



MEMBER AGENCY APPLICATION

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Introduction

Dear Prospective Partner,

At Harvest Regional Food Bank, we believe no one should go hungry. We strive to eliminate hunger each day by providing food to our partner agencies in southwest Arkansas and Northeast Texas to serve our neighbors in need because well-fed communities are better for us all. We appreciate your interest in joining us to feed the hungry in our community.

Enclosed is an application packet that will guide you through the steps necessary to become a partner agency. Please take the time to carefully read the information and follow the instructions provided. Once we've received your application packet and reviewed it, we will contact you to discuss the next steps. Please note that submitting an application does not guarantee that you become a partner agency. We will consider your location, hours of service, and any activities unique to your program and how it will complement services provided by our existing partners.

Please feel free to contact us with any questions that you may have. We look forward to working with you in the future.

Harvest Regional Food Bank Team
870-774-3198

AGENCY APPLICATION FEE AGREEMENT

Approved by the Harvest Regional Food Bank Board of Directors

2/15/11

Any application for membership to Harvest Regional Food Bank, Inc. must be accompanied by a check for \$50 drawn on an account held by the sponsoring tax-exempt organization as an application fee. Agencies inquiring about becoming a member may receive the Membership Handbook and Application without paying the fee. However, the fee must be paid upon return of an application and before any visit for food safety and inspection or further processing of the application.

This application fee will be refunded, as a credit on the new agencies account for future orders. Cash refunds will not be provided.

The Executive Director of Harvest Regional Food Bank, Inc. has the discretion to waive the application fee for an agency. This waiver may be due to reasons such as, but not limited to, the agency's location in an underserved community or the agency's prior history of service.

Signature of Representative _____ Date _____

What's Available at the Harvest Regional Food Bank?

A variety of food and non-food products are available in the Harvest Regional Food Bank warehouse. Examples of the products we distribute are fresh and frozen foods, canned goods, paper products, cereal, beverages and cleaning supplies. Availability depends on what is donated or otherwise procured; therefore, the inventory may vary greatly from week to week.

A member agency of Harvest Regional Food Bank may be eligible to receive products for ONE or ALL of the following programs:

- Emergency Food (food pantry that provides groceries, cleaning supplies and personal care items)
- Soup Kitchen/Shelter (cooking or serving meals to walk-in guests on a regular or occasional basis and/or providing temporary, emergency lodging)
- On Site/Residential (cooking or serving meals to a registered clientele, e.g. a day care, detoxification center, half-way house, group home, day activities program, youth or senior program)
- Disaster Relief

If you have questions about what is available at the Harvest Regional Food Bank and how your program might be supported, please contact us at 870-774-1398.

MEMBERSHIP APPLICATION PROCESS

Provided below is a step by step process for becoming a member in good standing of the Harvest Regional Food Bank. Please follow this process to ensure that you submit a complete and thorough application packet. The process is divided into two parts:

Part 1. Completing and Submitting the Application Packet

- Review all membership criteria and indicate agreement to comply by signing and dating the document. (Signer must be a member of the organization and authorized to enter into this agreement).
- Complete ALL appropriate sections of this application and all applicable attachments. If a section does not apply, please write N/A.
- Include with this application a photocopy of the IRS letter of determination stating that your agency has 501(c) (3) tax-exempt status.
- Religious organizations must include either the IRS 501(c) (3) letter OR a letter from the denomination's headquarters stating that your organization is in good standing in that denomination. A church qualifier form, which requires backup documentation, is included in this packet.
- Return the completed and signed application, signed membership criteria form, tax-exempt status documentation or church qualifier form (and attachments) and authorized personnel form.

Part 2. Document Review and Site Visit

After the Partner Agency Application is submitted, along with the signed Partnership Agreement and documentation of the agency's 501(c) (3) or equivalent status, the following process is activated:

- A Food Bank Agency Services Representative reviews the application for proper documentation and determines if the program guidelines are met.

MEMBERSHIP APPLICATION PROCESS

If qualifications are met, the Agency Services Representative sets up a site visit. The visit will include:

- Review of the agency's guidelines for serving food as stated in the application.
- Inspection of food storage areas to insure that Food Bank specifications are met. (If specifications are not met, the agency is granted up to three months to set up appropriate storage space.)
- Review of the Food Bank rules, regulations, and record keeping requirements with the appropriate agency staff.

AGENCY APPLICATION CHECKLIST

Please feel free to use this checklist to make sure you have all the documentation needed for your application.

_____ Membership application form completed and signed

_____ Biannual Partner Agency Agreement, completed and signed to indicate the criteria are understood and agreement to comply

_____ Church Qualifier Form, completed, if applicable

_____ Copy of IRS Letter of Determination of Tax-Exempt Status or proper documentation for religious group (letter from denomination or church qualifier Form with attachments)

_____ ServSafe Training completed and signed - Any volunteer or staff that handles food or transporting is required to have this training.

_____ ServSafe Quiz completed - Only need one person from your agency to take the quiz.

MEMBERSHIP APPLICATION

Date of Application: _____ 501 C3 #: _____

Eligibility (Please Check One)

_____ **NON-PROFIT AGENCY** as defined by section 501 (c) (3) of the IRS code for tax-exempt organizations. Attach a copy of the IRS determination letter.

_____ **CHURCH (Non 501 c 3)** complete the enclosed Church Qualifier Form and attach required documents. Non 501(c) (3) religious organizations must meet nine (9) of the 14 IRS eligibility requirements.

_____ **SPONSORED BY A 501 (c) (3) ORGANIZATION.** Attach 2 documents: (1) a letter from the sponsor's stating permission to use their 501 (c) (3) status for the purpose of operating a food pantry and (2) a copy of the sponsor's IRS determination letter.

_____ **CHURCH SPONSORED** attach 2 documents: (1) a letter from the church's pastor that states the church agrees to sponsor your agency food pantry and (2) Church Qualifier Form or a copy of the sponsor's IRS determination letter.

*** Sponsors agree to accept full responsibility for the food pantry that you are sponsoring. This includes any and all financial responsibility.

Membership Application must be accompanied by the following completed attachments, as applicable:

Attachment A: Church Qualifier Form (for Non-501(c) (3) entities)

Attachment B: Shopping Authorization Form (Required from all Applicants)

Attachment C: Acknowledgement of Ordering Procedure and Food Bank Rules(Required from all Applicants)

Attachment D: Biannual Partner Agency Agreement (Required from all Applicants)

MEMBERSHIP APPLICATION

ORGANIZATIONAL INFORMATION

Please provide all information that applies to your program.

Name of Organization: _____

Name of Sponsor (If Required): _____

Name of Food Program (if different): _____

Mission of Organization:

Physical Address of Program:

Phone Number: _____ Fax Number: _____

Website Address: _____

MEMBERSHIP APPLICATION

ORGANIZATIONAL INFORMATION

Name of Agency/Organization Director:

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Name of Contact Person (if different from Director):

Position: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Name of Food Coordinator (if different from above):

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Billing Contact:

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

MEMBERSHIP APPLICATION

PROGRAM INFORMATION

Date Program Established:(If your program has not yet begun, please respond with what is planned.)

Types of Service (circle all that apply and complete all applicable sections below):

- A. Emergency Food Pantry
- B. Soup Kitchen/Shelter
- C. On Site/Residential
- D. Day Care Program

How do people learn about your services? _____

What is your total annual budget for food and grocer products? _____

MEMBERSHIP APPLICATION

Emergency Food Pantry

Emergency Food Pantry (provides groceries, cleaning supplies and personal care items)

Regular Days and Hours: _____

Are referrals required: ____ Yes ____ No

If yes, please list agencies: _____

Are appointments required? ____ Yes ____ No

Who should people call for help?

Name _____

Phone Number _____ When (Hours/Days) _____

Which items do you distribute? (Check all that apply.)

____ Dry Goods (canned food, boxed foods, bottles) ____ Dairy products

____ Fresh fruits/vegetables ____ Non-food items (soap, tissues, hygiene, etc.)

How many people do you serve each month? _____

Do you provide delivery to clients? (if so, please describe) _____

Are people that are receiving food (check all that apply):

____ asked to donate?

____ required to attend services?

____ required to work?

____ required to provide any other participation

or service to get food?

List eligibility requirements for individuals to receive donation: _____

How often may an individual receive food? _____

What geographic area(s) does the program serve? _____

What are the funding sources for this program? _____

MEMBERSHIP APPLICATION

Soup Kitchen/Shelter (cooking or serving meals to walk-in guests on a regular or occasional basis and/or providing temporary, emergency lodging)

What days and times are meals served? _____

What meals are served? _____

Describe people who are served? _____

How many people are served at the average meal? _____

Are any of the meals catered? _____ Yes _____ No

If yes, by whom? _____

List names of staff who work with food: _____

Do you have a health certificate from the local Department of Health?

___ Yes ___ No

List eligibility requirements for people who are served: _____

Who should people call for help?

Name _____

Phone Number _____ When (Hours/Days) _____

After hours emergency contact? _____

Are people who receive services required to or asked to make donations, attend religious services, or work? _____ Yes _____ No

What are the funding sources for this program? _____

MEMBERSHIP APPLICATION

On Site/Residential/Kids Café (cooking or serving meals to a registered clientele, e.g., detoxification center, half-way house, group home, day activities program, youth or senior program)

Type of program (see list above): _____

Number of people in program: _____ Number of staff: _____

Days and times of operation: _____

Meals Served (check all that apply):

_____ Breakfast

_____ Snack

_____ Lunch

_____ Dinner

_____ Occasional party

Licenses and numbers:

_____ Arkansas Department of Health & Human Services

_____ Division of Children & Families

_____ Food Service License

_____ Other - Please specify: _____

Are any meals catered? _____ Yes _____ No

If yes, which ones? _____

What is the tuition or program fee? _____

What are the funding sources for this program? _____

MEMBERSHIP APPLICATION

Day Care Program (serving meals and or snacks to either children or adults enrolled in day care program)

Type of program (see list above): _____

Number of people in program: _____ Number of staff: _____

Days and times of operation: _____

Meals Served (check all that apply):

_____ Breakfast _____ Dinner

_____ Snack _____ Occasional party

_____ Lunch

Licenses and numbers:

_____ Arkansas Department of Health & Human Services

_____ Division of Children & Families

_____ Food Service License

_____ Other - Please specify: _____

What is the tuition or program fee? _____

What geographic area(s) does the program serve? _____

What are the funding sources for this program? _____

MEMBERSHIP APPLICATION

If any of the above programs are already in operation, please provide the following information. If the program is not yet underway, please indicate anticipated numbers.

Type of population served:

_____ Transient _____ Youth _____ Elderly _____ Residential

Other (describe) _____

Number of **unduplicated households** served:

_____ Daily _____ Weekly _____ Monthly _____ Annually

Number of **duplicated households** served:

_____ Daily _____ Weekly _____ Monthly _____ Annually

Number of **unduplicated individuals** served:

_____ Daily _____ Weekly _____ Monthly _____ Annually

Number of **duplicated individuals** served:

_____ Daily _____ Weekly _____ Monthly _____ Annually

MEMBERSHIP APPLICATION

Physical Facilities Information

Are you able to close, lock, and secure the area where the food and products are stored?

_____ Yes _____ No

Storage Capacity:

Cubic feet refrigerated _____

Cubic feet frozen _____

Square feet dry storage _____

Do you have a walk-in: _____ freezer _____ refrigerator _____ cooler? None: _____

Do all storage areas meet State Department of Health requirements? _____ Yes _____ No

Is someone in organization certified in food safety? _____ Yes _____ No

*** If yes – provide copies of certification ***

Transportation Information

Please describe your means and/or method(s) of transporting food and grocery products to your agency and to clients.

MEMBERSHIP APPLICATION

APPLICATION SIGNATURES

Name of person completing application: _____

Signature

Agency Director/CEO or Senior Pastor Signature (Required)

Agency Director/CEO/Senior Pastor Signature (For Sponsoring Organizations Only):

Callie Buckley Impact Coordinator

HRFB Agency Director Signature

Camille Wrinkle, CEO

HRFB CEO Signature

Harvest Regional Food Bank Church Qualifier Form

The Internal Revenue Service uses 14 characteristics to determine whether an organization qualifies as a church. In accordance with this provision, Harvest Regional Food Bank adopted a policy requiring a program operating under an organization which functions as an unincorporated church to meet at least **9** of the following characteristics. Each item checked must be proven with copies of printed material from your church, and these materials must be included with your application.

Examples of items that your church might use as evidence to satisfy legal requirements are given below. Check each characteristic that applies to your church.

_____ 1. A distinct legal existence Example: Articles of Incorporation filed with the State

_____ 2. A recognized creed and form of worship

Example: Cover page and two pages of creed, copy of church bulletin

_____ 3. A definite and distinct ecclesiastical government

Example: Organization chart of parent organization as well as local church, indicating names and addresses of officials

_____ 4. A formal code of doctrine and discipline

Example: Copy of cover and first three pages of document

_____ 5. A membership not associated with any other church or denomination

Example: Statement of mission, objectives and goals of the church signed by
The pastor and three others

_____ 6. A distinct religious history

Example: If member of recognized association, a copy of the church bulletin;
If not associated with other churches, a brief written history

_____ 7. A complete organization of ordained ministers ministering to their congregations

Example: Church bulletin or other published document listing ministers

_____ 8. Ordained ministers elected after completing prescribed courses of study

Example: Appropriate documentation indicating ordination and courses of study

Harvest Regional Food Bank Church Qualifier Form

_____ 9. A literature of its own Example: Copy of selected cover pages of appropriate literature

_____ 10. Established places of worship Example: Copy of church bulletin

_____ 11. Regular congregations Example: Copy of church bulletin

_____ 12. Regular religious services Example: Copy of church bulletin

_____ 13. Sunday schools for religious instruction of the young
Example: Copy of church bulletin indicating times for Sunday school

_____ 14. Schools for the preparation of ministers
Example: List of names and addresses of schools

Harvest Regional Food Bank Authorized Personnel Information

Harvest Regional Food Bank Authorized Personnel Information

Date: _____ Name of Agency: _____

Contact Person: _____

Address: _____

Telephone: _____ E-Mail Address: _____

The names and signatures of the persons below are authorized by

_____ (agency name) to pick up products on behalf of your agency at Harvest Regional Food Bank. Their signatures indicate they have read and understand Harvest Regional Food Bank's regulations and agree to abide by them.

| | |
|------------|-----------|
| _____ | _____ |
| Print Name | Signature |
| _____ | _____ |
| Print Name | Signature |
| _____ | _____ |
| Print Name | Signature |
| _____ | _____ |
| Print Name | Signature |
| _____ | _____ |
| Print Name | Signature |
| _____ | _____ |
| Print Name | Signature |

Please inform Harvest Regional Food Bank as soon as any changes are made in your agency's list of people authorized to pick up products at Harvest Regional Food Bank.

Acknowledgement of Ordering Procedure and Food Bank Rules

ORDERING PROCEDURE

Order forms will be updated weekly or more often as product availability changes significantly. The new form will be emailed to the email address(s) listed under the Organization Information of the application. If a current order form is needed, please call Harvest Regional Food Bank at (870) 774-1398.

Place your order with Harvest Regional Food Bank by fax at 870-774-1905 or email at Operations@hrfb.org at least 24 hours before desired pick-up or 48 hours before desired delivery date/time. Requested pick-up/Delivery times are not guaranteed until a final appointment time is scheduled. Please call to request a specific time.

FOOD BANK RULES

For their safety, children under the age of 16 are not allowed in the warehouse while picking-up food orders. They must remain in the vehicle if they accompany you on your trip to the Food Bank.

Animals are not allowed on the premises or in vehicles that are being used to transport food. Orders will not be released if animals are present. We appreciate agencies bringing extra help to load their orders. Up to 3 helpers per agency are permitted. All food must be transported in vehicles adequate for this use. The Food Bank reserves the right to refuse to load a vehicle that is deemed to be unsafe to drive or unsanitary to transport food. Harvest Regional Food Bank may provide assistance in loading and securing orders in agency vehicles when available. However, Harvest Regional Food Bank does not assume any responsibility for the safety or security of the load. The driver of the vehicle assumes all responsibility for the final security of the load and its impact on the ability to drive the vehicle safely.

Agency Name

Representative's Signature

Date



This document is an agreement made between:

Harvest Regional Food Bank located at 3120 E. 19th St. Texarkana, AR

And

Agency Name:

Program Name (if different):

Located at (physical address/location of all food storage and prep facilities):

Terms of the Agency Agreement:

The Agency agrees to all of the following terms and conditions of this agreement. If any of these terms or conditions are violated, then Harvest Regional Food Bank has the right, without further investigation, to stop distributing product to the agency until the term(s) or condition(s) can be met:

1.Requirements: The Agency agrees to abide by the policies, procedures, and recordkeeping requirements of the Harvest Regional Food Bank.

2.IRS Eligibility Requirements: The Agency agrees that it meets the IRS eligibility requirements for the receipt, transfer, and use of donated products (food and non-food) under section 170(e)(3) of the IRS code, as stated below:

A) **501(c) 3 or “Church”/Religious Organization:** The Agency agrees that it is incorporated as a 501(c) 3 non-profit corporation or is considered a “church” as defined by the IRS and meets all of the criteria below for each type of eligible organization.



Check the type of organization that the agency will qualify as:

501(c) 3 Non-Profit Corporation - If this box is selected, the Agency is required to submit, prior to Agency approval:

- A current 501(c) 3 determination letter from the IRS verifying its non-profit corporate status and verifying that it is not a private foundation. The Corporation name must match the name that the Agency is known by in the community.
- If the Agency does not have its own 501(c)3 and is utilizing the 501(c)3 status of another organization, be advised of the following:

- If the Agency name does not match the corporation name listed on the 501(c) 3 determination letter, the Agency is required to submit current official and verifiable documentation, such as a letter from the parent organization, giving permission for the Agency to operate under the 501(c) 3 status of the parent organization.

- Both the Agency and its sponsoring organization are required to complete and sign this Biannual Partner Agency Agreement.

If IRS determination letter was submitted at the time of application, Agency does NOT need to submit it again. If Agency 501(c)3 status changes, Agency is required to notify Harvest Regional Food Bank of the change and submit an updated determination letter from the IRS.

Church (as defined by the IRS)/Religious Organization – If this box is selected, the agency is required to complete and submit the Church/Religious Organization Self Certification form prior to agency approval.

B) Purpose of Incorporation and Service: The Agency agrees that it is incorporated to serve the ill, needy and/or infants (minor children 0-18 years old). The Agency also agrees that it is not incorporated for a purpose unrelated to serving the ill, needy and/ minor children 0-18 years old (such as publication of a non-profit periodical providing information to members).

C) Distribution Without Charge: The Agency agrees that it will distribute the donated products (food and non-food items) obtained from Harvest Regional Food Bank free of charge (monetary, volunteer hours, services or otherwise.)



D) Recipients of Distributed Products: The Agency agrees that it will only distribute donated products to recipients who qualify as ill, needy and/or infant (minor children 0-18 years old) as defined in IRS code section 170(e) 3. The Agency also agrees that it will not distribute donated products to people who do not qualify to receive the products as defined in IRS Code section 170(e) 3.

E) Use of Donated Products: The Agency agrees that it will not sell or use donated products in exchange for money, other property or services, including using donated products for the purpose of fundraising programs and events. The Agency also agrees that it will comply with the restrictions on the use and transfer of donated property, as described in IRS Tax Code Section 170(e) 3 and any amendments to the Code (See the Federal Register/Vol. 47, No.21/Monday, February 1982/Rules and Regulations, pp. 4509-4512).

F) Bartering, Selling and Fundraising: The Agency agrees that it will not barter, sell or use for fundraising purposes any donated products obtained from Harvest Regional Food Bank.

3. Food Distribution: The Agency agrees that it will only distribute products received from Harvest Regional Food Bank to the 10-county service area of the Harvest Regional Food Bank. The Agency also agrees that it will not distribute any products outside of the United States and Puerto Rico. The Agency will not require clients to pray, donate, or work to eat or receive products.

4. Pantry Requirements: Assistance is given on a first come, first served basis.

5. Hours of Operation: All Food Bank partner agencies are required to follow a regular schedule throughout the year. An agency must be open during the days and hours reported to the Food Bank. Temporary changes to the days and hours of operation are permitted, but the agency must report those changes in writing as soon as possible to the Impact Coordinator or Impact Officer (USDA). The procedure is the same for an agency that wishes to change permanent distribution days and times. An agency must be open once a month for at least 2 hours.



6. **Public Outreach:** The agency must post a sign that indicates both the presence of the food program and the days and hours of operation. This sign must be clearly visible to the public. It may be part of a church marquee or the days and hours of operation may be written on poster board that is at least 8.5”x 11”. In addition, a sign must be placed on the outside door that clients use to access the pantry so they know which entrance to use.

7. **Recordkeeping:** The Agency agrees that it will maintain adequate books and records and accurately reflect the total amount of product received and distributed (or used), a description of the product, the date of its receipt, and dates of distribution. The agency agrees to maintain and report to Harvest Regional Food Bank monthly counts of clients served and demographic information as reasonably required by Harvest Regional Food Bank. Will submit a monthly report by the 1st day of the following month.

8. **Availability of Records:** The Agency agrees to make its books and records available to Harvest Regional Food Bank with or without notice, including but not limited to those which track the receipt and distribution of products obtained from the Harvest Regional Food Bank and financial recordkeeping books. Records are to be kept for 3 years.

9. **Local, State and Federal Regulations:** The Agency agrees that it will ensure the donated product conforms to any applicable provisions of the FDC and Cosmetic act (as amended), and any regulations that follow. The Agency also agrees that it will handle products, conforming to all local, state and Federal regulations, and will maintain current licenses as required by local, state and Federal regulations.

10. **Storage and Handling of Products:** The Agency agrees that it will store, handle and distribute products consistent with the Federal Food, Drug and Cosmetic Act and any regulations that follow. All Harvest Regional Food Bank product must be stored at least 6 inches off the floor and 6 inches away from the wall. The Agency agrees that all storage and preparation of products received from Harvest Regional Food Bank will take place in a facility that has been inspected and approved by Harvest Regional Food Bank.



11. Food Safety Training: The Agency agrees that at least one staff person be trained in food safety from a food safety training course approved by the Harvest Regional Food Bank. Approved trainings are Harvest Regional Food Bank Food Safety Training ServSafe, ServSafe Certification, National Restaurant Association Certification, and Food Handlers Card, or other approved safety training curriculums. The Agency also agrees that if it utilizes food provided by Harvest Regional Food Bank to make meals, their key food service program staff are required to meet local commercial food safety standards.

12. Civil Rights Training: All partner agencies must undergo Harvest Regional Food Bank Civil Rights Training every 2 years to ensure equal treatment for all applicants and beneficiaries. Every staff member and volunteer that is in contact with clients must be trained. Agencies are responsible for training their staff and volunteers.

13. Donor Stipulations: The Agency agrees that it will adhere to any donor stipulations placed on donated products.

14. “As Is” Condition: The Agency agrees that it will accept all products received from Harvest Regional Food Bank in “as is” condition.

15. Shared Maintenance, Transportation and Value Added Processing Fees: The Agency agrees to pay any applicable Shared Maintenance and/or handling fees (Value Added Processing, Delivery Charges, Transportation fees) for the products received from Harvest Regional Food Bank.

16. Purchased Product: The Agency agrees that if it should choose to purchase non-donated product, then it may pay extra charges and costs associated with that product.

17. Discrimination: The Agency agrees that it will not engage in discrimination, in the provision of service, against any person because of race, color, citizenship, religion, gender, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity, or unfavorable discharge from the military or status as a protected veteran.



18. **On-Site Inspections:** The Agency agrees to allow representatives of Harvest Regional Food Bank, donors and government agencies to inspect and audit all facilities and vehicles where products received from Harvest Regional Food Bank are received, stored and distributed, with or without notice.

19. **Authorized Agent:** The Agency agrees to have only an authorized agent(s) pick-up or receive products from Harvest Regional Food Bank. The Agency also agrees to make known to Harvest Regional Food Bank a list of authorized agents and contact Harvest Regional Food Bank when a change is made to that list.

20. **Liability Release:** Affirms that the original donor, Feeding America, Harvest Texarkana Regional Food Bank, and its affiliates are held harmless from any claims of liability or obligations in regard to the products received by the agency. The original Donor, the Member and Feeding America are released by the Agency from any liabilities resulting from the donated Product. The original Donor, the Member, and Feeding America offer no express warranties in relation to the Product.

21. **Active/Inactive Agency Designation:** The Agency agrees that it will obtain products from Harvest Regional Food Bank at least 4 times per year to be deemed an Active Agency. If the Agency becomes inactive, then the Agency will not be allowed to obtain products from Harvest Regional Food Bank. The Agency agrees that it will complete the agency application process again, prior to being reinstated as an Active Agency and allowed to obtain products from Harvest Regional Food Bank again.

22. **Termination of Agency Agreement:** The Agency or Harvest Regional Food Bank can terminate this agreement, with or without cause, at any time. If terminated by the Agency, the Agency agrees to pay Harvest Regional Food Bank any fees for product received prior to such termination.

23. **Corrective Action, Grievance and Termination Policy:** The Agency agrees to submit written documentation of Corrective Action activities to Harvest Regional Food Bank for violations found during the monitoring process.



24. Multiple Locations and Sub-distribution: The Agency agrees that it will only receive and store product from Harvest Regional Food Bank at multiple locations if: 1. all locations individually meet the requirements of this agreement, 2. have been inspected and, 3. are approved by Harvest Regional Food Bank prior to receiving and distributing food. The Agency is not allowed to sub-distribute donated product to any organization, agency, partner, or entity other than a qualifying client.

25. Harvest Logo: Harvest Regional Food Bank requires all member agencies to include the Harvest Logo at their food distribution site and on all promotional material. In addition, the member agency will display any signage provided by Harvest Regional Food Bank. Should the partnership between Harvest Regional Food Bank and the Member Agency be terminated, the agency must remove the Harvest Regional Food Bank logo and sign from all print material, agency webpage, and food distribution facilities.

26. On Premise Programs: Child care centers, shelters, residential treatment programs, etc. must provide a copy of their County Health Department Report.

27. Volunteers: If your agency has volunteers who are also clients, they should not receive special treatment; they should go through the intake process, and should not receive more food than non-volunteers.

28. Right to Refuse Service: In order to maintain a high standard of service and provide a safe environment for your employees, volunteers, and client families, HRFB Partner Agencies have the right to refuse or discontinue service to unruly clients. Services may only be denied to a client disrupts the normal services, or whose behavior or environment threatens the safety of others. Inappropriate behavior includes, but is not limited to the following:
unreasonable demands for services, threatening or erratic behavior, personally threatening or offensive language. If your Agency refuses any service, document all parties involved and describe the incident in full with dates and notify HRFB Agency Director.



The Agency’s authorized representative’s signature below confirms that the Agency is accepting and agrees to abide by all terms of this agreement. This agreement expires two (2) years after the date of the Agency Signature below.

Signatures:

Agency Director/CEO or Senior Pastor Signature:

Signature _____ Date: _____

Printed Name: _____

Agency or Food Pantry Signature:

Signature _____ Date: _____

Printed Name: _____

Sponsoring Organization Signature (if applicable):

Signature _____ Date: _____

Printed Name: _____

Harvest Regional Food Bank Authorized Signatures:

Signature _____ Date: _____

Callie Buckley, Impact Coordinator

Signature _____ Date: _____

Camille Wrinkle , CEO/Executive Director

