



**CENTRAL CALIFORNIA FOOD BANK**

MEMBER OF  
**FEEDING AMERICA**

3403 E. Central Ave.  
Fresno, CA 93725  
Phone 559-237-3663  
Fax 559-237-2527  
www.ccfoodbank.org

## Agency Membership Application

### PART ONE – AGENCY CONTACT INFORMATION

Application Date \_\_\_\_\_ Federal Employer ID# \_\_\_\_\_

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

Physical Address \_\_\_\_\_ City \_\_\_\_\_

Zip Code \_\_\_\_\_ State CA \_\_\_\_\_ County \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

Mailing address (if different than above) \_\_\_\_\_

Program Contact Person \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Agency Director \_\_\_\_\_ Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

Finance/Treasurer responsible for paying invoices:

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Is your agency or church an affiliate of a larger organization?      Yes ( ) No ( )

If yes, what is the name of this organization? \_\_\_\_\_

Please describe your agency's purpose/mission: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How long has your agency/program been in operation? \_\_\_\_\_

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

**PART TWO – GENERAL PROGRAM INFORMATION**

What types of food programs does your agency provide? (Please check all that apply)

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Pantry         | <input type="checkbox"/> Soup Kitchen/Meal Site | <input type="checkbox"/> Emergency Shelter (90 Days or Less) |
| <input type="checkbox"/> Day Care       | <input type="checkbox"/> Adult Group Home       | <input type="checkbox"/> Rehab/Transitional Housing          |
| <input type="checkbox"/> Senior Program | <input type="checkbox"/> Children's Group Home  | <input type="checkbox"/> After-School Program                |

Other: \_\_\_\_\_

Please define the geographic area your agency serves or plans to serve: \_\_\_\_\_

How does/will your agency determine if a client is eligible for you food program? \_\_\_\_\_

If your agency is a religious organization, what percent of your clients will be from your own congregation? \_\_\_\_\_%

If already in operation, what percent of your clients are using your food program more than 4 times a year? \_\_\_\_\_%

Do/will you charge your clients for food? Yes (  ) No (  )

If yes, please explain: \_\_\_\_\_

Do/will you ask for donations from clients? Yes (  ) No (  )

If yes, please explain: \_\_\_\_\_

Do/will you require people to attend a church or religious service, lecture or work in exchange for food? Yes (  ) No (  )

If yes, please explain: \_\_\_\_\_

How do/will people find out about your food program?

What is your current **annual** food budget? \$\_\_\_\_\_ (Estimate if you are not yet operating a program)

Estimate what percentage of your food will come from the following:

Central California Food Bank \_\_\_\_\_% Direct Purchases \_\_\_\_\_% Farmers \_\_\_\_\_% Other Donations \_\_\_\_\_%

**PART THREE -FOOD STORAGE FACILITIES**

**Cold Food Storage** (List number of units/types)

Type of Unit	Residential Upright	Residential Chest	Commercial Upright	Commercial Chest	Walk-ins
Freezers					
Refrigeration					

Does/will your agency regularly monitor cold food storage temperatures? Yes ( ) No ( )

If yes, will you provide logs of recorded temperatures? Yes ( ) No ( )

**Dry Food Storage**

Please describe and estimate the size of storage area(s) \_\_\_\_\_

Is/will food be stored in a locked area/cabinet(s)? Yes ( ) No ( )

If no, please explain \_\_\_\_\_

Do you have regular pest control? Yes ( ) No ( )

If yes, please note service provider \_\_\_\_\_

Will you be able to provide pest control logs? Yes ( ) No ( )

Please list any other off-site storage areas being used for storing dry, refrigerated or frozen items:

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

Does your agency have the ability of picking up food by the pallet on a rotational on-call basis? Yes ( ) No ( )

If yes, how many pallets can be picked up at one time? \_\_\_\_\_

Does your agency have the ability to host large food distributions (200 to 400 clients)? Yes ( ) No ( )

If so, do you have the ability to recruit 20-30 volunteers? Yes ( ) No ( )

**PART IV – PROGRAM INFORMATION**

**A. FOOD PANTRY PROGRAMS COMPLETE THIS SECTION**

Do you currently distribute food bags or boxes to needy households/individuals? Yes ( ) No ( )

If yes, when did the program begin? \_\_\_\_\_

Approximately how many households do you serve/plan to serve per month? \_\_\_\_\_

Approximately how many individuals do you serve/plan to serve per month? \_\_\_\_\_

How often may a person or household receive food from your program? \_\_\_\_\_

**What are your hours of operation? Fill Out All That Apply**

Day	Time	Day	Time	Day	Time	Day	Time
1 <sup>st</sup> Mon.		2 <sup>nd</sup> Mon.		3 <sup>rd</sup> Mon.		4 <sup>th</sup> Mon.	
1 <sup>st</sup> Tue.		2 <sup>nd</sup> Tue.		3 <sup>rd</sup> Tue.		4 <sup>th</sup> Tue.	
1 <sup>st</sup> Wed.		2 <sup>nd</sup> Wed.		3 <sup>rd</sup> Wed.		4 <sup>th</sup> Wed.	
1 <sup>st</sup> Thurs.		2 <sup>nd</sup> Thurs.		3 <sup>rd</sup> Thurs.		4 <sup>th</sup> Thurs.	
1 <sup>st</sup> Fri.		2 <sup>nd</sup> Fri.		3 <sup>rd</sup> Fri.		4 <sup>th</sup> Fri.	
1 <sup>st</sup> Sat.		2 <sup>nd</sup> Sat.		3 <sup>rd</sup> Sat.		4 <sup>th</sup> Sat.	
1 <sup>st</sup> Sun.		2 <sup>nd</sup> Sun.		3 <sup>rd</sup> Sun.		4 <sup>th</sup> Sun.	

How many meals does/will your food boxes/bags provide? \_\_\_\_\_

How many people will 1 bag/box feed? \_\_\_\_\_

What type of food items do/will you provide to your clients?

( ) Dry Goods ( ) Shelf Stable ( ) Frozen Product ( ) Fresh Fruits & Vegetables

All client data must be recorded via Apricot™ data base.

- Does your agency have internet access? ( ) Yes ( ) No
- Please indicate person(s) who will be responsible entering client’s data?

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

Contact Phone Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

If program is already in place, how is client information recorded? Please describe (attach sample household registration form):

\_\_\_\_\_

\_\_\_\_\_

**B. ON-SITE MEALS/SNACK PROGRAMS COMPLETE THIS SECTION (Pg. 5)**

(If you do not operate an on-site meal/snacks program, you may skip to pg. 6)

Do you currently serve meals on premises? Yes ( ) No ( )

If yes, when did the program begin? \_\_\_\_\_

Please check description(s) that best fit(s) your program:

<input type="checkbox"/>	Soup Kitchen	<input type="checkbox"/>	Homeless Shelter	<input type="checkbox"/>	Other Shelter
<input type="checkbox"/>	Child Care	<input type="checkbox"/>	Senior Program	<input type="checkbox"/>	Youth Program
<input type="checkbox"/>	Group Home	<input type="checkbox"/>	Rehab Program	<input type="checkbox"/>	MH/MR Program
<input type="checkbox"/>	Summer Camp	<input type="checkbox"/>	After School Youth Program	<input type="checkbox"/>	Other:

**When are, or will, meals/snacks be served?**

1 <sup>st</sup> , 2 <sup>nd</sup> , 3 <sup>rd</sup> , 4 <sup>th</sup> day of every month	Day	Hours
	Monday	
	Tuesday	
	Wednesday	
	Thursday	
	Friday	
	Saturday	
	Sunday	

( ) Occasional Special Event (more than 90 days apart)

( ) 3 meals per day / 7 days per week / 365 days per year

What is your licensed capacity? \_\_\_\_\_

How many people do you serve/meal? \_\_\_\_\_

What authorities inspect or license your facility? \_\_\_\_\_

What was the date of your last inspection (Please provide copy of license if applicable)? \_\_\_\_\_

Name and title of the person in charge of food preparation:  
\_\_\_\_\_

Has this person had any food handling training? Yes ( ) No ( )

(Please list all staff/volunteers that are state certified.

Name: \_\_\_\_\_ Certification Number & Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_ Certification Number & Expiration Date: \_\_\_\_\_

Name: \_\_\_\_\_ Certification Number & Expiration Date: \_\_\_\_\_

**PART V – DEMOGRAPHIC INFORMATION**

Estimate what percentage of your clientele are/will be from the following groups:

Children (0-17) _____ %	Asian-American _____ %	Disabled _____ %
Adults (18-59) _____ %	Native-American _____ %	Veteran _____ %
Elderly (60 +) _____ %	European-American _____ %	Male _____ %
Hispanic/Latino/a _____ %	African-American _____ %	Female _____ %

**PART VI – ACKNOWLEDGEMENT**

Our agency does have liability insurance? Yes ( ) No ( )

Please provide names, phone numbers, and email addresses of all people authorized to place orders and sign invoices on behalf of your agency.

*Please Print*

First & Last Name	Phone Number	Email Address

How did you hear about Central California Food Bank?

\_\_\_\_\_

\_\_\_\_\_

By signing below, I agree that the information provided is complete and accurate to the best of my knowledge:

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

Please mail completed application with all necessary documentation to:

**Central California Food Bank  
Agency Relations Department  
New Membership Application  
3403 E. Central Ave.  
Fresno, CA 93725**

We recommend that you photocopy this application and the Member Agency Agreement for your organization's records.

**For Office Use Only**

Date Application Received \_\_\_\_\_

All required documents received? Yes ( ) No ( )

- ( ) Completed Agency Membership Application
- ( ) Signed Agency Agreement
- ( ) List of your organization's Board of Directors or governing body
- ( ) **IRS Determination Letter of your organization's 501 (c) (3) tax exempt status** or meet 10 of the 14 IRS criteria
- For a church and provide all requested documents
- ( ) Basic Food Handlers Certificate for All Agencies (Feeding sites require Servsafe™ Food Handler Certificate)
- ( ) Copy of current Liability Insurance
- ( ) Copy of Licensed Pest Control Receipt or Invoice for your Agency location
- ( ) Sponsor Agreement
- ( ) Any descriptive materials or pamphlets about your agency

Site Visit Completed? Yes ( ) No ( )

**Is agency approved for membership?** Yes ( ) No ( )

Comments

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Approved By: \_\_\_\_\_ Date \_\_\_\_\_