



133 Airways Blvd.  
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38302-2301

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*This section to be completed by RIFA staff.*  
Application received by \_\_\_\_\_ on \_\_\_\_\_  
501c3 verified by \_\_\_\_\_ on \_\_\_\_\_  
Agency approved by \_\_\_\_\_ on \_\_\_\_\_  
Payment type \_\_\_\_\_  
Agency entered into QB by \_\_\_\_\_ on \_\_\_\_\_  
Agency notified of approval or rejection by \_\_\_\_\_ on \_\_\_\_\_

## **RIFA FOOD BANK**

### Member Agency Information

#### **GENERAL INFORMATION**

Application Date: \_\_\_\_\_

Agency: \_\_\_\_\_

Parent Organization: \_\_\_\_\_

Telephone Number at site: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Director: \_\_\_\_\_ Contact Person: \_\_\_\_\_

Contact Person Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

#### **BILLING INFORMATION**

Agency: \_\_\_\_\_

Agency Billing Address: \_\_\_\_\_

Attention: \_\_\_\_\_

IRS Tax Exempt Number: \_\_\_\_\_

Liability Insurance Carrier: \_\_\_\_\_

#### **AGENCY DETAILS**

Who is eligible for your services? \_\_\_\_\_

Does your agency provide meals on the premises? YES NO  
How often? DAILY WEEKLY MONTHLY OTHER: \_\_\_\_\_  
# of people served? Breakfast: \_\_\_\_\_ Lunch: \_\_\_\_\_ Dinner: \_\_\_\_\_ Snack: \_\_\_\_\_

Does your agency operate a food pantry? YES NO  
On what days? Sun Mon Tues Wed Thurs Fri Sat  
Sack provides for \_\_\_\_# of days. Number of food sacks provided weekly: \_\_\_\_\_

Geographic area served: \_\_\_\_\_

Other services provided: \_\_\_\_\_

Agency: \_\_\_\_\_

Sources of food (designate %)

% direct food purchases \_\_\_\_\_ % retail store \_\_\_\_\_  
% food donation \_\_\_\_\_ % food drive \_\_\_\_\_  
% USDA commodity \_\_\_\_\_ % RIFA Food Bank \_\_\_\_\_  
% Other Food Bank \_\_\_\_\_ Which Food Bank? \_\_\_\_\_

Storage Facility – Size and Quantity

Refrigerated: \_\_\_\_\_

Freezer: \_\_\_\_\_

Dry: \_\_\_\_\_

Describe vehicle(s) for pick up of food at RIFA Food Bank.

\_\_\_\_\_  
\_\_\_\_\_

How often do you prefer to pick up food?

Weekly \_\_\_\_ Biweekly \_\_\_\_ Monthly \_\_\_\_

Persons authorized to pick up food. Only these people will be allowed to pick up food.

(1). \_\_\_\_\_ (2). \_\_\_\_\_

(3). \_\_\_\_\_ (4). \_\_\_\_\_

I understand that in order for anyone to pick up food from RIFA Food Bank, they must have a photo ID with them.

I understand that it is my responsibility to let the Food Bank know in writing of any changes in persons authorized by our agency to pick up food before they come to the Food Bank.

Signature of Agency Director: \_\_\_\_\_ Date: \_\_\_\_\_

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PHONE (731) 427-7963 FAX (731) 427-FOOD (3663)

Agency Agreement

Agency: \_\_\_\_\_

I hereby agree to and will comply with the following criteria of a service agency for participation in RIFA Food Bank.

1. Be an established agency and registered and approved with the food bank.
2. Be an agency that serves those in need in the following counties: Madison, Crockett, Gibson, Carroll, Henderson, Chester, Hardeman or Haywood.
3. Serve food directly to clients in the form of cooked meals or operate a food pantry under 501(c)(3) status.
4. Provide meals or food sacks free of charge.
5. Avoid selling or trading food items or ordering for a non-participating agency.
6. Provide transportation and labor to pick-up food at our warehouse and arrive during scheduled pick-up time.
7. Show proper identification when making a pickup.
8. Be present at dock door when order is being weighed and loaded. Sign the Food Bank ticket and/or invoice.
9. Have adequate refrigeration and storage space to insure the wholesome quality of the food until used and redistributed.
10. Must be licensed in the state and city as a food service establishment according to the service it provides.
11. Provide copy of 501(c)(3) Internal Revenue Service tax exemption.
12. Agreeable to monitoring by RIFA Food Bank employees or a panel of the Board of Directors.
13. Submit no later than the 5th of each month, the feeding reports required by the RIFA Food Bank.
14. Support the operation of the Food Bank with the shared maintenance contribution for food received. Terms are net 15 days. Invoices over 30 days will be charged a 5% per month late fee.
15. Newly established agencies may be required to pay the shared maintenance contribution at the time of pick-up for a period of six months.
16. All agencies must pay with agency / church check or certified money order.

Date: \_\_\_\_\_

Agency Director: \_\_\_\_\_  
(print)

\_\_\_\_\_  
(signature)