



## HUB AGREEMENT

---

**Hub Name**

**Phone Number**

---

**Address**

**City**

**Zip**

The above named Hub agrees to comply with the following requirements of PROVISION Mobile Pantry of Huntsville, Alabama. Please read each requirement below carefully and initial as confirmation that you have read and understand the designated requirements. The Hub must:

1. Confirm that all product received from PROVISION Mobile Pantry will be used solely to assist all families who desire to receive food. It is **NOT** for your personal gain. \_\_\_\_\_ *INITIAL*
2. Confirm that product received from PROVISION Mobile Pantry will be used in a manner consistent with the Hub's purpose, as stated in the Hub's Articles of Incorporation. \_\_\_\_\_ *INITIAL*
3. The Hub must be a 501(c)(3) non-profit organization and meet the IRS eligibility requirements for receipt, transfer and use of donated food under section 170(e)(3).
4. Confirm that no product received from PROVISION Mobile Pantry will be sold, offered for sale, transferred, bartered for money, other properties, personal gain, or services. If a food recipient wishes to make a donation, it cannot be done in conjunction with, nor have any relation to, the receipt of food. \_\_\_\_\_ *INITIAL*
5. Product may not be transferred to another Hub; product obtained by a Hub must be used by the same Hub. The Hub must agree to immediately contact PROVISION Mobile Pantry in case of damage, loss, or theft of product. \_\_\_\_\_ *INITIAL*
6. Safely and properly handle the donated goods, which conforms to all Local, State, and Federal regulations. \_\_\_\_\_ *INITIAL*
7. Adhere to additional donor stipulations. \_\_\_\_\_ *INITIAL*
8. May not require the attending of any religious service or meeting as a prerequisite to receiving food. \_\_\_\_\_ *INITIAL*
9. Confirm that it will not engage in discrimination, in the provision of service against any person because of race, color, citizenship, religion, sex, national origin, ancestry, age, marital status, disability, sexual orientation, including gender identity, unfavorable discharge from the military or status as a protected veteran. \_\_\_\_\_ *INITIAL*
10. Abide by all restrictions placed on any product received from PROVISION Mobile Pantry. The Hub must be able to pick up product from PROVISION Mobile Pantry.





## LIABILITY RELEASE

The (name of organization) \_\_\_\_\_ (“Hub”) hereby affirm that the original donor, PROVISION Mobile Pantry:

1. Are released by the Hub from any liabilities resulting from the donated goods.
2. Are held harmless from any claims or obligations in regard to the Hub or the donated goods.
3. Offer no express warranties in relation to the gift of goods.

It is further agreed that:

1. PROVISION Mobile Pantry and the original donor expressly disclaim any implied warranties as to the purity of fitness for consumption of any or all such donated items.
2. That all items accepted are accepted in “as is” condition.
3. The Hub will not sell or offer for sale food products received from PROVISION Mobile Pantry.
4. All above stated conditions are in effect as long as the Hub is a partner of PROVISION Mobile Pantry, or until written notice from PROVISION Mobile Pantry.

***I HAVE READ AND UNDERSTAND ALL REQUIREMENTS LISTED ABOVE AND AGREE TO ADHERE TO THEM COMPLETELY.***

---

Hub Director	Date
--------------	------

---

Authorized by Person responsible for 501(c)(3)	Date
---	------



## SURVEY QUESTIONNAIRE

Hub Name \_\_\_\_\_

Physical/Site Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Site Phone(s) \_\_\_\_\_ Fax Phone \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

**ATTN TO:** \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone 1) \_\_\_\_\_ 2) \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone 1) \_\_\_\_\_ 2) \_\_\_\_\_

Pantry Referral Phone \_\_\_\_\_ Church# / Personal# Name \_\_\_\_\_

Days / Hours Service \_\_\_\_\_

How often can a family receive services? \_\_\_\_\_

1. Is your Hub affiliated with another organization or denomination? (Circle One):    Yes            No  
*\*If you checked Affiliate, please list the affiliate information below.*

Name of Affiliate: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Program Type:

Pantry/Emergency Food Box \_\_\_\_\_ Soup Kitchen \_\_\_\_\_ Shelter \_\_\_\_\_ Residential \_\_\_\_\_

Adult Day Care \_\_\_\_\_ Senior Care \_\_\_\_\_ Rehab \_\_\_\_\_ Youth \_\_\_\_\_

Multi-Service \_\_\_\_\_ Other \_\_\_\_\_

3. Other Services Provided (Circle all that Apply): Clothing    Job Counseling    Financial Counseling  
 Rental Assistance    Referral Services    Food Stamps    Medical    Other \_\_\_\_\_

4. Average number of people served each month \_\_\_\_\_

5. Days & Hours of operation \_\_\_\_\_

6. What languages does your Hub speak? \_\_\_\_\_



How do you qualify the people you are serving? \_\_\_\_\_

\_\_\_\_\_

7. Do you have any type of restriction on who is served or how often? Yes \_\_\_\_ No \_\_\_\_

If yes, Please

explain: \_\_\_\_\_

16 Does your Hub keep on file the following:

- List of Recipients                      Yes \_\_\_\_ No \_\_\_\_
- Recipient's Addresses                Yes \_\_\_\_ No \_\_\_\_
- Number in Household                Yes \_\_\_\_ No \_\_\_\_
- Frequency of Service                Yes \_\_\_\_ No \_\_\_\_

17. Does your Hub operate any type of feeding program at another location not previously listed on this application? Yes \_\_\_\_ No \_\_\_\_

If yes, give

details: \_\_\_\_\_

18. Do you receive food from other sources? Yes \_\_\_\_ No \_\_\_\_

If yes, from

who? \_\_\_\_\_

19. What are your Hub's primary sources of funding? \_\_\_\_\_

\_\_\_\_\_

20. What type of food storage facilities do you have?

- Storage area                      Yes \_\_\_\_ No \_\_\_\_
- Refrigerated storage    Yes \_\_\_\_ No \_\_\_\_                Number of Home-style \_\_\_\_    Number of Commercial \_\_\_\_
- Freezer storage                Yes \_\_\_\_ No \_\_\_\_                Number of Home-style \_\_\_\_    Number of Commercial \_\_\_\_

22. What type of transportation vehicle will your Hub use to pick up product from PROVISION?

• \_\_\_\_ Personal Vehicle- Please describe: \_\_\_\_\_

• \_\_\_\_ Hub Vehicle- Please describe: \_\_\_\_\_

\_\_\_\_\_  
Printed Name of Hub Head

\_\_\_\_\_  
Signature of Hub Head

\_\_\_\_\_  
Date