

# Application for Registration as a Shepparton Foodshare Recipient

Shepparton Foodshare is a not-for-profit organisation which operates a community foodshare to serve the Goulburn Valley and across Victoria. A community foodshare is a specialist food rescue and distribution site that becomes a substantial resource for all of the existing emergency relief and community-based food support programs. As part of its operation, Shepparton Foodshare acts as a distribution hub for food and material aid.

### SECTION 1 – AGENCY CONTACT INFORMATION

Agency Name			
ABN Number (if applicable)			
AGENCY CEO/GM			
Mobile / Phone			
Email			
Agency Street address			
	State:	Postcode:	
Agency Postal address			
(if different from street address)	State:	Postcode:	
KEY AGENCY CONTACT			
Position / Phone			
Mobile			
Email			
Date Forms Completed			

	If same as key contact on page 1, tick box and go to Section 2			go to Section 2 🗆
volu colle	ne(s) of staff members / unteers authorised to ect food for your anisation:	Name	Contact	#
		N 2 – ORGANISATIONAL STRUCTU	JRE	
a)	Is your organisation a schoo (If yes, go to Section 3)	l or educational institution?		☐ Yes ☐ No
b)	Is your Agency a Not-For-Pro	ofit organisation?		☐ Yes ☐ No
c)	Is your Agency part of/auspi	iced by a larger organisation?		☐ Yes ☐ No
d)	Does your organisation have Australian Taxation Office?	e deductible gift recipient status with the		☐ Yes ☐ No

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☐ Yes ☐ No

 $\square$  Yes  $\square$  No

e) Are you registered with the Australian Charities and Not-for-Profit

f) Are you registered with Foodbank Victoria (FBV)?

Commission (ACNC)?

# SECTION 3 – AGENCY PROGRAM/CLIENT PROFILE

a)	In regard to food, on a weekly basis, <u>approximately</u> how many individuals is your organisation assisting with emergency relief?		
	□ 1 to 10 □ 10 to 30 □ 30 to 50 □ 50 to 70	□ Over 70	
b)	What sort of emergency relief service/program does your organisation provide?		
	- Meals program (breakfast club, community kitchen, food van, etc)	☐ Yes ☐ No	
	- Food Parcels/hampers (pre-packed)	☐ Yes ☐ No	
	- Food vouchers	☐ Yes ☐ No	
	- Food Pantry (store of food kept on premises for emergency relief)	☐ Yes ☐ No	
	- Other (please specify)		
c)	Do your clients have to meet specific criteria to access your emergency relief?	☐ Yes ☐ No	
If y	es, please specify		
d)	Describe your anticipated requirements for food/other aid from Shepparton Foodshare, (for example, How often would you collect food? What types of food e.g. Meat, Fruit & Veg, Cereal etc.)		

Please be aware we can only provide what has been donated at the time, but we will try to assist you where we can.

## SECTION 4 – AGENCY DOCUMENTATION

# Your organisation needs to provide us copies of the following:

Evidence of Public Liability Insurance (Compulsory)	Copy provided $\Box$
2 (a). Evidence of your organisation's charitable status ATO documentation certifying DGR Status or ACNC Registration Certificate	Copy provided
OR	OR
2 (b). Evidence of the charitable purpose of the program you operate or propose to operate with food from Foodshare by providing 3 references in support of your Program (provide names below or attach letters)	3 references provided □
(Federal, State or Local Government Authority/or any recognised Emergency Relief Provider)	
Reference 1	
Name of referee:	
Position:	
Organisation name:	
Email:	
Contact number:	
Reference 2	
Name of referee:	
Position:	
Organisation name:	
Email:	
Contact number:	
Reference 3	
Name of referee:	
Position:	
Organisation name:	
Email:	
Contact number:	

### SECTION 5 – AGENCY DISTRIBUTION AGREEMENT

Shepparton Foodshare's rules of operation mean that we are only permitted to distribute food or aid to agencies who themselves provide that food or aid to **individuals who find themselves in a position of financial necessity**.

In other words, a person is seen to be in a position of financial necessity if they don't have enough financial resources to have a modest standard of living in Australia. A strong indicator of this would be where a person's level of income is such that they are eligible to receive income tested government benefits. Other indicators are health needs (such as sickness or disability) and family responsibilities. Such non-financial needs can cause financial necessity.

By signing and submitting this application, you agree that:

- you will only provide food and aid received from Shepparton Foodshare to your clients on the condition that they meet this requirement of financial necessity.
- Shepparton Foodshare may ask you at any time for evidence that your clients to whom you provide the food and aid meet this requirement of financial necessity; and
- You will not sell or offer for sale any food or aid received from Shepparton
  Foodshare or demand any other payment or reward from your clients in exchange
  for provision of the food and aid.

Signed for and on behalf of the Applicant	On	(date)
Name of person signing		
Position/authority of person signing		

# SECTION 6 – REGISTRATION FEE (PAYABLE ONCE ONLY)

As part of the Registration Process, organisations seeking to access food and material aid from Shepparton Foodshare are required to pay a registration fee of \$50, at the time of registering your organisation.
Payment of Registration Fee
We strongly encourage organisations where possible to pay the registration fee by direct debit.  An invoice will be sent with payment details.
SECTION 7 - MENABERSHID OF SHEDDARTON FOODSHARE INC

### SECTION 7 – MEMBERSHIP OF SHEPPARTON FOODSHARE INC

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Shepparton Foodshare Inc is an incorporated association governed by a board of management whose conduct is overseen by the members of the association.	
You are invited to become a member of the Association. Membership gives you the right to attend the Annual General Meeting of the association and to vote on all matters which are decided by the members, including the election of the board. Currently, there is no membership fee.	
Does your organisation wish to apply for membership of the association?	☐ Yes

### INTERNAL APPROVAL (APPLICANT PLEASE DO NOT COMPLETE)

### Recommendation and Approval for application for registration as an eligible recipient:

# Recommended by: (Can be recommended by Warehouse Coordinator or approved proxy) Name: Position: Signature: Date: Approved by: (Can be approved by EO, Treasurer or Chairperson) Name: Position: Signature:

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Date: