SOUTH TEXAS FOOD BANK

Serving the Counties of:
Dimmit, Jim Hogg, Kinney, Maverick
Starr, Val Verde, Zapata, Webb

MEMBER OF FEEDING AMERICA

MEMBER AGENCY APPLICATION

Note: Please review the Member Agency Agreement to make sure that you are able and willing to assure compliance as set forth by USDA & Feeding America

Date _____

Name and address of Organization:

Name: _____

Address: _____

City: _____ State: TX _____ Zip Code: _____

Phone#: _____ Fax#: _____

e-mail address: _____

2. Federal Tax ID #: _____

3. Type of program: ☐ **Pantry** ☐ On-Site Feeding Program ☐ Both ☐ Other (explain)

_____

4. Is your organization an affiliate of a larger organization?

☐ Yes (answer 4a) ☐ **X No** (skip to #5)

4a. Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

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5. Will your organization operate a pantry or an on-site feeding program at another address?
☐ **yes (answer 5a & 5b)** ☐ no (skip to 6)

5a. Name of program: _____

Address: _____

5b. Will this site also be participating with the Food Bank? ☐ **Yes** ☐ No

6. Name of the person directly responsible for the operation of the food pantry

_____

7. Are you now offering some type of food assistance? _____ No _____

8: If so, what are your present resources for food?

_____

9: Of your total food supply, what percentage do you anticipate to be from the South Texas Food Bank? 100%

10. Do you have adequate transportation and facilities to pick up your food items and store them properly? ☐ **Yes** ☐ no

11. Are you interested in being called when there is a surplus of food? ☐ Yes ☐ **No**

12. How often will you be doing food distribution? _____ (it should be at least once per month) Day & time of distribution _____

13. How many families per month will your pantry serve? _____

14. Which types of clients will be served by your pantry? ☐ Men ☐ Women ☐ Families ☐ Elderly ☐ Children ☐ Infants

15. Will your program have restrictions on who is served and how often? ☐ No ☐ Yes:

_____
(Describe restriction)

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16. Why do you want to offer this service? _____

17. Do you have a freezer? ☐ Yes ☐ No

18. Do you have a refrigerator? ☐ Yes ☐ No

19. What type/size of storage area do you have for dry product? _____

20. How will dry food be stored off the floor (shelves, tables)? _____

21. Are you able to store food in vermin proof containers? ☐ Yes ☐ No

22. Is the storage area clean and dry? ☐ Yes ☐ No

23. Can the storage area be securely locked? ☐ Yes ☐ No

24. What is the geographic area of service? _____

Agency Representative:

_____

Print Signature

South Texas Food Bank Representative:

/

_____

Print Signature

In accordance with Federal civil rights law and U. S. Department of Agriculture (USDA) civil rights regulations and policies, the South Texas Food Bank, its Agencies, and employees are prohibited from discrimination 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