



Siskiyou Community Food Bank

13739 OLD WESTSIDE RD, GRENADA, CA 96038

Telephone: (530)436-2610 ** FAX(530)436-2605

MEMBER AGENCY APPLICATION FORM

Date completed _____ Person _____

Phone # _____ Email: _____

Organization Information

CHECK On-site (Serves Meals)

CHECK Food Pantry Day Care Soup Kitchen

ONE ⇨ Pantry Snacks

ONE ⇨ Residential Home Youth Program Shelter Disaster Assistance

Senior Program Emergency Assistance Other: _____

Name of the organization: _____

Name of food assistance program: _____

Is your agency a 501(c)(3) organization? Yes No

Are you a part of a larger (parent) organization? Yes No

If yes, please provide parent organization's name _____

Please note: To be the Siskiyou Community Food Bank member agency, you must be a not-for-profit organization that is tax exempt under the federal IRS 501(c)(3) tax designation. If you are using a parent or group 501(c)(3) designation letter, the Siskiyou Community Food Bank needs to receive a letter or some other documentation that the agency is affiliated with the 501(c)(3) organization. If you do not have a 501(c)(3), you can contact the IRS and request Form 1023 ("Application for Recognition of Exemption") and its instructions. You may call 800-829-1040 for information or 800-829-3676 for the form. The application, and process, is also available on-line at www.irs.gov. The agencies must be incorporated for the purpose of serving the ill, needy, or infants (minor children); member agencies are asked to supply the Siskiyou Community Food Bank with their organization's articles of incorporation.

County _____ Date food assistance program started _____

Physical Location Address _____

City _____ ZIP _____

Mailing address (if different) _____

City _____ ZIP _____

Fax _____ Email _____

Director's name _____ Phone _____

Contact's name _____ Phone _____

Billing Person _____ Phone _____

Billing Address _____

City _____ ZIP _____

Service Information

Please provide a brief history of your organization: _____

Please describe how this agency will use products from the Yreka Community Food Bank: _____

What additional services, other than food assistance, does your agency provide? _____

What are your days and hours of operation? _____

Do you accept referrals? Yes No

If yes, from whom? _____

Do you have an answering machine? Yes No

What geographic area does your service cover? _____

What criteria do you use for determining eligibility of your clients? _____

Are there any reasons you would turn someone away? _____

How often may a client receive service? _____

From where does your agency get food? _____

Record Keeping

Please describe how you keep track of people served: _____

Do you record names, addresses, or phone numbers of all clients served? Yes No

Do you record the date you disburse food to clients? Yes No

Do you record the number of people served? Yes No

What is the average number of people served per month? _____

Do your clients make voluntary contributions? _____

Please note: Member agencies must submit a regular accounting of their service numbers. Every agency has to fill out either Food Pantry Report Form and/or On-site Report Form and submit them to us quarterly. The form can be mailed/faxed/emailed/handed in during the shopping visit.

Facility/Storage Information

Please describe your dry storage area: _____

How many and what type of refrigerators do you have? _____

How many and what type of freezers do you have? _____

Please note: If your refrigerators and freezers do not have built-in thermometers, we recommend acquiring thermometers to keep track of the temperature. Refrigerator temperature should be kept between 35-40°Fahrenheit, and freezer – below 10°Fahrenheit.

Please return completed application, copies of 501(c)(3) letter and Articles of Incorporation to:

Siskiyou Community Food Bank
13739 Old Westside Rd.
Grenada, CA 96038

Member Agency Representative Signature _____ Date _____

Print Agency Representative Name: _____

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Ph (530) 436-2610 *** Fax (530) 436-2605

Email: Siskiyou foodbank@gmail.com

A 501(c)(3) Non-profit Organization

Tax ID Number: 47-2417905



Donation Receipt

Date:

Donor Name:

Donor Address:

City:

State/Zip Code:

Phone:

Total amount donated:

Type of donation: (cash, merchandise or service)

Description: (Details of merchandise or service)

Value: (value on the day received)

Your generosity and support is appreciated. Thank you!

Board Members:

Willis Thompson, President
Dave Marsh, Treasurer

Alan Potter: Vice-President
Laura Leach, Secretary

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