**Steps for Becoming a Member Agency**

Please complete the **Application** and **Letter of Agreement** and return to Mountaineer Food Bank, along with a **current copy** of your **501-(c)(3) (Non-Profit) status determination letter**. These are critical and **required** in order to continue the application process. The requested copy of your 501(c)3 **IS NOT** a F.I.N., *Federal Identification Number,* Business License Number or WV Tax Exempt number.

The 501(c)3 that we need will be a letter from the IRS and it will say 501(c)3 somewhere in the first paragraph.

Also, provide the following information with your Application, Letter of Agreement, and current copy of your 501(c)3:

* + List of Board of Directors (if applicable)
  + Any Inspection Reports (if applicable)

If you have more than one location for storage and distribution and/or preparation of meals, please fill out an Application and Letter of Agreement for each location. If you have any questions, please call Mountaineer Food Bank, and ask for a member of the Agency Relations team.

Include **ALL** the requested information in your packet. **ALL** components of application must be complete and returned to our office in order to finalize the process of membership.

Once the application process is completed a Mountaineer Food Bank staff member will schedule a visit to your facility. This visit will include a physical inspection of your location and training on how to order and best utilize MFB resources for your food needs.

Your program, no matter how big or how small, is the link to assisting people in need within your local community. Utilizing the services provided by Mountaineer Food Bank will help you assist more people, with meeting their needs.

Thank you for your dedicated service to fight hunger in West Virginia. We appreciate your interest in Mountaineer Food Bank.

Please check form type.

New Application

Update

**Member Agency Application**

**\*Please Print**

**Agency Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Physical* Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_County\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Mailing* Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**\*Please check box of primary contact**

**Director\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Contact Person\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Phone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Fax#\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Check service for which you are applying:**

**Pantry On-Site Backpack School Pantry \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**On-site Feeding Services:**

Provide meals on premises: Daily Weekly Monthly Not applicable

Average number of meals served monthly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Pantry Feeding Services:**

Individuals served monthly: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Households Served: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Not applicable

**Storage Facilities:**

Dry Storage Area: Length\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Width\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Freezers: Yes NoHow many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

****Refrigerators: Yes No How many? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Directions to your agency**(continue to back if needed)**:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

To the best of my knowledge, the information on this sheet is correct.

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature of Director** **Date**

# Membership Letter of Agreement and Criteria

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

In order to utilize the services provided by the Mountaineer Food Bank, we will comply with the following criteria:

**Non-profit 501(c) 3**

* Formal recognition of non-profit status by providing a copy of a letter of determination from the IRS stating the operating status is 501(c) 3 nonprofit/tax exempt.
* Will not sell, barter, exchange, trade or transfer any food or products received from Mountaineer Food Bank in exchange for money, services, or other products or use food items in any fashion other than to serve clientele.
* Will notify the Food Bank if program changes location and/or director.
* Feeding programs will not engage in discrimination, in the provision of service, against any person because of race, color, citizenship, religion, sex, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity, unfavorable discharge from the military or status as a protected veteran.

**Safe Food Handling and Storage**

* Provide transportation to pick-up food at our warehouse and/or at a truck distribution site in a clean vehicle with a means of protecting the load and using proper temperature control devices.
* Must ensure that all food storage and handling will conform to state and local regulations including timely distribution to clients.
* Be accountable for the use of all product received. Records at the agency will be available to the Food Bank representative and/or donor representative with the following information:

(1) Date (3) Address (5) Referral agency

(2) Name of Client (4) Phone Number (6) Brief description why referred

* Have a second person check the product at the time it is unloaded into your facility for storage verifying the counts and sign the copy of the invoice which needs to be filed and kept for at least 3 years.

**Food Bank Support**

* Mountaineer Food Bank, Feeding America, or any donors are released by the feeding program from any liabilities resulting from the donated food, are held harmless from any claims or obligations concerning the agency or the donated goods, and have no express warranties in relation to the gift of goods.
* Abide by specific donor requests as indicated by the Food Bank.
* Be agreeable to supporting the operations of the Food Bank with the suggested shared maintenance contributions within **14** days of receiving the order.
* Be agreeable to being monitored at the site location by a staff representative, USDA representative, and/or a donor representative.
* All items are accepted in “as is” condition, assume responsibility for product use, once removed from the Food Bank.
* Will not contact or solicit national donors for any donations.
* Partner agency may not generate revenue and/or profit by using MFB’s name or logo or utilize logo in an environment that would detract from MFB’s positive image.
* MFB partners should not contact news/media outlets for event coverage without MFB event request approval notice from MFB Executive Director. We agree that as a member agency of the Mountaineer Food Bank, we will receive foods and other products and adhere to the criteria listed above.

**I hereby declare that I have read this letter of agreement in its entirety and fully understand the rules and regulations. It is agreeable that this feeding program will abide by this letter of agreement in order to be in compliance and remain in good standing as a member of Mountaineer Food Bank’s network.   
Mountaineer Food Bank can terminate this agreement with or without notice.**

**By signing below, we are agreeing to abide by all policies and procedures in the Member Agency Handbook.**

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

Director Name (please print) Director Signature Date

*Revised 1/12/2023*