



NEW AGENCY APPLICATION

UPDATED 8/2025

ELIGIBILITY INFORMATION					
Name of Applying Church or Organization		Name of Food Assistance Program, if different			
Physical Address where food will be stored:		Mailing Address, if different:			
<p>In order to be eligible to distribute Donated Product provided through the Food Bank of North Alabama resources, the applying organization must be one of the following types of organizations:</p> <p>a) a Public Charity, or an organization wholly owned by a Public Charity, that either: : was organized for and operates for the purpose of the care of and service to the ill, needy, or infants OR : Uses Donated Product in a manner relating to and consistent with the organization's exempt purpose through programs that care for and serve the ill, needy, or infants</p> <p>b) a Church that cares for or serves the ill, needy, or infants</p> <p><i>*Alabama defines infants as anyone 18 years and under</i></p>					
<p>Does your Organization have:</p> <table border="0"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Church/Church Affiliation Include the following with this application: <input type="checkbox"/> Church Letter <input type="checkbox"/> IRS Qualifier Form </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Federally Recognized 501(c)(3) Public Charity : Recent proof from IRS must be included with application IRS EIN NUMBER: </td> </tr> </table>				<input type="checkbox"/> Church/Church Affiliation Include the following with this application: <input type="checkbox"/> Church Letter <input type="checkbox"/> IRS Qualifier Form	<input type="checkbox"/> Federally Recognized 501(c)(3) Public Charity : Recent proof from IRS must be included with application IRS EIN NUMBER:
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Liability Insurance Carrier Name:		Policy Number & Effective Date			
CONTACT INFORMATION - Organizations MUST list 2 different individuals as Contacts					
<p>This section should be completed by the Food Program Director who will be directly involved in the distribution program. If the organization is a religious or religiously affiliated group operating without the direct involvement of a member of the religious leadership, a representative from the church leadership must complete and submit the 'Religious Leadership Agreement' along with this application.</p>					
Primary Contact Name:	Role in Program:	Phone Number:	Can this # receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Email Address:		Is this person responsible for billing/payments? <input type="checkbox"/> Yes <input type="checkbox"/> No			
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Email Address:		Is this person responsible for billing/payments? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Billing Contact Name (If different)	Email Address:	Phone Number:	Can this # receive text messages? <input type="checkbox"/> Yes <input type="checkbox"/> No		

GENERAL PROGRAM INFORMATION		
What category best describes your food assistance program (Check all that apply)		How long has your organization been operating a food- assistance program?
<input type="checkbox"/> Food Pantry (providing groceries to those in need) <input type="checkbox"/> Residential Program <input type="checkbox"/> Prepared Meals / Soup Kitchen <input type="checkbox"/> Backpack Program / School Pantry <input type="checkbox"/> Delivery Program		
To your knowledge, has your program been an Agency Partner with us before? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, when? Why was the partnership dissolved? <i>(this does not mean your group will automatically be approved or denied)</i>		
Briefly describe your organization's overall mission and operation		
Is your organization affiliated with or accountable to a larger entity or department? (For example, the State Department, Salvation Army, Religious Association, etc.) <input type="checkbox"/> No		
<input type="checkbox"/> Yes, Who:		
How many households do you currently serve per month?		What Items do you currently distribute/store?
		<input type="checkbox"/> Canned Goods <input type="checkbox"/> Frozen Foods <input type="checkbox"/> Pet Supplies <input type="checkbox"/> Dry Goods <input type="checkbox"/> Refrigerated Foods <input type="checkbox"/> Household Items <input type="checkbox"/> Formula <input type="checkbox"/> Diapers (Adult or Children)
What is your current annual food budget?	What are your main sources of funding?	# of Volunteers involved in Food Program:
	<input type="checkbox"/> State <input type="checkbox"/> Private Donations <input type="checkbox"/> Other: <input type="checkbox"/> Grants <input type="checkbox"/> Corporate Donors <input type="checkbox"/> Church Budget <input type="checkbox"/> Participant Fees	
What are your current sources of food?		
<input type="checkbox"/> Purchase from Stores - Where?		<input type="checkbox"/> Donations / Food Drives / Other (Please provide details)
What do you hope a partnership with the Food Bank of North Alabama will do to expand your ability to serve your community in the fight against hunger?		

FOOD STORAGE INFORMATION			
COLD STORAGE			Is this unit solely for use by the food program?
Type	Description	# of Units	
Combination Fridge / Freezer			
Upright Freezer	<input type="checkbox"/> Single Door <input type="checkbox"/> Double Door		
Upright Freezer	<input type="checkbox"/> Single Door <input type="checkbox"/> Double Door		
Chest Freezer	<input type="checkbox"/> Large <input type="checkbox"/> Small		
Chest Freezer	<input type="checkbox"/> Large <input type="checkbox"/> Small		
Commercial Upright Freezer			
Upright Refrigerator	<input type="checkbox"/> Single Door <input type="checkbox"/> Double Door		
Upright Refrigerator	<input type="checkbox"/> Single Door <input type="checkbox"/> Double Door		
Commercial Upright Refrigerator			
Walk-in Freezer			
Walk-in Refrigerator			

DRY STORAGE	
Describe your dry storage area? (Building, Room, Size, Shelving, etc)	
Is your food storage area climate controlled year round? <input type="checkbox"/> No <input type="checkbox"/> Yes	Do you keep temperature logs on your cold storage units and/or dry storage areas? <input type="checkbox"/> No <input type="checkbox"/> Yes

PEST CONTROL	
Who performs your pest control? <input type="checkbox"/> Self Maintained <input type="checkbox"/> Pest Control Company	
Name of Pest Control Service Company:	How often do they visit/treat?

FOOD TRANSPORTATION	
What vehicles do you have reliable access to for food transportation?	
<input type="checkbox"/> Car <input type="checkbox"/> Small SUV <input type="checkbox"/> Passenger Van <input type="checkbox"/> Box Truck <input type="checkbox"/> Uncovered Trailer <input type="checkbox"/> Other: <input type="checkbox"/> Standard Truck <input type="checkbox"/> Large SUV <input type="checkbox"/> Cargo Van <input type="checkbox"/> Refrigerated Box Truck <input type="checkbox"/> Covered Trailer	

ELIGIBILITY	
Does your organization require any of the following in order for recipients to receive food assistance:	
<input type="checkbox"/> No <input type="checkbox"/> Yes Have a referral or appointment	
<input type="checkbox"/> No <input type="checkbox"/> Yes Provide a Donation	
<input type="checkbox"/> No <input type="checkbox"/> Yes Attend / Engage in a Religious Service, Practice, or Activity	
<input type="checkbox"/> No <input type="checkbox"/> Yes Pay a Fee	
<input type="checkbox"/> No <input type="checkbox"/> Yes Perform any Volunteer or Work for the Organization	
<input type="checkbox"/> No <input type="checkbox"/> Yes Attend a class (Financial, Religious, Etc)	

If you answered "Yes", please provide more information:

The following sections contain questions related to various categories of distribution. Please complete only the sections that are relevant to your organization's operations.

A) FOOD PANTRY

A pantry is where individuals visit the program site and receive bags/boxes of groceries to prepare at home. The groceries could also be delivered to the participants.

What is your current operating hours for distribution?

Frequency:

- Daily Weekly Every Other Week Monthly Every Other Month Quarterly
 Other, please explain:

Days: (Please Specify Times)

Monday

Tuesday

Wednesday

Thursday

Friday

Saturday

Sunday

How are people able to find out about your food distributions?

- Website Calling the Food Line
 Flyers Posted Signs on the Building
 Social Media Other, please explain:
 211

Do recipients receive prepacked items or do they choose?

- Prepackaged
 Recipient Choice
 Both

Are you able to accommodate dietary requests?

What is the PRIMARY method of your food distribution?

- Walk-In/Up : Any method where the recipients are able to get out of a vehicle and walk up to receive their food.
 Drive Through : Any method where the recipients remain inside a vehicle and the food is brought out to them.

Do you deliver food to recipients? If yes, provide details

- NO YES:

How long do you intend the food to last (avg household size)

- 2-3 Days 1 Week 1-2 Weeks 2-3 Weeks Month Other:

Do recipients have to live within a certain area? If so, where? NO YES:

Do you require recipients to bring anything to prove identity or need?

- NO YES, explain:

Describe the demographic of your current recipient population (Average Age, Household Size, Etc)

THE PANTRY CATEGORY DOES NOT INCLUDE SERVING HOT/PREPARED MEALS TO RECIPIENTS. IF YOUR ORGANIZATION DOES, ALSO COMPLETE THE SOUP KITCHEN SECTION

B) SOUP KITCHEN / PREPARED MEALS

A Soup Kitchen / Meal Provider is any Partner Agency that prepares, serves or delivers prepared meals or snacks to individuals in need. This includes after school snack programs , senior daycare, etc. All meal programs are held to Department of Health standards.

What is your current operating hours for service / distribution?

Frequency:

- Daily Weekly Every Other Week Monthly
 Other, please explain:

Days: (Please Specify Times)

- Monday
 Tuesday
 Wednesday
 Thursday
 Friday
 Saturday
 Sunday

Do recipients have to live within a certain area? If so, where? NO YES:

Do you require recipients to bring anything?

- NO YES, explain:

Describe the demographic of your current recipient population (Average Age, Household Size, Etc)

What category of meals do you serve? Describe the typical meals you prepare/serve

- Breakfast Lunch Dinner Snacks

Who is responsible for preparing/cooking the meals?

Does anyone involved in the preparation of the meals have a nationally recognized Food Safety Manager Certification (for example, ServSafe)? If yes, please list their name and include a copy of their certificate with your application

- NO YES:

C) RESIDENTIAL

This type of meal program serves either permanent or temporary residents of a facility. All meal programs that provide prepared food are held to Department of Health standards.

What category of residential program is this?	Resident Demographics:
<input type="checkbox"/> Rehab/Recovery <input type="checkbox"/> Emergency Shelter <input type="checkbox"/> DV Shelter <input type="checkbox"/> Transitional Home <input type="checkbox"/> Group Home <input type="checkbox"/> Foster Home <input type="checkbox"/> Other:	<input type="checkbox"/> Male <input type="checkbox"/> Children <input type="checkbox"/> Teen - Male <input type="checkbox"/> Female <input type="checkbox"/> Family <input type="checkbox"/> Teen - Female <input type="checkbox"/> Ages Served:

Setting	What is the maximum capacity (beds)?	What is your average capacity?
<input type="checkbox"/> Single Residence <input type="checkbox"/> Residential Complex <input type="checkbox"/> Facility		

Do residents have to be from a particular area/county?	Do residents have employment?
<input type="checkbox"/> NO <input type="checkbox"/> YES:	<input type="checkbox"/> NO <input type="checkbox"/> YES:

Do residents pay a tuition or fee?	Are residents enrolled in SNAP?
If yes, how much/often & what are the fees used for?	<input type="checkbox"/> NO <input type="checkbox"/> YES
<input type="checkbox"/> NO <input type="checkbox"/> YES:	Do Residents purchase food using their own Money or SNAP?
	<input type="checkbox"/> NO <input type="checkbox"/> YES:

Who prepares meals for the residents?

Staff/Volunteer: Breakfast Lunch Dinner Snacks
 Residents: Breakfast Lunch Dinner Snacks
 Residents w/ assistance

Does anyone involved in the preparation of the meals have a nationally recognized Food Safety Manager Certification (for example, ServSafe)? If yes, please list their name and include a copy of their certificate with your application.

NO YES:

D) BACKPACK PROGRAM AND / OR SCHOOL PANTRY

A **backpack program** delivers prepackaged groceries to schools for kids to have at home over the weekend.

A **school pantry** is a program that stocks a pantry at a school for kids and their families to select groceries to prepare at home. Intended to meet the needs of the whole household rather than just the student.

This may also include secondary/college food assistance programs.

All School Programs require a letter be submitted with this application from the school administrator verifying they are aware and accept the food assistance being offered by your program.

What type of school program do you currently operate? Backpack Pantry Both

What school/s do you plan to supply? (please provide full school name as well as grade levels)

Did you work with these schools last school year? Yes No See Below

If you work with multiple schools, please clarify last years involvement with each as necessary.

Name & Position of Contact at School (include school name if working with multiple):	Email Address:

BACKPACK PROGRAM QUESTIONS

Number of individual children receiving food bags monthly?	How often do you distribute?
	<input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Twice a Month <input type="checkbox"/> Other:

Are you part of a group that rotates who distributes at the school throughout the year? If so, who do you work with?

What items do you provide for the backpacks?

SCHOOL PANTRY QUESTIONS

What are the current operating days / hours for the pantry?

Describe the area where the food will be stored at the school

What foods / items do you provide in the pantry?

Do you currently partner with other groups to stock the pantry? If yes, who?

What is your process to collect information on how many families are served through the pantry?

Who is responsible for monitoring/distributing food from the pantry?

- School Staff
- School Volunteers
- Your Organization's Volunteers

IMPORTANT! Anyone from your organization that interacts with minors during distribution MUST have a current background check.

By signing below, I acknowledge and affirm that the information provided in this application is true and accurate to the best of my knowledge. I understand that submission of this application does not guarantee approval or partnership with the Food Bank of North Alabama's food distribution program.

If accepted, I understand that my organization will be required to:

- Successfully complete a site visit of the designated food storage location;
- Complete a basic food safety test; and
- Attend a mandatory program orientation.

If accepted, I understand that my organization will be required to review and sign a separate Agency Partner Agreement, before receiving any resources for distribution. I acknowledge that final approval is contingent upon agreeing to the terms outlined in that document.

I understand that any misrepresentation or failure to adhere to the program's standards may result in termination of the partnership and/or exclusion from future participation.

Authorized Representative Name (Print): _____

Title/Position: _____

Organization Name: _____

Signature: _____ Date: _____

Phone Number: _____ Email Address: _____

<i>Food Bank of North Alabama USE ONLY</i>			
Date Application Received: _____	FBNA EMP: _____		
<i>Application Status / Date Completed:</i>			
Reviewed: _____	Site Visit: _____	Orientation: _____	Food Safety Test: _____
A: _____	WL: _____	D: _____	
Notes:			