PEORIA AREA FOOD BANK

721 W. McBean Street, Peoria, IL 61605 (309) 671-3906 FAX (309) 671-3925

APPLICATION FOR MEMBERSHIP

GENERAL INFORMATION:

Agency Name:	
Organization Affiliation:	
Religious Affiliation?	
SITE INFORMATION:	
Street Address	City State Zip
	Township
Phone:	_ Fax:
E-mail:	_ Website:
Agency Director	
Director's Address	
Director's Phone #	
Agency Contact Person	Contact's #
Contact's Address	
Emergency Contact & Phone #	
Agency Hours/Days Open	
Geographic Service Area	
Year round or seasonal?	

DESCRIPTION OF AGENCY:

1. Are you a nonprofit organization? Yes \(\square\) No \(\square\)
2. FEIN No. (IRS Federal Employer ID #)
3. Does your organization function under: a. An "umbrella" organization? Yes No Do N
4. If yes for 3a or 3b, which one?
5. Check one of the following that most describes your agency: Not-for-profit Animal Shelter Emergency Food Program and On-site Meal Program On-site Meal Program (residential, soup kitchen, shelter) Other not-for-profit organization (describe)
SERVICES OFFERED:
If Agency distributes food, approximately how many days supply is given?
If Agency distributes food, approximately how many days supply is given?
2. Check one or more of the following as they apply to your agency: Congregate meal site (institutional, soup kitchen) Emergency helping agency: Multi-service agency (includes distributing food) Food Pantry (limited services)
2. Check one or more of the following as they apply to your agency: Congregate meal site (institutional, soup kitchen) Emergency helping agency: Multi-service agency (includes distributing food)

3. Description of services provided (please be as specific as possible):
PERTINENT INFORMATION:
1. Date of incorporation:
2. Present sources of food: % purchased % donated
3. Storage capacity (in cubic feet):
4. Access to outside storage in local area?
5. What type of vehicle will you use to pick up food?
STATISTICS REGARDING TYPE AND AMOUNT OF SERVICES RENDERED:
Program funding (check all applicable to your agency): Federal State Local Fees Donations Foundations United Way SEMA Other:
2. Restrictions (guidelines a client must meet to be served by your agency): None Age Referral from specific source Geographic restrictions Other:
3. Fees (check one): No fee Ability to pay (sliding scale) Food fee Other:
4. Number of clients served (average number of individuals who use the pantry on a monthly basis or average number of people served meals on a monthly basis):
(pantry) (on-site meals)

5. Target group(s) – (mark if group is specific focus of program): Preschool School Age Men Women Poverty-level Low-Middle Income Middle & above income AIDS victims Substance abusers Disabled Elderly Asian Native American Black Hispanic Other:		
6. Age groups served:		
7. Do you have a viable record keeping system?		
8. Number of paid full-time staff: Number of full-time volunteers: Number of paid part-time staff: Number of part-time volunteers:		
9. Will you allow information on your agency to be shared? \square Yes \square No		
Enclose with this application: 1.		
I hereby certify that the organization applying for membership is considered a 501 (c) (3) organization under the guidelines provided by the IRS, and that all information contained on this application is true and complete to the best of my knowledge.		
Signature of Agency Director Date		

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AGREEMENT TO DISTRIBUTE DONATED PRODUCTS

Food and other product received from the Peoria Area Food Bank cannot be sold in any manner by our member agencies, but must be given away free of charge to needy individuals. Acceptance of any financial stipend for any donated product violates the entire premise on which the concept of food banking is based. Acceptance of any financial stipend for donated product is a misdemeanor in the state of Illinois as well as a violation of federal law and will result in automatic cancellation of membership in the Peoria Area Food Bank. Furthermore, any product received from the Peoria Area Food Bank cannot be bartered with or traded for any product or services rendered.

Bank cannot be bartered with or tradeo	for any product or services rendered.
Me	mber Agency
that it will not sell or charge in any way	the Peoria Area Food Bank and hereby agrees for these items. If a Peoria Area Food Bank pliance with this contract, their membership wil ed over to the appropriate authorities.
Agency Director	Date
 Witness	Date

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AGENCY AGREEMENT/FORM OF RELEASE

The service agency named below ("agency"), confirming that it has complied with membership requirements of Peoria Area Food Bank, hereby agrees to accept food that such food bank will make available to the agency for its distribution upon the following terms and conditions:

- 1. The agency agrees that it will abide by the policies, procedures, and record keeping requirements of the Peoria Area Food Bank.
- 2. The agency accepts the food "as is." No representations or warranties, express or implied, are made by Peoria Area Food Bank regarding the food's fitness for human consumption.
- 3. The agency is willing to adhere to additional donor stipulations.
- 4. When picking up food from the Peoria Area Food Bank, the agency agrees to verify their order is correct and sign an itemized invoice **before** leaving the food bank. If product is discovered missing **after** the agency has signed an itemized invoice and left the food bank premises, no credit will be awarded the agency.
- 5. When product is being delivered to the agency, the agency agrees to verify that the order is correct and sign an itemized bill of lading **before** the food bank driver leaves their premises. If product is discovered missing **after** the agency has signed an itemized bill of lading and the food bank driver has left their premises, no credit will be awarded the agency.
- 6. The agency agrees to inspect the food as soon after receipt as is practicable to determine whether the food is fit for human consumption. If not, the agency will immediately advise the food bank.
- 7. The agency agrees to store all acceptable food in the manner as is appropriate given the nature of the various food products.
- 8. The agency agrees to return to the food bank any food upon notice that such food is not fit for human consumption as soon as reasonably possible.
- 9. The agency agrees to comply with all laws and ordinances concerning the storage, preparation, and distribution of food.
- 10. The agency hereby affirms that the original donor, the Peoria Area Food Bank, and Feeding America are released by the agency from any liabilities resulting from the donated goods, are held harmless from any claims or obligations in regard to the agency or the donated good, and offer no express warranties in relation to the gift of goods.
- 11. The agency agrees to indemnify and hold Peoria Area Food Bank harmless for any claim or lawsuit by any person or entity against Peoria Area Food Bank for product liability or otherwise for food distributed by said agency. Said indemnification shall include, but not be limited to, indemnification by the agency

- for any judgment amount entered against Peoria Area Food Bank, as well as payment of Peoria Area Food Bank's attorney's fees.
- 12. The agency acknowledges that the food is donated to further charitable (non-commercial) purposes and, therefore, the agency agrees not to sell, trade, barter or offer to sell the food or exchange it for services.
- 13. The agency hereby agrees to assume any and all responsibility for food product liability relating to any act or failure to act by the agency associated with distribution, storage, preparation, or service of the food after the agency assumes possession of the food.
- 14. The agency agrees to notify the food bank whenever it receives notice of any claim liability with respect to the food received from the Peoria Area Food Bank.
- 15. The agency 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.

Dated: This day of	, 20	
Signature of Legally Authorized Agent	Title	
Name of Donee Organization (Agency)	Street Address of Donee	
City. State, and Zip Code of Donee	Telephone Number of Donee	