



**Gifts In Kind Rochester**  
 936 Exchange Street  
 Rochester, NY 14608  
 (585) 328-9951  
 www.foodlinkny.org

Date Received	_____
Check #	_____
Org. #	_____
\$	_____

**2009 Gifts In Kind Rochester Application and Survey of Agency Needs  
 July 2009-June 2010**

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

Mailing Address: \_\_\_\_\_ Website: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_ Fax: (     ) \_\_\_\_\_

Executive Director: \_\_\_\_\_ Annual Budget: \$ \_\_\_\_\_

Contact Person: \_\_\_\_\_ Phone: (     ) \_\_\_\_\_ Ext: \_\_\_ Email: \_\_\_\_\_

Hours & Days of Operation: \_\_\_\_\_ Numbers Served: \_\_\_\_\_

Mission Statement: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Food Bank Member?    Y    N      If no, are you interested in more info?    Y    N

If yes, Agency Code: \_\_\_\_\_

Counties Served: \_\_\_\_\_

Please check the boxes that best describe the type of service(s) your agency provides:

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Art/Cultural          | <input type="checkbox"/> Child Care              | <input type="checkbox"/> Disaster Relief          | <input type="checkbox"/> International Assist. |
| <input type="checkbox"/> Economic Development  | <input type="checkbox"/> Education/Literacy      | <input type="checkbox"/> Elderly Services         | <input type="checkbox"/> National Association  |
| <input type="checkbox"/> Drug Abuse Prevention | <input type="checkbox"/> Family Services         | <input type="checkbox"/> Financial/Legal Assist.  | <input type="checkbox"/> Volunteer Association |
| <input type="checkbox"/> Physically Challenged | <input type="checkbox"/> Historic Preservation   | <input type="checkbox"/> HIV/AIDS                 | <input type="checkbox"/> Environment           |
| <input type="checkbox"/> Hunger/Homelessness   | <input type="checkbox"/> Low-Income Housing      | <input type="checkbox"/> Mental Health Assistance | <input type="checkbox"/> Other                 |
| <input type="checkbox"/> Neighborhood Rehab    | <input type="checkbox"/> Recreational Activities | <input type="checkbox"/> Support for Women        |  |
| <input type="checkbox"/> Youth Services        | <input type="checkbox"/> Employment/Counseling   | <input type="checkbox"/> Health                   |  |

Please list product needs in order of priority: (1 – 10)

<u>Categories</u>	<u>Priority</u>	<u>Categories</u>	<u>Priority</u>
A00 – OFFICE FURNITURE	_____	G00 – PERSONAL ITEMS	_____
B00 – OFFICE EQUIPMENT	_____	H00 – CHILDREN’S ITEMS	_____
C00 – OFFICE SUPPLIES	_____	I00 – RECREATIONAL ITEMS	_____
D00 – HOUSEHOLD ITEMS	_____	J00 – MEDICAL EQUIPMENT	_____
E00 – KITCHEN ITEMS	_____	K00 – GENERAL MAINTENANCE	_____
F00 – CLOTHING	_____	L00 - OTHER	_____

To be eligible for the Gifts In Kind Rochester program, your organization must meet specific requirements. Please read the following requirements. This section must be read and signed by an authorized representative of the requesting organization.

**I certify that our organization represents the following:**

1. It is an organization described in Section 501 (c)(3) of the status with the Internal Revenue Service.
2. The goods will be used solely for the care of the ill, needy or infants/youth (as those terms are defined in applicable U.S. Treasury regulations). If your organization does not serve the ill, needy or youth, please check here \_\_\_\_.
3. The goods will be used for purposes related to the organization which make it tax-exempt.
4. The goods will not be transferred (or attempted to be transferred) by the organization in exchange for money, property or other services **under any circumstances**.\*
5. Adequate books and records for all donations will be maintained as required by applicable tax regulations, and made available to Gifts In Kind Rochester, Gifts In Kind International or the Internal Revenue Service upon request.

I further certify that, upon acceptance into membership, it is understood that any use of donated products for purposes other than expressed will result in the revocation of membership and appropriate legal action will be taken.

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Signature of Officer \_\_\_\_\_ Date \_\_\_\_\_

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Print Name \_\_\_\_\_ Title \_\_\_\_\_

**IMPORTANT**

Please return your completed application and include each of the following items:

- \$50.00 Annual membership fee
- 501 (c)(3) Letter from the Internal Revenue Service
- Gifts In Kind Rochester policies and procedures
- *(any other pertinent documents/paperwork)*

**Applications returned without membership fee and 501 (c)(3) letter will not be processed.**

**Membership fee is effective from date of application through June 30, 2010.**

**\*Organizations that use donated products for purposes other than those intended will be removed immediately from the program and appropriate measures will be taken.**

Upon receipt of your completed application, you will be contacted to schedule orientation after which you will receive your ID cards and begin to schedule appointments to visit the distribution center. All donations are offered on an “as is” condition. The donor company, Gifts In Kind International, Gifts In Kind Rochester and Foodlink make no warranty, either expressed or implied, as to the product’s usability. Contributions received through the Gifts In Kind program **cannot be sold, traded or bartered**, and must be used to fulfill the charity’s mission.

Executive Director \_\_\_\_\_ Phone \_\_\_\_\_

Gifts In Kind Program Contact \_\_\_\_\_ Phone \_\_\_\_\_

Authorized Shoppers (2) \_\_\_\_\_

