank regulations and agree to abide by them.

Print Name

Signature

Print Name

Signature

Print Name

Signature

Print Name

Signature

Please inform Ted Thompson at 501.623.3663 as soon as any changes are made in your agency's list of people authorized to pick up products at Project Hope Food Bank.

INSTRUCTIONS FOR COMPLETING MONTHLY AGENCY REPORTS

Each agency is required to completed and return the quarterly report forms. These reports provide important information that help us serve you better. Some things to remember:

GENERAL INFORMATION

1. All information should be readily available from your intake forms/daily sign in sheets.
2. Complete and return the report even if you did not order from Project Hope Food Bank that quarter. We still need to know how many people our member agencies are serving. Return the report even if you did not serve clients.
3. You do not have to get 100% of your food from us to fill out these reports. Please fill them out regardless of how many food banks/programs you get your food from.

SPECIFIC INSTRUCTIONS

1. You must fill out all of the pertinent contact information for each quarterly report form.
2. Fill out the correct section for your type of program. If you are not sure how your program is classified, CALL US.
3. Make sure your numbers add up correctly! The “total” column should be the sum of the three months.
4. You may fax, email, mail or give your reports to us in person. Instructions for sending the reports in are found on each quarterly report form.
5. Failure to send in the reports by the required dates due will result in your loss of your agency discount of 10% and/or a reduction on the amount of salvage food that you can get.