# 

# ETERNAL FOOD BANK FOOD DISTRIBUTION MEMBERSHIP APPLICATION

**General Information**

**\*\*\*ALL APPLICATIONS MUST INCLUDE A $20.00 NON-REFUNDABLE APPLICATION FEE\*\*\***

Date

Name of Agency

Have you on any occasion applied for membership with Eternal Food Bank before?

If so, when?

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

Mailing Address (if different from physical address)

County

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

Name Phone

Director of Agency:

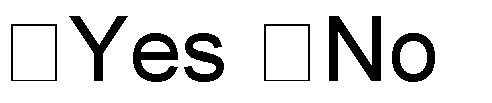
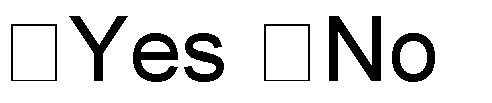
Name Phone

Contact Person:

Name Phone

E-mail address

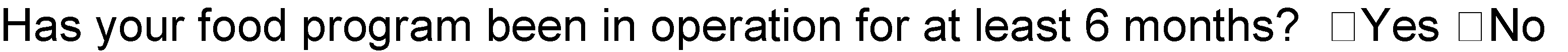
Hours to Call Fax

Do you have federal tax exempt status under 501(c) (3) of the Federal Code?  Are you a church, synagogue, or other place of worship? 

Do you currently receive food from any other source?



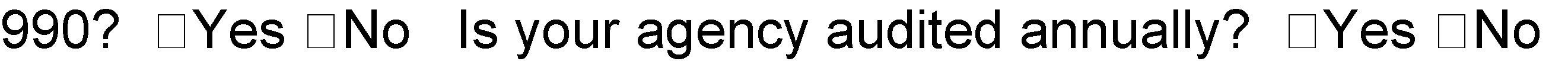
If yes, from whom?

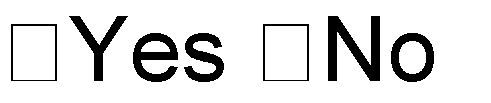


How many individuals serve on BOD?

How often do they meet?

How is your program funded?

Does your agency submit an I-

Do you at any time ask those you serve for a donation? 

If yes, please explain

Would your organization be able to pay the shared maintenance fee charged by

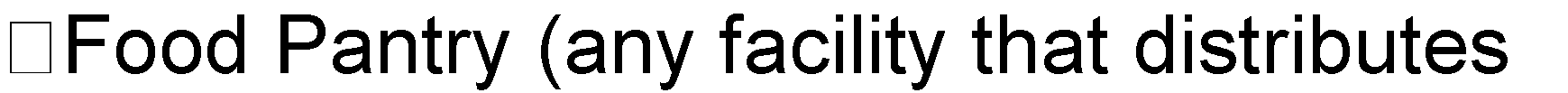
Eternal Food Bank



If no, please explain

Would you be able to comply with submission of monthly distribution report to EFB?

# Please indicate which existing food program (s) you operate:

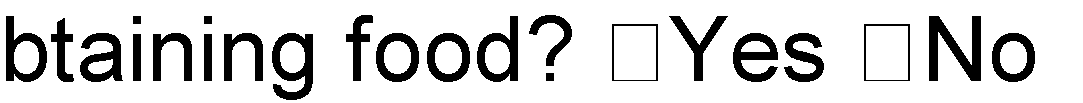
 uncooked food to its clients)

 Periodic or seasonal (weekly, monthly, quarterly, annually) Food Outreach Program

 /Residential Facility (any facility that cooks food before distributing it to its clients)

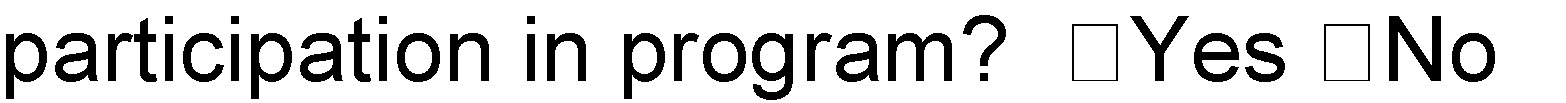
 No Food program is currently being operated

If you have existing Food Program:

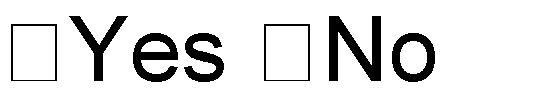
Do you have other sources for o

If yes, please explain

Does your agency have written client eligibility requirements, or rules for acceptance and

If yes: (Submit a copy)

If no: (Please explain process)

Does your agency have an intake, or application, to gather information and screen for eligibility?  If yes: (Submit a copy)

If no: (Please explain process)

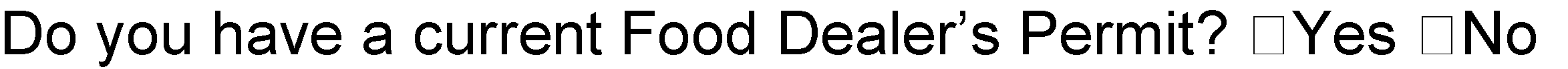
Are written records kept on clients receiving food?

How many paid staff members?

How many volunteer staff members

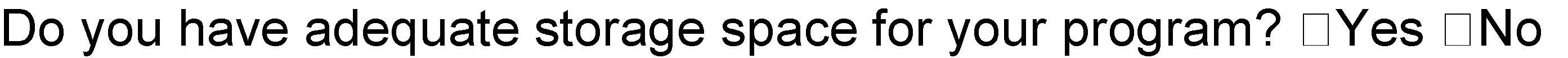
# Fill this section only if you have an existing Food Program (s)

Approximately how many families do you serve per month? Individuals?

 (If no, call county health department)

Who is the primary recipient of your program?

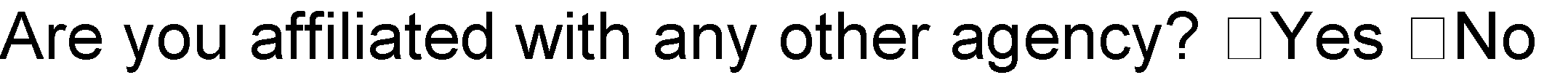
What kind of food do you most often supply?



What days and hours is your pantry open?

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



 If yes, please explain:

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

Signed, Director of Agency or Program

Signed, Pastor of Church (if applicable)

**CHECK LIST**

# Items Needed for Application

**\*\*\*ALL APPLICATIONS MUST INCLUDE A $20.00 NON-REFUNDABLE APPLICATION FEE\*\*\***

1. Copy of the IRS letter that your organization received attesting to your acceptance into the 501(c) (3) tax category.

## Or

1. Original typed or hand-written letter on church letterhead, signed by the pastor attesting that your church is a 501 (c) (3).

## Or

1. Copy of a letter from your denominational office stating your organization’s affiliation with the denomination or copies of the denomination’s regional/local directory cover including the page on which your church’s name appears.

**NOTE**: If the applying program is not a church, but an agency, and is covered by a group 501(c) (3), send proof of such affiliation.

1. Description of your organization’s mission, goals, programs, services, and operation procedures. (Include the zip codes/areas that you serve, your operation times, and etc.)
2. Completed copy of the Food Bank Application.

In addition to the above, please submit documents below **If you have an existing Food Program**

1. Copy of the written eligibility requirements used to determine client eligibility for your program.
2. Copy of the Intake Form or Client Application used to gather information and screen clients for program eligibility (Include a space for client’s signature.)
3. Copy of the daily Sign-in Sheet that includes clients’ date of service, name, and phone number.
4. Copy of Budget showing amount budgeted for food cost.
5. Listing of food program workers.

Questions concerning the application process or the status of your application should be directed to the Department of Agency Services, (281) 271 1730 or efb@eternalfoodbank.org

Department of Agency Services Eternal Food Bank

6801 Hwy Boulevard

Katy, TX 77494