*Community Food Smart:* Distributor Application Form

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

Hours of operation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

City, Municipality \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Postal Code: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Position/title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Fax Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address:  **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

By applying to become a Distributor for Community Food Smart, your organization agrees to deliver on the following responsibilities:

* promote the bulk food buying service to clients who might benefit from access to nutritious, affordable fresh produce bags
* process completed membership forms and record information to a membership database, maintained by each Distributor
* accept payments for memberships, sponsorship and food orders and issue receipts (Personal cheques **are not** to be accepted)
* collect returned food bags
* submit a summary order form electronically on the order due date and remit all money collected for orders and memberships to the CFS Coordinator
* provide space for pick-up of bags by members on the designated delivery day and contact members who are delinquent in pick-ups
* provide one or two volunteers to assist with packing and/or delivery
* respond to individual member inquiries and complaints
* participate in ad hoc surveys and assessments

Should you have any questions, please contact: Susanne White at 262-0842 or s.white@gfsi-isrf.ca, or Jessica Hughes at 451-7791 or Jessica@unitedwaycentral.com.

Completed Distributor Application forms can be faxed to **506-451-1104**.

**Office Only:**

**Date Received:**

**Application Accepted: Date:**

*Sept 2013*