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www.cafoodbanks.org

Membership Application

(Please type or print clearly)

Part I. General Information

Organization Name _____

Mailing Address _____

Physical Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

E-mail _____ Website _____

Mission Statement: _____

Professional/ Community Affiliations (A2H, CAP, Advisory Boards, Other Local, Regional and State Partnerships):

Name of Executive Director _____

Telephone _____ Email _____

Name of Board President _____

Telephone _____ Email _____

Part II. Membership Information

This organization is applying for membership in the following category:

_____ Food Bank (see below) _____ Associate Member (see below)

A **Food Bank Member** is a non-profit corporation with incorporation accepted and approved by the State of California with 501 (c) (3) tax exempt status approved by the Internal Revenue Service and with 23701 (d) tax exempt status approved by the State of California; is in good standing with the Federal and State authorities governing non-profit organizations; and has a Board of Directors representing the community served. A Food Bank member does not primarily provide direct services of the type demonstrated by food pantries. The organization must on a daily basis solicit, receive, warehouse and distribute donated food within a defined service area, primarily (more than 50%) to a wide range of non-profit agencies that operate food assistance programs for low-income people, primarily (more than 50%) in California. The organization must also demonstrate a commitment to the principle of non-discrimination and demonstrate that they work collegially with other California food banks in furtherance of the Association’s mission to build a well-nourished California. Food Bank members have all the duties and responsibilities of members outlined in the bylaws.

Associate Members are food distribution groups other than food banks as defined above (such as food pantries, kitchens and shelters); out-of-state food banks; anti-hunger advocacy groups; and other organizations working on hunger issues and the well-being of low-income people can apply to be an associate member. Associate members are not eligible to vote.

Please indicate your areas of interest in CAFB program areas:

- Farm to Family
- Food Stamp Outreach and Nutrition Education
- Public Policy
- Membership Training and Technical Assistance
- Other Specify _____

For Associate Members Only: Please provide a brief statement how your membership in CAFB will facilitate the furthering of the CAFB mission statement and activities.

Part III. Fiscal/Administrative Information

Date of Incorporation: _____

Current Food Bank Operating Budget: _____

Has the Internal Revenue Service (I.R.S.) determined that this organization is tax exempt under section 501(c) (3) of the I.R.S Code? __ Yes __ No

Please attach:

- ____ Proof of I.R.S. 501(c) (3) status
- ____ Proof of California 23701(d) status
- ____ Most recent financial audit
- ____ List of Board of Directors and Affiliation
- ____ Board Minutes (copies of last three meetings)
- ____ Brochure or other marketing materials

Part IV. Services /Operations Information (for Food Bank Members only)

Service Area:

Please define the geographical area you serve _____

Amount of Food Distributed:

Total Pounds Distributed in most recent fiscal year _____

- # of pounds distributed to Agencies _____
- # of pounds of fresh produce distributed _____
- # of pounds of EFAP commodities _____
- # of pounds of CSFP commodities _____
- # of pounds of locally donated food (non-produce) _____
- # of pounds of A2H donated food (non-produce) _____

Food Programs Operated:

- __ Emergency Food Service Program (EFAP)
- __ Commodity Supplemental Food Program (CSFP)
- __ Senior Brown Bag Program
- __ Child Nutrition (Summer Food Service Program (SFSP), Backpack, Kids Café)
- __ Advocacy (Food Stamp Outreach and Nutrition Education)
- __ Other Specify _____

Food Storage Area:

Cooler:

__ Ft. X __ Ft = __ square feet (Length)(Width)

__ Ft. Ceiling height

Number of pallet positions _____

Forklift accessible? __

Pallet jack accessible? __

Freezer:

___ Ft. X ___ Ft = ___ square feet (Length) (Width)

___ Ft. Ceiling height

Number of pallet positions ___

Forklift accessible? ___

Pallet jack accessible? ___

Dry Storage Area:

___ Ft. X ___ Ft = ___ square feet (Length) (Width)

___ Ft. Ceiling height

Number of total pallet positions ___

Number of racked pallet positions ___

Warehouse Equipment

Number of propane forklifts ___

Number of electric forklifts ___

Number of electric pallet jacks ___

Number of manual pallet jacks ___

Transportation:

Please indicate the type and number of vehicles you use for your programs. Specify pallet position capacity for each truck:

___ Class A tractor

___ Dry Trailer, specify length ____, lift gate? ___ Capacity? ___

___ Refrigerated Trailer, specify length __, lift gate? ___ Capacity? ___

___ Class B straight truck – answer these questions for each truck:

___ Length of bed

___ Pallet capacity

___ refrigerated?

___ lift gate?

___ Class C straight truck – answer these questions for each truck:

___ Length of bed

___ Pallet capacity

___ refrigerated?

___ lift gate?

___ Cargo Van – answer these questions for each truck:

___ Length of bed

___ Pallet capacity

___ refrigerated?

Do you use contract freight? ___ Yes ___ No

Please attach:

___ County Health Certificate

___ State Health Certificate

Part V. References

Please provide 2 references from other non-profits or government agencies you partner with to support your application.

Contact Name _____

Relationship _____

Organization Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

E-mail _____ Website _____

Contact Name _____

Relationship _____

Organization Name _____

Mailing Address _____

City _____ State _____ Zip Code _____

Telephone _____ Fax _____

E-mail _____ Website _____

By our signatures, we certify that the information contained in this application is correct. Any changes to this information will be supplied in writing as soon as they occur.

Signature of Executive Director _____ Date _____

Signature of Board President: _____ Date _____