



Food for *Life*

Montgomery County Food Bank

111 South Second St.

Conroe, TX 77301

Tel: (936) 539-6686 Fax: (936) 539-0042

Membership Application

Section 1: General Information

Date: _____

1.1 Name of Agency: _____

1.2 Have you ever applied for membership with the Montgomery County Food Bank?

_____ Yes _____ No

1.3 If so, when?

1.4 _____
Physical Address (if more than one site, include all sites):

1.5 _____
Mailing Address (if different from physical address):

1.6 _____
Pastor of Church or President of Board (whichever is applicable):

Name: _____ Position: _____

Phone: _____ Email: _____

1.7 Contact Person:

Name: _____ Phone: _____

E-mail Address: _____ Fax: _____

Hours to call: _____

1.8 Do you have a federal tax-exempt status under 501 C(3), of the Federal Code?

_____ Yes _____ No

If yes, please send a current copy.

1.9 Are you a church, synagogue, or other place of worship? _____ Yes _____ No

1.10 Do you receive USDA commodities? _____ Yes _____ No

If yes, from whom? _____

1.11. Are you affiliated with United Way? _____ Yes _____ No

If yes, then how? _____

1.12 Has your food program been in operation for at least 6 months?

_____ Yes _____ No What is your starting date? _____

1.13 How many individuals serve on Board of Directors: _____

How often do they meet? _____

1.14 How is your program funded: _____

1.15 Is your agency audited annually? _____ Yes _____ No

1.16 Do you, at any time, ask those whom you serve for a donation? _____ Yes _____ No

If yes, please explain: _____

1.17 Would your organization be able to pay a shared maintenance fee if charged by Montgomery County Food Bank (MCFB)? _____ Yes _____ No

1.18 Would your organization be able to comply with the submission of monthly statistics forms to MCFB? _____ Yes _____ No

1.19 Would be able to comply with the ongoing inventory procedures?

_____ Yes _____ No

1.20 Check the category that best describe your program:

_____ Food Pantry (any facility that distributes uncooked food to its clients)

_____ Meal Site (any site that cooks food before distributing it to its clients)

1.21 Do you have other sources for obtaining food? _____ Yes _____ No

What percentage of your food is donated: _____, Purchased: _____.

1.22 Does your agency have written client eligibility requirements or rules for acceptance and participation in your program? _____ Yes _____ No

1.23 Are written records kept documenting eligibility and income on clients receiving food? _____ Yes _____ No

What food/services do you provide or plan to provide?

Monthly food drop off

Section 2: Pantry Programs

2.1 Approximately how many families do you serve per month? _____

2.2 Approximately how many individuals do you serve per month? _____

2.3 Who is the primary recipient of your program? _____

2.4 Do you have adequate food storage space for your program? ____ Yes ____ No

Do you have a cooler/refrigerated space?: _____ Yes _____ No

If so, how much space do you have? _____

2.5 Do you have freezer storage? _____ Yes ____ No

If so, how much space do you have? _____

2.6 What days and hours is your pantry open? _____

2.7 What is the geographic (or zip code) area that you serve? _____

2.8 Are you affiliated with any other agency? _____ Yes _____ No

If yes, please explain: _____

Section 3: Meal Sites (applicable)

- 3.1 Meals provided: _____ Breakfast _____ Lunch _____ Dinner
- 3.2 Approximately how many individuals are served per meal: _____
- 3.3 What days do you serve meals:
____ Sun ____ Mon ____ Tues ____ Wed ____ Thur ____ Fri ____ Sat
- 3.4 How many meals are served each week? _____
- 3.5 Do you charge for meals? ____ Yes ____ No
- 3.6 Do you keep records of menus of every meal? ____ Yes ____ No
- 3.7 What must a person do to receive meals? _____
- 3.8 Do you have adequate food storage space for your program? ____ Yes ____ No
- 3.9 Do you have adequate refrigeration space for your program? ____ Yes ____ No
- 3.10 Do you have freezer storage? ____ Yes ____ No
- 3.11 How many staff members are considered full-time? _____
- 3.12 How many staff members are considered part-time? _____
- 3.13 How many workers are regular volunteers? _____

Questions concerning the application process or the status of your application can be answered by calling the Montgomery County Food Bank at: (936) 539-6686.

Section 4: Agency Agreement

This agreement provides for and sets conditions by which the MCFB agrees to provide donated food, purchased food and non-food items to non-profit agencies that in turn use these items in programs that serve the ill, needy or minor (infant, children). In signing below, the agency is certifying that there has been no change in the purpose, character or organizational structure of the organization subsequent to the issuance of the IRS 501 C(3).

I certify that the above information is correct to the best of my knowledge.

In signing this agreement, the above agency agrees to abide by:

Membership Application	_____	(initial)
Agency Guidelines	_____	(initial)
Food Storage Requirements.	_____	(initial)
Probation/Termination Policy	_____	(initial)

Agency Executive Director or Pastor

Date

Name of Food Client or Agency

Montgomery County Food Bank Executive Director

Date

Please sign and return this Membership Application along with a current copy of your 501 C(3), a list of Board of Directors, your most recent financial statement, and the minutes from the last board meeting .

Both parties enter into this agreement voluntarily. Either party may terminate the agreement by notifying the other party in writing.

6/12/06