



Subject: Gleaners Membership Inquiry Form

Nonprofit organizations wishing to receive food from Gleaners to distribute to people in need must apply to become a Gleaners partner agency.

To apply your organization must:

- Have a 501(c)3 nonprofit designation from the Internal Revenue Service
 - Religious organizations must include either the IRS 501(c)3 letter OR a letter from the denomination's headquarters stating that the organization applying for membership is one in good standing in that denomination. If a letter is sent from the organization's headquarters, the headquarters must also send a letter from the IRS verifying their own 501(c)3 status
- Have a history and records of distributing foods, goods and/or services to those in need
 - If there is a history of food distribution, agency does not, and will not require the recipient to pay, pray or work in order to eat or gain admission to the food distribution
- Have a regular scheduled distribution time established on a weekly or monthly basis
- Have a clean building with pest control, including safe, well-lit dry and cold food storage
- Have certified/licensed food handler(s) present on-site at all times when food is being received, prepared or served, as required by law
- Have financial ability (a sustainable budget) to pay for foods listed on our shopping list
- Be willing to pay an annual membership fee of \$75.00
- Be willing to order from Gleaners on at least 7 occasions over the course of a year

If you are interested in becoming a partner, please complete the attached Inquiry Form. Should you have any questions in regards to membership with Gleaners, please do not hesitate to call or email.

Sincerely,

Mollie Grierson
Agency Relations Operations Manager
Gleaners Community Food Bank of Southeastern Michigan
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Gleaners Membership Inquiry Form

Inquiries are accepted April through August

Name of organization: _____ Date: _____

Name as it appears on IRS 501 (c) 3: _____

Date 501 (c) 3 was issued: _____ Employer Identification Number: _____

Name and title of head of the organization: _____

Name of person in charge of the feeding program: _____

Address of feeding program: _____ City: _____ Zip: _____

Phone: _____ Email: _____

What city and zip code areas do you serve? _____

Type of Agency: Church Community Center Shelter Other: _____

Type of Program(s) Food Pantry Soup Kitchen Other: _____

Age population served: 0-18 18-64 64+ Gender served: Male Female Both

When did the feeding program begin? _____ What days/times is your feeding program open? _____

How many households are you serving per month? _____ How many individuals? _____

How many total households did you serve last year? _____ How many Individuals? _____

How much is your monthly budget for food purchases? \$ _____

How is your feeding program funded? _____

Are you getting reimbursed by a third party for each person you serve? _____ How much? \$ _____

Who are your sources of food? _____

Type of Food Safety Certificate: _____ Expiration Date: _____

Thank you for your interest in partnering with Gleaners Community Food Bank!

If you are in Detroit, Wayne, Monroe, Livingston, Oakland, or Macomb

Please e-mail or fax back this form to Mollie Grierson at mgrierson@gcfb.org

Fax: 313-924-6313

