



**MARYLAND  
FOOD BANK**  
UNTIL HUNGER ENDS.

28500 Owens Branch Road  
P.O. Box 804  
Salisbury, MD 21801  
410-742-0050

Dear Prospective Partner:

Thank you for your interest in partnering with the Maryland Food Bank! We are excited to partner with organizations that share in our mission of "Leading the movement and nurturing the belief that together we can improve the lives of Marylanders by ending hunger."

The Maryland Food Bank has an open, rolling membership process; However, please be sure you have checked our website for our current areas of interest prior to completing a Membership Application. If your organization is located in an area of interest, please return your completed and signed Membership Application and Partner Agreement along with a copy of your 501(c)(3) IRS Tax Exemption letter and the required documentation for your program type (as stated in the application).

Membership is open to organizations providing emergency food or meals, food pantries, soup kitchen and shelters. Membership is also open to non emergency programs such as after-school feeding programs, and residential facilities (i.e. - senior centers, substance abuse rehabilitation programs and disability rehabilitation programs). However, non-emergency programs only have access to purchased product and not donated product. Partner programs pay a shared maintenance fee of \$.00 to \$.19 per pound, with an average of \$.07 per pound depending on the product. However, non emergency partner programs only have access to purchased products with a shared maintenance fee of actual case cost + 10%.

While the food bank does charge a shared maintenance fee, we are not a grocery store. We call members partners and take the concept of partnership seriously and expect that our partners will as well. We expect good communication of changes, reporting and questions and concerns, as well as, providing the same.

Once we have received your completed membership application packet, we will start the process of your Maryland Food Bank Membership. If you have questions, please contact Melissa Johanning, Programs Relations Manager (410) 742- 0050 or [johanning@mdfoodbank.org](mailto:johanning@mdfoodbank.org). We look forward to working with you in the fight to end hunger in Maryland.

Sincerely,

*John Shaia*

*Director of Programs*

*Maryland Food Bank*



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# **New Member Guidelines**

**Guidelines include the following:**

- **Be an established feeding program or food distribution organization for low-income people;**
- **Located in a Maryland Food Bank area of interest (areas of interest change**  
**Routinely and are dependant upon ensuring that there is at least one partner per 1,000 people in poverty in each county and Baltimore City)**
- **Organization cannot be operated out of a personal residence**
- **Organization maintains client records**
- **Organization agrees to follow all Maryland Food Bank Partner Agreement guidelines**
- **Be a part of (or have a fiscal sponsor that is) a tax-exempt organization as described in section 501(c)(3) of the United States Internal Revenue Service Code;**
- **Serve the ill, needy, and/or children under the age of 18 free of charge;**
- **Not sell or barter items;**
- **Not ask for donations from clients;**
- **Not require clients to participate in religious services to receive food;**
- **Not discriminate on the basis of race, color, religious beliefs, age, disabilities, gender or sexual preference;**
- **Have guidelines for distribution of food and a record keeping system;**
- **Maintain high standards of sanitation and food safety with regards to food storage, distribution and meal preparation; and**
- **Practice active means of encouraging participation and utilization of your feeding program to all segments of the community.**
- **Agrees to submit quarterly reports to the Maryland Food Bank.**



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## **Membership Application Process**

**Prospective Member requests a membership application.**



**Maryland Food Bank sends out membership application packet.**



**Prospective Member completes and returns membership application packet to:  
Melissa Johanning, Program Relations Manager  
Maryland Food Bank  
28500 Owens Branch Road  
Salisbury, MD 21801**



**Maryland Food Bank reviews membership application, if not complete, prospective member is contacted.**



**If application complete, Maryland Food Bank calls prospective member to set-up a date and time for an initial monitoring visit.**



**Maryland Food Bank requires prospective member to attend New Partner Orientation**



**After site visit and orientation have been completed, new partner will receive a welcome letter with agency and program numbers and an invoice for the \$50.00 annual membership fee.**



**New partner pays membership fee and may begin ordering food.**



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## **Membership Application Required Documentation**

### **EMERGENCY PANTRY –**

Fire Department Inspection Certificate  
Serve Safe Certification if planning to order bulk items  
Non-profit 501 (c)(3) organization that service the ill, needy, hungry, children and elderly  
Copy of Client Intake or Recording Form  
Copy of Annual Report, Newsletter or Brochure Outlining Organizations Services

### **SHELTERS –**

Health Permit  
State License  
Fire Department Inspection Certificate  
Serve Safe certification for at least one, on site, staff member or volunteer  
non-profit 501 (c)(3) organization that service the ill, needy, hungry, children and elderly or a  
faith based organization or church that meets the IRS 14 point criteria for Churches &  
Religious Organizations  
Copy of Client Intake or Recording Form  
Copy of Annual Report, Newsletter or Brochure Outlining Organizations Services

### **SOUP KITCHENS –** (Prepared and consumed meals on the premise)

State of Maryland Health Permit  
Fire Department Inspection Certificate  
Serve Safe certification for at least one, on site, staff member or volunteer  
non-profit 501 (c)(3) organization that service the ill, needy, hungry, children and elderly or a  
faith based  
organization or church that meets the IRS 14 point criteria for Churches & Religious  
Organizations  
Copy of Client Intake or Recording Form  
Copy of Annual Report, Newsletter or Brochure Outlining Organizations Services

### **Non-Emergency Programs –**

State License  
State of Maryland Health Permit  
Fire Department Inspection Certificate  
Serve Safe certification for at least one, on site, staff member or volunteer  
non-profit 501 (c)(3) organization that service the ill, needy, hungry, children and elderly or a  
faith based organization or church that meets the IRS 14 point criteria for Churches &  
Religious Organizations  
Copy of Client Intake or Recording Form  
Copy of Annual Report, Newsletter or Brochure Outlining Organizations Services



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**Membership  
Application**

1.

**1. Organization Name**

**2. Physical Address of  
Organization**

**3. Mailing Address of  
Organization**

**4. Name of Parent  
Organization  
(if applicable)**

**5. Administrator Name  
& Phone Number**

**6. Program Director  
Name & Phone  
Number**

**7. Contact Person  
Name, Phone  
Number, Email,  
Fax number**

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## Membership Application

**8. What type of facility is your organization located in?**

Residence      Commercial property      Church      School      Other\_\_\_\_\_

**9. What is the size of your food storage area?**

10. Does your organization have a refrigerator?      Yes , how many?      No
11. Does your organization have a freezer?      Yes, how many?      No
12. Does your organization have a computer in working order?      Yes      No
13. Does your organization have internet access?      Yes      No
14. How will your organization pick-up the food from the Maryland Food Bank?

**15. Will your organization need the food to be delivered? If delivery, can your organization pay a delivery fee of \$35, \$45 or \$55**

**16. Please state your organization's mission and vision statements.**

**17. Does the organization have an active Board of Directors?**

**18. Does the organization have a strategic plan in place?**



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## **Membership Application**

**19. Does the organization make client referrals to community organizations? What type?**

**20. Does the organization evaluate and assess program performance? How? How often?**

**21. Does the organization continually assess community needs? How? How often?**

**22. Does the organization have partnerships within the community? What types?**

**23. Does the organization have trained staff? How many? What type of training?**

**24. Does the organization formally train and develop staff? If so how?**

**25. Does the organization have adequate staff? Why or why not?**

**26. Does the organization conduct fundraising activities? What types?**



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## **Membership Application**

**27. Does the organization have diverse funding sources? (Donations from individuals, organizations, foundations and government?)**

**28. Does the organization have a formal financial management system in place? (Gifts and grants deposited and acknowledged, bills paid regularly, documentation collected and retained?)**

**29. Does the organization have a computer? How many? What type?**

**30. Does the organization use email?**

**31. Does the organization utilize a computer network?**

**32. Does the organization have adequate physical space for serving and interviewing clients and for staff workspace? Why or why not?**

**33. How did you hear about the Maryland Food Bank?**



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## **Membership Application**

**34. Send Monthly Statement to:**

**35. How is your organization funded? (donations from individuals, grants, charging fees, parishioners, the city etc.)**

**36. What is the overall budget for the program in which the food will be used?**

**37. What is the programs' monthly budget for ordering food from the Maryland Food Bank, and what do you think your spending limit should be?**

**38. How will your organization pay for the food ordered from the Maryland Food Bank?**

**39. Do you work or collaborate with other organizations? If so, who?**



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## Membership Application

40. Please circle the type of program you will be ordering food for:

Emergency Pantry

Emergency Shelter

Soup Kitchen

Residential Program

Child / Adult Day Care

After School Program

Youth Program

Other, please list:  
\_\_\_\_\_

41. Is the organization currently in operation?

Yes

No

<input type="checkbox"/>	<input type="checkbox"/>
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42. What year did your program begin operations?

<input type="text"/>
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43. How many individuals are served per month?

If a meal program, how many meals do you serve per month?

<input type="text"/>
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44. What client population is your organization set-up to serve?

Children

Seniors

Disabled

Families

In recovery

All

45. What is the geographic area that your organization serves?

<input type="text"/>
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## Membership Application

**46. For your organization, what 3 individuals would be authorized to order, shop and pick-up for your organization?**

Authorized shopper name & phone number

Authorized shopper name & phone number

Authorized shopper name & phone number:

**47. How did you hear about the Maryland Food Bank?**

**48. Do you have any questions?**

**49. Please use this space to tell us about your program: (Or you may attach / include a copy of your annual report, newsletter or brochure.)**

**50. How could the Maryland Food Bank benefit your program and what do you expect from the food bank?**

**51. Submitted by, authorized organizational representative:**

Name:

Title:

Date: