



AGENCY ONBOARDING INFORMATION / APPLICATION

for partnering with

THE FOOD BANK OF NORTH ALABAMA

Thank you for your interest in partnering with the Food Bank of North Alabama to tackle hunger and food insecurity in your community. In order to become a partner with the Food Bank, you must complete the following application in its entirety, and return the completed packet along with indicated supplemental material.

Once your application has been reviewed, if you meet the criteria to be a Food Bank agency, we will contact you to set up an initial Onboarding Visit and Site Survey. In addition to reviewing your food storage facility, the onboarding visit will include training in the types of ongoing records required of our agencies. Before you are eligible to procure food from the Food Bank, your primary program leadership (at least) must attend a Food Bank orientation, which is held monthly.

FOOD BANK PARTNER AGENCY ELIGIBILITY REQUIREMENT

Your organization must be either a 501(c) 3 nonprofit or a church.

To determine if your organization qualifies as a church, please check the criteria below and mark the items that apply to your church. Please attach any supporting documentation.

Please also attach a letter on church letterhead attesting to the fact that your church meets ALL OF the criteria below. (A sample of such a letter is below)

The applicant church has:

- ☐ A distinct legal existence.
- ☐ A recognized creed and form of worship.
- ☐ A definite and distinct ecclesiastical government.
- ☐ A formal code of doctrine and discipline.
- ☐ A district religious history.
- ☐ A membership not associated with any other church or denomination.
- ☐ A complete organization of ordained ministers ministering to their congregations.
- ☐ Ordained ministers elected after completing prescribed courses of study
- ☐ A literature of its own.
- ☐ Established places of worship.
- ☐ Regular congregations.
- ☐ Regular religious services.
- ☐ Sunday or specific-day schools for religious instruction of the young.
- ☐ Schools for the preparation of its ministers.

SAMPLE LETTER FROM CHURCH

(CHURCH LETTERHEAD)

Date

To Whom It May Concern:

This letter is written on behalf of the congregation of (INSERT CHURCH NAME, STREET ADDRESS, CITY, STATE, ZIP) to affirm that our congregation is, in fact, a church and essentially meets the spirit of the 14 criteria employed by the IRS in defining a church. Furthermore, our church has not been denied tax exempt status under section 501(c)(3) of the IRS code, nor has our church's tax exempt status under section 501(c)(3) of the IRS code been revoked.

Sincerely,

(Signature)
(Printed Name)
(Title)

APPLICATION PROCESS

Please complete ALL appropriate sections of this application. **Incomplete applications cannot be accepted.**

1. Your agency's DIRECTOR (or House Manager in residential programs) must sign the enclosed AGENCY AGREEMENT FORM and FOOD RELEASE FORM.
2. **Churches must include ONE of three documents**
 - a. 501c3 letter
 - i. Please include with this application a photocopy of your IRS/US DEPT. OF TREASURY LETTER OF DETERMINATION (which states your 501c3 tax exempt status) OR a copy of the "Cumulative List of Organizations – IRS Publication 78" in which your agency appears (<http://www.irs.gov/app/pub-78/>).
 - b. a letter from denominational headquarters stating the church applying for affiliation is a church in good standing in that denomination
 - c. a letter from the church, on its letterhead and signed by its chief executive officer, affirming that the organization is, in fact, a church and essentially meets the spirit of the 14 criteria employed by the IRS in defining a church (see attached for details).
3. National Food Donors require our partner agencies to agree to ***not engage in discrimination*** when providing food assistance. **Your agency must submit a copy of your NON-DISCRIMINATION POLICY and DISCRIMINATION COMPLAINT PROCEDURE** with your application. *(A template is provided in this packet).*
4. Please return APPLICATION and ATTACHMENTS to the Food Bank of North Alabama. You will be notified when your application has been received.
5. Once the application is complete, a site visit by one of the Food Bank of North Alabama staff to your agency will be arranged. **No affiliation can be finalized until a site visit is complete.** After the site visit, if affiliation is granted, an agency Director or manager (as well as any staff who will be responsible for sourcing food through the Food Bank) **must attend an ORIENTATION SESSION** at the Food Bank of North Alabama. This session is REQUIRED before an agency may begin sourcing food from the Food Bank.

Please note: Completion of this application does NOT guarantee affiliation. We reserve the right to refuse affiliation to programs not meeting our criteria. Applications may be put on a waiting list if there are no affiliation openings available at the moment.

FOOD BANK NON-DISCRIMINATION STATEMENT

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, sex, disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. Persons with disabilities who require alternative means of communication for program information (e.g. Braille, large print, audiotape, American Sign Language, etc) should contact the Agency (State or Local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at 800.877.8339. Additionally, program information may be made available in languages other than English. To file a program complaint of discrimination, complete the USDA Program Discrimination Complaint Form AD-3027 found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or write a letter addressed to the USDA, providing all the information requested in the form. To request a copy of the complaint form, call 866.632.9992. Submit completed form or letter to USDA by MAIL at US Department of Agriculture, Office of the Assistant, Secretary of Civil Rights, 1400 Independence Avenue SW, Washington, DC 20250-9410; by fax to 202.690.7442; by email to program.intake@usda.gov.



Food Bank of North Alabama

NEW AGENCY APPLICATION

MONITORING INFORMATION	
Agency Name	DATE: COUNTY:
GENERAL INFORMATION	
PHYSICAL Address of Agency:	MAILING Address:
Primary Phone #: Secondary Phone #:	Parent or Affiliate Organization or Denomination:
Organization Email: Primary Contact Person Email:	Organization Website: Organization Facebook Page:
Does your Organization have FEDERAL 501c3 Tax Exempt Status? ____ Yes ____ No	Federal Employer Identification Number (EIN):
Liability Insurance Carrier:	Describe your agency's general program (or attach brochure):
TYPE of PROGRAM (Check the category or categories describing your food program) <input type="checkbox"/> Emergency Food Pantry (providing groceries to those in need) <input type="checkbox"/> Backpack Program (bags of food to students to take home) <input type="checkbox"/> Residential Program (day care, detox, group homes, etc) <input type="checkbox"/> Soup Kitchen (cooking/serving meals to walkins) <input type="checkbox"/> School Pantry (food pantry located IN a school, targeting kids/families)	
How long has your agency been doing this program / ministry?	What is the program's primary funding source?
Name of other church / agency familiar with your program?	Contact name/phone/email at that agency familiar with your program:
How much do you have budgeted for food program for the year?	How often do you expect to pick up food at the Food Bank?
Name / Title of Person Completing this Application:	
FOOD STORAGE	
How many Refrigerators do you have on site for the Food Program?	
How many Freezers do you have on site for the Food Program?	
Dimensions of your Dry Storage Room?	
Is your food storage area climate controlled year round (Yes/No)	
PROGRAM SPECIFIC INFORMATION (ONLY complete the section(s) relevant to YOUR Program)	
❖ EMERGENCY FOOD PANTRIES	
Pantry Director (Name, email, phone #)	

❖ **BACKPACK PROGRAMS**

What schools do you supply or plan to supply? (List school and grades you will be providing for):

Who is your contact at the school(s)? List name/title/contact # for each:

How many children do you anticipate providing backpack food bags to / at what frequency (weekly, monthly, etc):

Do you know of other agencies / churches that also provide Backpacks to this school? If so, please list:

IMPORTANT NOTE: Backpack agencies must **ALSO** complete the separate “Backpack Program Agreement” – it can be downloaded at Food Bank Website, or ask Community Relations Manager for a copy

❖ **SCHOOL PANTRIES**

What schools do you supply or plan to supply? (List school and grades you will be providing for):

Who is your contact at the school(s)? List name/title/contact # for each:

How many unduplicated children do you anticipate providing backpack food bags to / at what frequency (weekly, monthly, etc):

When will the pantry be open for children (hours/days):

Do you know of other agencies / churches that also provide Backpacks to this school? If so, please list:

What types of food or nonfood items do you hope to make available in the pantry?

Who will be responsible for distributing it (volunteers or school staff?) **IMPORTANT!!** If you agency volunteers will have routine contact with students, have they been background checked?

IMPORTANT NOTE: School Pantry agencies must **ALSO** complete the separate “School Pantry Agreement” **AND** the “National Background Check Form” - they can be downloaded at Food Bank Website, or ask Community Relations Manager for a copy



AGENCY AGREEMENT FORM

Name of Service Agency/Church _____

Agrees to and will comply with the following criteria as a recipient agency of Food Bank of North Alabama, Inc.

1. Must have a 501c3 tax exempt status with the Internal Revenue Service or operate through a church congregation.
2. Must not sell, transfer, barter nor offer for sale the items supplied by the Food Bank in exchange for money, property or services, or otherwise allow the items to re-enter commercial channels.
3. Must be an established agency and registered and approved by the Food Bank.
4. Must be an agency that serves the needy, the ill or infants (children).
5. Must serve food directly to its clients in the form of meals, snacks, or distribute packaged food for emergency situations.
6. Must have adequate refrigeration and storage space to ensure the wholesomeness of the food until used and/or redistributed.
7. Must be licensed by the State and/or City as a food service establishment according to the service it provides.
8. Must provide transportation to pick up food at the Food Bank warehouse.
9. Must be agreeable to monitoring by Food Bank representatives.
10. The Agency agrees to adhere to additional donor stipulations.
11. Must be agreeable to supporting the operation of the Food Bank with the suggested share contribution of 14 cents per pound for food received. Shared contributions must be paid using a check showing the agency's name, address and telephone number on its face. Shared contributions must be received by the Food Bank no later than the tenth of each month, following the month the food is received. Agency statements will be sent at the end of each month.
12. Agrees that no person shall be denied access to food product sourced through the Food Bank or Feeding America on the basis of race, color, citizenship, religion, gender, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity or expression, unfavorable discharge from the military or status as a protected veteran, reprisal, sex, and where applicable, political beliefs, familial or parental status, if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment.
13. Agrees to abide by the policies, procedures, and record keeping requirements of the Food Bank of North Alabama.
14. Must review and agree to comply with the provisions of the Alabama Immigration Law in the attached paragraph, "ALABAMA IMMIGRATION LAW COMPLIANCE."

Signature (of the Agency's Director) _____

Title _____ Date: _____

AGENCY FOOD RELEASE FORM

WHEREAS, Food Bank of North Alabama, Inc., hereinafter referred to as “the Food Bank”, has offered to provide and supply certain foods, foodstuffs, and related items, as available to _____, a 501c3 charity or a church congregation, hereinafter referred to as “the Donee”, and

WHEREAS, the Donee has warranted to the Food Bank that all items received will be duly inspected by a qualified member of its staff and found fit for human consumption, or the items will not be accepted,

THEREFORE, the Donee hereby warrants, represents and guarantees as follows:

1. That it has been awarded the status of a 501c3 charity by the Internal Revenue Service or is a church congregation.
2. That the Food Bank and the primary donor have specifically disclaimed any warranties or representations, expressed or implied, as to the purity or the fitness for human consumption of any or all such donated items.
3. That all items accepted are accepted in an “as is” condition.
4. That the Donee will safely and properly handle the donated items in a manner that conforms to all local, state and federal regulations. That the Donee will utilize employees or volunteers having sufficient training, experience and expertise in the evaluation, handling, distribution, and preparation of donated items for feeding purposes, and will safely and properly judge, handle, distribute, prepare and use these items to feed.
5. That the Donee, because of the qualifications of its personnel, as above specified, hereby accepts full responsibility for the purity and the fitness for human consumption of any and all items accepted.
6. That the Donee will serve the products received as soon as possible to provide maximum palatability and freshness.
7. That the Donee shall not share food items obtained from the Food Bank with any other organization or entity.
8. That the Donee hereby warrants and guarantees to the Food Bank of North Alabama, the original or primary donor, and Feeding America that it will hold them harmless from any and all liabilities, claims, losses, causes of action, suits of law or inequity, or any obligation whatsoever arising out of or attributed to any action by the Donee in connection with its storage and/or use of the items supplied to it by the Food Bank.
9. That the Donee will use the items only in a use related to its exempt purposes and solely for the feeding of the ill, the needy or infants.
10. That the Donee will neither offer for sale, sell, transfer or barter the items supplied by the Food Bank in exchange for money, other properties or services.
11. That the donated items will be used for prepared-meal feeding or emergency food distribution unless otherwise released by the primary donor or the Food Bank.

The undersigned hereby warrants that he/she is a legally warranted and authorized agent of the Donee whose name appears below and by his/her legal signature does hereby bind the Donee to the terms, conditions and limitations of this document of release.

Dated this _____ day of _____, 20____

Signature of Authorized Agent _____ Title _____

Name/Address of Organization: _____

CODE OF CONDUCT

We will work with all of our agency partners to end hunger, but **if an individual representing your agency acts in a way that is unacceptable to our code of conduct, we will revoke this individual's access to the Food Bank and potentially the partner agency relationship.**

The activities outlined below are prohibited and designed to keep a positive, safe and cooperative environment for FBNA staff and visitors.

- Possession, use or being under the influence of alcoholic beverages or illegal drugs on FBNA's owned or leased property.
- Bringing onto FBNA's owned or leased property dangerous or unauthorized materials such as explosives, firearms, weapons or other similar items.
- Discourtesy, rudeness or threatening behavior/language to a fellow participant, staff member or volunteer.
- Verbal, physical or visual harassment of another participant, staff member or volunteer.
- Conduct endangering the life, safety, health or well-being of others.
- Failing to cooperate with FBNA staff members or follow basic FBNA guidelines.

I have read and I understand the Food Bank of North Alabama's Code of Conduct. I agree to abide by the rules described above and understand that I may be removed as a participant if I violate any of these rules.

Name of Organization _____

Signature _____

Date _____

ALABAMA IMMIGRATION LAW COMPLIANCE

Contractor agrees that it will fully comply with the Immigration Reform and Control Act of 1986, as amended by the Immigration Act of 1990, and the Beason-Hammon Alabama Taxpayer and Citizen Protection Act, which makes it unlawful for an employer in Alabama to *knowingly* hire or continue to employ an alien who is or has become unauthorized with respect to such employment or to fail to comply with the Form I-9 requirements or fails to use E-Verify to verify the eligibility to legally work in the United States for all of its new hires who are employed to work in the State of Alabama. Without limiting the foregoing, contractor shall not knowingly employ, hire for employment, or continue to employ any unauthorized alien, and shall have an officer or other managerial employee who is personally familiar with the contractor's hiring practices to execute an affidavit to this effect on the form supplied by the FBNA and return same to the FBNA.

Contractor shall also enroll in the E-Verify Program prior to performing any work, or continuing to perform any ongoing work, and shall remain enrolled throughout the entire course of its performance hereunder, and shall attach to its affidavit the E-Verify Program for Employment Verification and Memorandum for Understanding and such other documentation as the FBNA may require to confirm contractor's enrollment in the E-Verify Program. Contractor agrees not to knowingly allow any of its subcontractors, or any other party with whom it has a contract, to employ in the State of Alabama any illegal or undocumented aliens to perform any work in connection with the Project, and shall include in all of its contracts a provision substantially similar to this paragraph. If contractor received *actual knowledge* of the unauthorized status of one of its employees in the State of Alabama, it will remove that employee from the project, jobsite or premises of the FBNA and shall comply with the Immigration Reform and Control Act of 1986, as amended by the Immigration Act of 1990, and the Beason-Hammon Alabama Taxpayer and Citizen Protection Act. Contractor shall require each of its subcontractors, or other parties with whom it has a contract, to act in a similar fashion.

If contractor violates any term of this provision, this agreement will be subject to immediate termination by FBNA. To the fullest extent permitted by law, contractor shall defend, consequential damages, expenses (including, but not limited to, attorney's fees), claims, suits, liabilities, fines, penalties, and any other costs arising out of or in any way related to contractor's failure to fulfill its obligations contained in this paragraph.

Name of Organization _____

Signature _____

Date _____

E-VERIFY REQUIREMENTS

In accordance with Alabama Immigration Law, if your church or agency (the name on the checking account which pays your monthly statement from the Food Bank, not the volunteer committee running the pantry) has any paid employees, then you must start an E-Verify account* for any future hiring, **and send us :**

- (1) **The signed E-verify Memorandum of Understanding** (you will get this form as part of the process of signing up on e-verify.gov – see below)
- (2) **The notarized “Contractor Affidavit of Alabama Immigration Compliance”** (next page)

If your agency's *responsible party* has NO paid employees, then you don't have to start an E-Verify account, but you still have to send us

- (1) **The notarized “Contractor Affidavit of Alabama Immigration Compliance”** (next page)



***To start an E-Verify account**, go to the Federal website at <https://www.e-verify.gov/>. They may ask you for a PIN. Just make up a 4-digit number because we don't provide you with a PIN.

The website will issue a 13 or 15 page Memorandum of Understanding.

The last 2 pages are for your signature. Print that off and send the last 2 pages of the MOU to us.

Don't wait for the DHS to reply to you indicating that you've been accepted. It may be an awfully long wait (weeks) because they are overloaded with requests. The Ala. Immigration Law says that ALL employers in the state must establish an account. ***Don't worry, E-Verify will not request any information on your current employees.***

**YOU MUST ALSO COMPLETE THE “Contractor or Volunteer Affidavit”
(NEXT PAGE) and it must be NOTARIZED**

Contractor or Volunteer Affidavit of Alabama Immigration Compliance

FORM FOR SECTION 9 (a) and (b) BEASON-HAMMON ALABAMA TAXPAYER AND CITIZEN PROTECTION ACT; CODE OF ALABAMA, SECTION 31-13-9 (a) and (b)

AFFIDAVIT FOR CONTRACTOR

(To be completed as a condition for performing work on a project paid for by contract, grant, or incentive by the State of Alabama, any political subdivision thereof, or any state-funded entity.)

State of _____; County of _____

Before me, _____ a notary public, personally appeared

_____ (print name) who is a duly authorized by the business entity/ employer which appears below, being duly sworn says as follows:

As a condition for being a contractor on a project paid for by contract, grant, or incentive by the State of Alabama, or any political subdivision thereof, or any state-funded entity, I hereby attest that in my capacity as

_____ (your position) for _____ (name of contractor), said contractor does not knowingly employ, hire for employment, or continue to employ an unauthorized alien. Further, contractor affirms that it is providing notice to its subcontractors of their Alabama Immigration Compliance obligations.

I further attest that said contractor is enrolled in the E-Verify program and attached to this Affidavit is our E-Verify Memorandum of Understanding confirming such program enrollment. Further, as a direct contractor, for those current employees for whom the E-Verify system may not be used in accordance with applicable federal rules and regulations, contractor has reviewed, or had reviewed, the Form I-9s for each of its current employees and has a good faith belief that it has complied with ALA. CODE § 31-13-9(c) and (d).

Signature of Affiant

Sworn to and Subscribed before me this _____ day of _____, 20____.

I certify that the affiant is known (or made known) to me to be the identical party he or she claims to be.

Signature and Seal of Notary Public

To be returned to the Food Bank of North Alabama, PO Box 18607, Huntsville, AL 35804 or the preferably via email to the appropriate Food Bank staff member, Agency Relations Manager, at communityrelations@fbfna.org.

FOR USDA AGENCIES ONLY

NON DISCRIMINATION POLICIES AND FORMS

ALL USDA AGENCIES MUST POST THESE THREE DOCUMENTS at your Food Distribution Site, in clear view of your clients

- 1) Your Non-Discrimination Policy**
- 2) Your Complaint Procedure**
- 3) A Notice of the Beneficiary Rights**

These steps ensure that food from the Food Bank and the USDA is ***given out for free to the ill, needy and children based solely on eligibility, and that any client who feels they are being discriminated against may have ready access to complaint procedures and/or alternative resources for obtaining food.***

THE FOLLOWING PAGES can be completed by your agency and posted at your point of distribution. If you prefer to use or already have your own internal version of these procedures, you may use those instead, if they also provide the same kind of information to a client who might want to file a complaint.

A COPY OF YOUR NON DISCRIMINATION & COMPLAINT POLICY must be provided to the Food Bank with your completed application.

For your convenience you may use the following TEMPLATES to create your non-discrimination and complaint flyers.

NON-DISCRIMINATION POLICY

_____ (organization name) **does not discriminate** against food recipients 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, reprisal, and where applicable, political beliefs, marital status, familial or parental status, if all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. We will handle discrimination complaints from program participants in the following manner.

STEP ONE: Any program participant who feels they have been a victim of discrimination or denied equal access is encouraged to contact the USDA directly or discuss the problem with the program supervisor.

If you wish to file a Civil Rights program complaint of discrimination and contact the USDA directly, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U. S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S. W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer."

If you wish to discuss the problem with the program supervisor, please follow the steps below:

STEP ONE: Any program participant who feels they have been a victim of discrimination or denied equal access are encouraged to discuss the problem with the program supervisor.

STEP TWO: The second step is to file a written complaint with the Executive Director of the program. The Executive Director will then have 5 working days to investigate the complaint and meet with the parties involved to resolve it.

STEP THREE: If the complaint remains unresolved, the Executive Director will turn over the complaint to the Board of Directors who will initiate their policy on addressing these types of issues.

STEP FOUR: If the matter remains unresolved, the program participant can file a discrimination complaint by notifying the contacts below:

Agency and Community Relations Manager at Food Bank of North Alabama
PO Box 18607, Huntsville AL 35804 PH: 256-382-0296

“The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases 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, reprisal, and where applicable, political beliefs, marital status, familial or parental status, if all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA. We will handle discrimination complaints from program participants in the following manner. (Not all prohibited bases will apply to all programs and/or employment activities.)

PROCEDURE FOR FILING DISCRIMINATION COMPLAINTS

Step One: Discuss problem with _____
(Your Program’s Supervisor)

Step Two: Submit a written complaint to _____
(Ex. Director or Organization Leader)
Program Name: _____
Agency Address: _____

Step Three: If the matter remains unresolved, the program participant can file a discrimination complaint by notifying the contacts below:

*Agency and Community Relations Manager
Food Bank of North Alabama
PO Box 18607
Huntsville AL 35804
PH: 256-382-0296*

Option 2:

If you wish to go to the USDA directly and file Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U. S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S. W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (in Spanish). USDA is an equal opportunity provider and employer.

NOTICE OF BENEFICIARY RIGHTS

Because we are a recipient of TEFAP food commodities, we are required to let you know that—

- **We may not discriminate against you** on the basis of religion or religious belief, a refusal to hold a religious belief, or a refusal to attend or participate in a religious practice;
- **We may not require you to attend or participate in any explicitly religious activities** that are offered by us, and any participation by you in these activities must be purely voluntary;
- **We must separate in time or location any privately funded explicitly religious activities** from activities supported with USDA direct assistance;
- **If you object to the religious character of our organization**, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available; and
- **You may report violations of these protections** (including denials of services or benefits) by an organization to the State agency (<http://www.fns.usda.gov/fdd/food-distribution-contacts>). The State agency will respond to the complaint and report the alleged violations to their respective USDA FNS Regional Office (<http://www.fns.usda.gov/fns-regional-offices>).

Alternate Service Providers:

Food Bank of North Alabama web site www.foodbanknorthal.org offers information on approximately 200 food pantries across 11 north Alabama counties. State-wide phone service (Call 2-1-1) provides information on all kinds of assistance, including food. In Madison County, call FoodLine at 256-534-2424.

If you object to receiving services from us based on the religious character of our organization, we must make reasonable efforts to identify and refer you to an alternate provider to which you have no objection. We cannot guarantee, however, that in every instance, an alternate provider will be available.

() Please check if you want to be referred to another service provider.

Your name: _____ Phone / Email: _____

FOR STAFF USE ONLY

1. Date of objection: __/__/__

2. Referral (check one):

() Individual was referred to (name of alternate provider and contact information):

() Individual was given State agency-provided referral information (i.e. a website, hotline, or list of other service providers funded by the State agency)

() Individual left without a referral

() No alternate service provider is available—summarize on back page what efforts you made to identify an alternate provider (including reaching out to State agency or local or eligible recipient agency):