

Agency Name: \_\_\_\_\_

York County Food Bank Use Only

Date received: \_\_/\_\_/\_\_

\_\_\_\_\_ New applicant

\_\_\_\_\_ Member Update/Renewal

**York County Food Bank, Inc.**  
**Distribution Partner Application and Information Sheet**

Distribution Partner Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Distribution Site Address : (if different from above)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Distribution Partner Director or Coordinator: \_\_\_\_\_

Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_ Website URL: \_\_\_\_\_

Please describe your mission: \_\_\_\_\_

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

How long has your program been operating? \_\_\_\_\_

How is your program funded? \_\_\_\_\_

Person authorized to change Authorization Form: \_\_\_\_\_

*(Please completed Authorized Form).*

Please answer the following:

1. Do you provide on-site meals?  Yes  No

2. Do you pack food boxes?  Yes  No

3. How often will clients be served?  Daily  Weekly  Monthly

Agency Name: \_\_\_\_\_

4. Distribution Site days & hours of operation: \_\_\_\_\_

5. Will you have a shopping/choice distribution:       Yes       No

6. What services would you like to provide?

Breakfast

Lunch

Dinner

Holiday Meals Breakfast

Snack

Food Distribution Site

TEFAP

State Food

C.S.F.P. (Senior Food Box)

Other (Complete 6a)

6a. Other Explanation:

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7. Please indicate the type of storage available for food:

Dry/canned food storage

Refrigerator

Freezer

## Membership Agreement

\_\_\_\_\_ agrees to and will comply with the following criteria of a Distribution Partner of the York County Food Bank:

1. You must submit **to the York County Food Bank a copy** of the agency's 501c3 tax-exempt status from the Internal Revenue Service with this application.
2. Must have been in operation for six months prior to application date.
3. Distribution Partner agrees to pay \$50.00 annual membership fee due by January 31 of each year. This fee is required to be paid with all new agreements.
4. Must meet local municipality and codes where site is located.
5. Must distribute food at least 8 months per year.
6. Food items must be stored a minimum of 5 inches (pallet height) off the floor and 18 inches from the wall.
7. Must not use, transfer, barter or offer for sale any items received from the Food Bank in exchange for money, property or services, or otherwise allow the items to re-enter commercial channels.
8. Must not give donated products to paid staff for personal use, serve donated products for general congregation use, or serve donated products for agency events.
9. Must not require or request that clients pay, donate or make any contribution of money, services or personal time to the agency.
10. Must not require clients to participate in prayer or in a religious service in order to receive food. Must not require attendance at religious services, prayer, or "counseling" as a prerequisite to or in conjunction with food distribution or receiving food. Must not use program to foster or advance religious or political views.
11. The Distribution Partner will use the items only in a use related to its tax-exempt purpose, and/or solely for feeding and/or care of the ill, needy, infants and minor children, with the primary beneficiaries of services being the needy.
12. Must provide meals or food packages directly to its clients for emergency situations.
13. Must have adequate refrigeration (where applicable) and storage to ensure the wholesomeness of the food until use and/or distributed.
14. Must have adequate freezer (where applicable) and storage to ensure the wholesomeness of the food until use and/or distributed.
15. Must maintain current temperature log, for dry storage, refrigeration and freezer.
16. Must have "**Pest Control Records**" for storage and distribution site available at monitoring time.
17. Distribution Partner must accept the food "as is."
18. Must allow free access for site visits by York County Food Bank and its designees to monitor the use, storage and distribution practices as deemed necessary, and at least once a year. This includes, but is not limited to, providing required survey information, data collection and hunger study surveys.
19. Distribution Partner is responsible for notifying the York County Food Bank of all pertinent information concerning the Distribution Partner's food distribution program. This includes changes in key staff/volunteers, address, distribution times or day of distribution, and individuals authorized to pick up food from the Food Bank.

Agency Name: \_\_\_\_\_

20. Must be agreeable to supporting the operation of the York County Food Bank with a suggested shared maintenance fee for items received.
21. Must maintain a file of all Food Bank receipts for three (3) years and current.
22. Must not deny services on the basis of race, creed, national origin religious affiliations, gender, sexual preference, age, or handicap.
23. Must complete and submit Monthly Activity Report, and complete a Self Declaration form for each clients served no less then yearly (July1 thru June 30). Reports must be remitted to the York County Food Bank by the 6<sup>th</sup> of the next month, even if there is no site activity.  
**Reports are required for Distribution Partner to remain compliant and active.**
24. Distribution Partner must pay all account balances within 30 days of invoice date.
25. Distribution Partner must maintain a Self Declaration of need form for each client for three (3) years plus current year.
26. York County Food Bank and the original donors are released by the Distribution Partner from any liability resulting from the condition of received product, and further, the York County Food Bank and the original donors are indemnified and held free and harmless against any and all liabilities, damages, losses and/or claims whatsoever rising out of or attributed to any action of said Distribution Partner, or personnel employed by said agency, in connection with the storage of use of received product(s).
27. York County Food Bank reserves the right to terminate its relationship with the Distribution Partner for non-compliance of this agreement or any other policy infractions. York County Food Bank reserves the right to refuse service or food. Food Bank membership will be approved on a probationary basis. York County Food Bank reserves the right to limit the amount and type of food that the Distribution Partner receives.
28. Either party can terminate this agreement with written notice 30 days prior to termination.
29. If Distribution Partner account is inactive for 90 days this agreement will automatically be terminated.

Agency Name: \_\_\_\_\_

*The undersigned hereby affirm that they are authorized agents of the applicant organization, and their legal signatures do bind the application organization to the terms, conditions, and limitations of the application agreement. I declare under the penalty of perjury that the foregoing is true and correct.*

\_\_\_\_\_  
Signature of Highest Organization Authority  
(e.g. Pastor, President, Director)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature of Food Program Contact Person/Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**FOR OFFICE USE ONLY**

The above agency is accepted/renewed as a Distribution Partner of the York County Food Bank.

\_\_\_\_\_  
Signature of Food Bank Management Approval

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Board of Director/Position

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Board of Director/Position

\_\_\_\_\_  
Date

Agency Name: \_\_\_\_\_

Date: \_\_\_\_\_

York County Food Bank Inc.  
Authorization Form

Please print or type

Agency Name:		Agency Number:
Agency Address:		
Telephone:		
Person's name and position/title completing this form:		
First Name	Last Name	Last four number of social security
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/>	<input type="checkbox"/>	

Check One  
ADD REMOVE

<input type="checkbox"/>	<input type="checkbox"/>
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ADD REMOVE

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ADD REMOVE

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Please, keep a copy of this for your records.

**NOTE: Only personnel listed on this form will be able to utilize the food bank account.**

Version 1.1