# ORGANIZATION INFORMATIOn

This information will be used on the Food Banks Alberta website.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Enter organization name | | | XXXXX XXXX | | RR0001 |
| Organization Name\* | | | CRA Registered charity Number\* | | |
| Enter physical address | | Enter mailing address | | | |
| PHYSICAL Address\* | | MAILING ADDRESS (IF DIFFERENT FROM PHYSICAL ADDRESS) | | | |
| Enter city | | XX | | | XXX XXX |
| City\* | | Province\* | | | Postal Code\* |
| Enter website | @XXXXXXXXX | | | @XXXXXXXXX | |
| Website | Food Bank Facebook | | | Food Bank Twitter | |
| XXX-XXX-XXXX | XXX-XXX-XXXX | | | Enter organization email | |
| Food Bank Telephone\* | Food Bank Fax | | | Food Bank Email\* | |
| Mon X:XX AM/PM – X:XX AM/PM, Wed – Fri X:XX AM/PM – X:XX AM/PM, Sat – Sun, Stats CLOSED | | | | | |
| Hours of Operation\* | | | | | |

# KEY CONTACT INFORMATION

## MAIN CONTACT INFORMATION—PLEASE PRINT CLEARLY

The main contact should be the person that all communication from Food Banks Alberta is directed to.

|  |  |  |  |
| --- | --- | --- | --- |
| Enter organizational role | Enter first name | | Enter last name |
| Title\* | First Name\* | | Last Name\* |
| Enter email | | XXX-XXX-XXXX | |
| Contact Email (IF DIFFERENT FROM ABOVE)\* | | Cell Phone | |

## Secondary CONTACT INFORMATION–PLEASE PRINT CLEARLY

Please include secondary contact information for any staff or board members that wish to be subscribed to receive member updates.

|  |  |  |  |
| --- | --- | --- | --- |
| Enter organizational role | Enter first name | | Enter last name |
| Title\* | First Name\* | | Last Name\* |
| Enter email | | XXX-XXX-XXXX | |
| Contact Email \* | | Cell Phone | |

# Membership Fee

Based on scale below, as per most recent HungerCount data

|  |  |
| --- | --- |
| Number of people served monthly | Membership Fee |
| Up to 200 people | $50.00 |
| 201 to 1,000 people | $100.00 |
| 1,001 to 5,000 people | $200.00 |
| 5,001 to 10,000 people | $500.00 |
| Over 10,000 people | $1,000.00 |

# Additional Organization Information

Please provide the following additional information with your application.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| 1. How do clients access your organizations services (walk-in, phone for appointment, etc.)? | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| 1. How often can clients visit your organization for assistance? | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| 1. What do clients have to provide your organization with in order to receive help? | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| 1. What other services do you offer clients? (ie. meal programs, rental assistance, community kitchen, etc.) | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| 1. On average, how many people are served in an average month? Provide totals below to the best of your ability. | | | | | | | | | | | | | | | | | | | | | |
| XXX |  | XXX | |  | | XXX | |  | XXX | | | |  | | XXX | | | | |  | |
| Hampers |  | Households | |  | | Adults | |  | Children (<18 yrs) | | | |  | | Hamper WEIGHt/VALUE | | | | |  | |
| 1. Please describe the food storage capacity of your organization (ie. number of coolers, freezers, etc.) | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| 1. Are you able to arrange transportation to pick up food? | | | | | | | | | | | | | |  | | Yes | |  | No | | |
| 1. Do you have to pay for this transportation? | | | | | | | | | | | | | |  | | Yes | |  | No | | |
| 1. Number of current paid staff | | | XX | | Full-time (30+ hours weekly) | | | | | | XX | Part-time (< 30 hours weekly) | | | | | | | | | |
| 1. Number of active volunteers | | | XX | | In the food bank | | | | | | XX | Events/other activity assistance | | | | | | | | | |
| 1. More details about volunteers, if required. | | | | | | | | | | | | | | | | | | | | | |
| Click or tap here to enter text. | | | | | | | | | | | | | | | | | | | | | |
| 1. Population of the community your located in | | | | | | | XXXX | | | Population of service area | | | | | | | XXXX | | | |  |

# Supporting Documents

In order to be a member of Food Banks Alberta all members adopt the Food Banks Canada Ethical Foodbanking Code and adhere to the Safe Food Handling Guidelines.

Please include the following **required** documents with your application form.\*

|  |  |
| --- | --- |
|  | Most recent food handling permit |
|  | A copy of the signed Ethical Foodbanking Code from Food Banks Canada (refer to page 5) |
|  | List of current board of directors |
|  | Most recent annual report or financial statements |
|  | A copy of board minutes indicating approval for submission of the member application |
|  | A copy of organizational bylaws |
|  | A copy of organization’s client intake form (optional) |

All documents **must** be included with the application prior to board review.

Membership Eligibility & Classification

For the purpose of determining membership eligibility and classification under section 3.1 of the 2016 bylaws of the Food Banks Alberta Association, please provide the following information:

BASIC ELIGIBILITY\*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is your organization a food distribution organization operating in the province of Alberta which (i) acts as a centralized warehouse, or clearing house, for the purpose of collecting, storing, and distributing food to front line agencies that provide supplemental food and meals to the hungry; and/or (ii) provides food directly to people in need? |  | Yes |  | No |
| Does your organization solicit the donation of food or services **for profit**?  **Note**: we are unable to accept any applicants who solicit the donation of food or services for profit. |  | Yes |  | No |
| Has your organization adopted the Code of Ethics and the Safe Food Handling Guidelines of Food Banks Canada?  **Note**: a copy of the Code of Ethics is attached to this application form. |  | Yes |  | No |
| Is your organization incorporated or organized as a not-for-profit corporation, company, society or other organization with an independent legal personality? If not, you will be required to demonstrate that your organization is taking steps to pursue such incorporation or organization. |  | Yes |  | No |

## Full membership – Additional Requirements

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Is your organization a registered charity within the meaning of the Income Tax Act (Canada). If yes, please remember to provide the organization’s CRA registered charity number in the space provided under “Contact Information”. |  | Yes |  | No |
| Has your organization been engaged in operations for at least one year? |  | Yes |  | No |

Membership Payment is due in full within 30 days of board approval. Food Banks Alberta will issue an invoice.\*

By completing and signing this form, we hereby apply for an annual membership in Food Banks Alberta and we agree to adhere to the bylaws, Food Banks Canada’s Ethical Foodbanking Code (page 5) and the Safe Food Handling Guidelines.

|  |  |  |
| --- | --- | --- |
| Month DD, YYYY |  |  |
| Date Signed\* |  | Authorized Signature\* |

Membership Requirements

## Basic Criteria For Voting membership

1. The applicant be a food distribution organization operating in the province of Alberta which (i) acts as a centralized warehouse, or clearing house, for the purpose of collecting, storing, and distributing food to front line agencies that provide supplemental food and meals to the hungry; and/or (ii) provides food directly to people in need
2. The applicant must not solicit the donation of food or services for profit;
3. The applicant must have adopted the Code of Ethics and the Safe Food Handling Guidelines of Food Banks Canada;
4. The applicant must either (i) be incorporated or organized as a not-for-profit corporation, company, society or other organization with an independent legal personality, or (ii) demonstrate to the satisfaction of Food Banks Alberta that the applicant is taking steps to pursue such incorporation or organization of the applicant;
5. The applicant must have completed an applicant form and paid the membership fee prescribed by the Board of Food Banks Alberta

## Categories of Membership

Solely for the purpose of determining the manner in which a voting member may receive distributions of food or otherwise benefit as a recipient of Food Banks Alberta’s charitable activities (and, for greater certainty, not for any purpose relating to corporate governance, including without limitation any purpose relating to the right to participate and vote in members meetings), Food Banks Alberta shall place each voting member into one of the following categories:

**Full membership**

A voting member who (i) is in operation and has been engaged in operations for at least one year, (ii) is incorporated or organized as a not-for-profit corporation, company, society or other organization with an independent legal personality, and (iii) is registered as a registered charity.

**Associate membership**

A voting member who (i) is in operation and has been engaged in operations for at least one year, and (ii) is incorporated or organized as a not-for-profit corporation, company, society or other organization with an independent legal personality.

**Provisional membership**

A voting member who does not satisfy the requirements of full membership or associate membership.

If at any time a voting member who is categorized under full membership or associate membership ceases to satisfy the requirements for that status, the voting member shall be categorized under provisional membership.

There is also a category for supporting members (non-voting members). Such membership may be granted to corporations, individuals, and other interested associations in the discretion of the membership committee of Food Banks Alberta.

*Please return the completed membership application and all required documents**to:*

**Tamara Hudson**

Membership Coordinator

**By Email:** [members@foodbanksalberta.ca](mailto:members@foodbanksalberta.ca)

**By Fax:** (780) 459-6347

**By Mail:** 30-50 Bellerose Drive, St. Albert, AB T8N 3L5

Should you have any questions or concerns please do not hesitate to contact the office. 780-459-4598

The Ethical Foodbanking Code

## Preface

Food Banks Canada, its Members (provincial associations), affiliate member food banks and associated agencies believe that everyone in Canada has the right to physical and economic access, at all times, to sufficient, safe and nutritious food which meets their dietary needs and food preferences.

## The Ethical Foodbanking Code

Food Banks Canada, its members (provincial associations), affiliate member food banks and associated agencies will:

1. Provide food and other assistance to those needing help regardless of race, national or ethnic origin, citizenship, colour, religion, sex, sexual orientation, income source, age or mental or physical ability.
2. Treat all those who access services with the utmost dignity and respect.
3. Implement best practices in the proper and safe storage and handling of food.
4. Respect the privacy of those served, and will maintain the confidentiality of personal information.
5. Not sell donated food
6. Acquire and share food in a spirit of cooperation with other food banks and food programs.
7. Strive to make the public aware of the existence of hunger, and of the factors that contribute to it.
8. Recognize that food banks are not a viable long-term response to hunger, and devote part of their activities to reducing the need for food assistance.
9. Represent accurately, honestly and completely their respective mission and activities to the larger community.

|  |  |  |
| --- | --- | --- |
| Enter organization name |  | Enter food bank representative name |
| Food Bank Name\* |  | Food Bank Representative Name\* |
| Month DD, YYYY |  |  |
| Date Signed\* |  | Signature\* |