



Serving the Counties of:  
Dimmit, Jim Hogg, Kinney, Maverick  
Starr, Val Verde, Zapata, Webb



---

## MEMBER AGENCY APPLICATION

Note: Please review the Member Agency Agreement to make sure that you are able and willing to assure compliance as set forth by USDA & Feeding America

Date: \_\_\_\_\_

Name and address of Organization:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone#: \_\_\_\_\_

Fax#: \_\_\_\_\_

e-mail address: \_\_\_\_\_

2. Federal Tax ID #: \_\_\_\_\_

3. Type of program:  **Pantry**  On-Site Feeding Program  Both  Other (explain)

4. Is your organization an affiliate of a larger organization?

Yes (answer 4a)

No (skip to #5)

4a. Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

---

2121 Jefferson Street, Laredo, TX 78040  
P: 956-726-3120 \* F: 956-725-1309 \*



Serving the Counties of:  
Dimmit, Jim Hogg, Kinney, Maverick  
Starr, Val Verde, Zapata, Webb



---

## MEMBER AGENCY APPLICATION

---

5. Will your organization operate a pantry or an on-site feeding program at another address?  
 **yes (answer 5a & 5b)**       no (skip to 6)

5a. Name of program: \_\_\_\_\_

Address: \_\_\_\_\_

- 5b. Will this site also be participating with the Food Bank?     **Yes**       **No**

6. Name of the person directly responsible for the operation of the food pantry  
\_\_\_\_\_

7. Are you now offering some type of food assistance? Yes\_\_\_\_\_ No\_\_\_\_\_

8: If so, what are your present resources for food?  
\_\_\_\_\_

9: Of your total food supply, what percentage do you anticipate to be from the South Texas Food Bank?

10. Do you have adequate transportation and facilities to pick up your food items and store them properly?       **Yes**       **No**

11. Are you interested in being called when there is a surplus of food?     **Yes**     **No**

**12.** How often will you be doing food distribution?  
(it should be at least once per month) Day & time of distribution

13. How many families per month will your pantry serve? \_\_\_\_\_

14. Which types of clients will be served by your pantry?     **Men**     **Women**     **Families**  
 **Elderly**     **Children**     **Infants**

15. Will your program have restrictions on who is served and how often?     **No**     **Yes:**

\_\_\_\_\_  
(Describe restriction)



Serving the Counties of:  
Dimmit, Jim Hogg, Kinney, Maverick  
Starr, Val Verde, Zapata, Webb



---

## MEMBER AGENCY APPLICATION

---

16. Why do you want to offer this service? \_\_\_\_\_
17. Do you have a freezer?  Yes  No
18. Do you have a refrigerator?  Yes  No
19. What type/size of storage area do you have for dry product? \_\_\_\_\_
20. How will dry food be stored off the floor (shelves, tables)? \_\_\_\_\_shelves\_\_\_\_\_
21. Are you able to store food in vermin proof containers?  Yes  No
22. Is the storage area clean and dry?  Yes  No
23. Can the storage area be securely locked?  Yes  No
24. What is the geographic area of service? \_\_\_\_\_

---

Agency Representative:

\_\_\_\_\_

Print

\_\_\_\_\_

Signature

South Texas Food Bank Representative:

/

\_\_\_\_\_

Print

\_\_\_\_\_

Signature

---

In accordance with Federal civil rights law and U. S. Department of Agriculture (USDA) civil rights regulations and policies, the South Texas Food Bank, its Agencies, and employees are prohibited from discrimination based on race, color, national origin, sex, disability, age or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA