



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 public charity 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
- Never 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
- 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 and return it to us with a copy of your tax-exempt determination letter from the IRS. Should you have any questions in regards to membership with Gleaners, please do not hesitate to call or email.

Sincerely,

Mollie Allard
Agency Relations Operations Manager
Gleaners Community Food Bank of Southeastern Michigan
2131 Beaufait | Detroit, MI | 48207
mallard@gcfb.org
313-923-3535 ext. 286
313-924-6313 (fax)
www.gcfb.org

Gleaners Membership Inquiry Form (Pre-Application)

Inquiries are accepted April through August



Thank you for expressing interest in partnering with Gleaners Community Food Bank! Gleaners will review all inquiry forms and make determinations based on capacity in the area and available resources.

Organization Name: _____ Date: _____

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

Physical Address: _____ City: _____ Zip: _____

Contact Person and Title: _____

Phone: _____ Email: _____

Website and/or Facebook page: _____

What city/zip code areas do you serve? _____

Type of Agency: ___ Church ___ Community Center ___ Shelter ___ Other: _____

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

How many freezers do you have? _____ How many refrigerators? _____

Distribution style: ___ Hot Meals ___ Shop in pantry ___ Pre-bagged food ___ Other: _____

When did the feeding program begin? _____

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

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

How is your feeding program funded? _____

What are your sources of food? _____

How many people work in your pantry (volunteer and staff)? _____

Type of Food Safety Certificate: _____ Expiration Date: _____

Please explain your hours and food distribution operation: _____

If you are in Livingston, Macomb, Monroe, Oakland or Wayne counties, please e-mail or fax back this form and a copy of your 501(c)3 IRS letter to Mollie Allard at mallard@gcfb.org; Fax: 313-924-6313