

Harvest Regional Food Bank Agency Membership Application



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AGENCY MEMBERSHIP APPLICATION

REVISED 2/15/2011



Developed from the Agency Membership Handbook
Approved by the AHRA Board of Trustees August 28, 2006

**HARVEST REGIONAL FOOD BANK
MEMBER AGENCY APPLICATION**

Harvest Regional Food Bank Agency Membership Application

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Harvest Regional Food Bank Agency Membership Application

Introduction

Thank you for considering becoming a member agency of the Harvest Regional Food Bank. Several policies, practices, and procedures are required of all Food Bank member agencies. The purpose of this Member Agency Handbook is to describe the requirements and provide information on how to have a successful program.

Harvest Regional Food Bank is dedicated to help eliminate hunger by providing nutritious food to those in need through our network of recipient program. Our recipient programs include pantries, emergency shelters, soup kitchens, day care centers, low-income senior meal programs, after school programs, backpack programs for needy children and multi-service neighborhood programs and shelters. Harvest Regional Food Bank is a not-for-profit organization under Internal Revenue Service Code 501 (c)(3). The Food Bank is a member in good standing of Feeding America – The Nation’s Largest Food Bank Network (formerly America’s Second Harvest), a founding member of the Arkansas Hunger Relief Alliance and a United Way agency.

In order to be a member agency of Harvest Regional Food Bank, your organization must be an established non-profit as defined by the Internal Revenue Service. This means your organization must be a designated 501(c)(3), be wholly owned by an organization with this designation, be sponsored by a 501(c)(3) organization, or qualify for the IRS equivalent for religious organizations. Non 501(c)(3) religious organizations must meet nine (9) of the 14 IRS eligibility requirements. A form describing these requirements is included in this packet.

Please take the time to carefully read the information and follow the instructions provided. If you have questions about meeting the non-profit requirement or about the application process, please contact Harvest Regional Food Bank at 870-774-1398.

You are commended for your efforts to help those in need in your community. We look forward to assisting you in your endeavors.

Harvest Regional Food Bank Agency Membership Application



Agency Application Fee Agreement

Approved by the Harvest Regional Food Bank Board of Directors
2/15/11

Any application for membership to Harvest Regional Food Bank, Inc. must be accompanied by a check for \$50 drawn on an account held by the sponsoring tax-exempt organization as an application fee. Agencies inquiring about becoming a member may receive the Membership Handbook and Application without paying the fee. However, the fee must be paid upon return of an application and before any visit for food safety and inspection or further processing of the application.

This application fee may be refunded, as a credit on the new agencies account for future orders, at the agency's request, after 4 orders have been received and paid in full. These orders must take place within the first year of membership. Cash refunds will not be provided.

The Executive Director of Harvest Regional Food Bank, Inc. has the discretion to waive the application fee for an agency. This waiver may be due to reasons such as, but not limited to, the agency's location in an underserved community or the agency's prior history of service.

Signature of Representative

Date

What's Available at the Harvest Regional Food Bank?

A variety of food and non-food products are available in the Harvest Regional Food Bank warehouse. Examples of the products we distribute are fresh and frozen foods, canned goods, paper products, cereal, beverages and cleaning supplies. Availability depends on what is donated or otherwise procured; therefore, the inventory may vary greatly from week to week.

A member agency of Harvest Regional Food Bank may be eligible to receive products for **ONE or ALL** of the following programs:

- Emergency Food (food pantry that provides groceries, cleaning supplies and personal care items)
- Soup Kitchen/Shelter (cooking or serving meals to walk-in guests on a regular or occasional basis and/or providing temporary, emergency lodging)
- On Site/Residential (cooking or serving meals to a registered clientele, e.g. a day care, detoxification center, half-way house, group home, day activities program, youth or senior program)
- Disaster Relief

If you have questions about what is available at the Harvest Regional Food Bank and how your program might be supported, please contact us at 870-774-1398.

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Membership Application Process

Provided below is a step by step process for becoming a member in good standing of the Harvest Regional Food Bank. Please follow this process to ensure that you submit a complete and thorough application packet. The process is divided into three parts:

Part 1. Completing and Submitting the Application Packet

1. Review all membership criteria and indicate agreement to comply by signing and dating the document. (Signer must be a member of the organization and authorized to enter into this agreement).
2. Complete ALL appropriate sections of this application and all applicable attachments. If a section does not apply, please write N/A.
3. Include with this application a photocopy of the IRS letter of determination stating that your agency has 501(c)(3) tax-exempt status.
4. Religious organizations must include either the IRS 501(c)(3) letter OR a letter from the denomination's headquarters stating that your organization is in good standing in that denomination. A church qualifier form, which requires backup documentation, is included in this packet.
5. Return the completed and signed application, signed membership criteria form, tax-exempt status documentation or church qualifier form (and attachments) and authorized personnel form.

Part 2. Document Review and Site Visit

1. Once the packet is received, an evaluation team will review the information provided and determine how Harvest Regional Food Bank can best serve your agency and the community.
2. During the review process, a Harvest Regional Food Bank representative will visit your site, examine program procedures, and attempt to confirm that you can maintain appropriate food storage, handling, record-keeping, and distribution standards, as well as meet all membership criteria.
3. Upon completion of a successful site visit, you will be given a legal document called a "Memorandum of Agreement" to review and sign. This signed document must be received by Harvest Regional Food Bank before a new member orientation will be scheduled.

Part 3. New Member Orientation and Shopping at the Harvest Regional Food Bank

1. After the signed "Memorandum of Agreement" is received, your agency will be given a Member Handbook.
2. You and all others who will be shopping at the Harvest Regional Food Bank must attend a mandatory orientation session. During this training we will complete basic Food Safety training (agencies handling prepared foods must provide documentation of certified Food Manager training). A list of authorized shoppers will be kept on file at the Harvest Regional Food Bank office. We will provide the Warehouse and Shopping Procedures.
3. You will be given a tour of Harvest Regional Food Bank and meet Harvest Regional Food Bank staff members.
4. Handling fees may be charged for some food and grocery products. Method of payment of these fees will be determined at the time your agency becomes a member of Harvest Regional Food Bank.

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Agency Application Checklist

Please feel free to use this checklist to make sure you have all the documentation needed for your application.

- _____ Membership application form completed and signed
- _____ Membership Criteria, completed and signed to indicate the criteria are understood and agreement to comply
- _____ Church Qualifier Form, completed, if applicable
- _____ Copy of IRS Letter of Determination of Tax-Exempt Status or proper documentation for religious group (letter from denomination or church qualifier form with attachments)

Harvest Regional Food Bank Agency Membership Application

Date of Application: _____

Organizational Information

Please provide all information that applies to your program.

Name of Organization: _____

Name of Food Program (if different): _____

Mission of Organization: _____

Date Organization Established: _____

Organization Mailing Address: _____

County: _____

Physical Address of Program (if different from organization address): _____

Phone Number: _____ Fax Number: _____

Website Address: _____

Name of Agency/Organization Director: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Name of Contact Person (if different from Director): _____

Position: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

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Name of Food Coordinator (if different from above): _____

Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Billing Contact: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Parent Organization (if your program is part of a separate organization):

Contact Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-Mail Address: _____

Website Address: _____

Program Information

Date Program Established: _____

(If your program has not yet begun, please respond with what is planned.)

Types of Service (check **all** that apply and complete **all** applicable sections below):

_____ Emergency Food Pantry _____ Soup Kitchen/Shelter _____ On Site/Residential

_____ Day Care Program

How do people learn about your services? _____

What is your total annual budget for food and grocer products? _____

Harvest Regional Food Bank Agency Membership Application

Emergency Food Pantry (provides groceries, cleaning supplies and personal care items)

- Regular Days and Hours: _____
- Are referrals required: ____ Yes ____ No
If yes, please list agencies: _____

- Are appointments required? ____ Yes ____ No
- Who should people call for help?
Name _____
Phone Number _____ When (Hours/Days) _____
- Which items do you distribute? (Check all that apply.)
____ Dry Goods (canned food, boxed foods, bottles) ____ Dairy products
____ Fresh fruits/vegetables ____ Non-food items (soap, tissues, hygiene, etc.)
- How many people do you serve each month? _____
- Do you provide delivery to clients? (if so, please describe) _____

- Are people that are receiving food (check all that apply):
____ asked to donate? ____ required to attend services?
____ required to work? ____ required to provide any other participation
or service to get food?
- List eligibility requirements for individuals to receive donation: _____

- How often may an individual receive food? _____
- What geographic area(s) does the program serve? _____

- What are the funding sources for this program? _____

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Soup Kitchen/Shelter (cooking or serving meals to *walk-in guests* on a regular or occasional basis and/or providing temporary, emergency lodging)

- What days and times are meals served? _____
- What meals are served? _____
- Describe people who are served? _____
- How many people are served at the average meal? _____
- Are any of the meals catered? ____ Yes ____ No
If yes, by whom? _____
- List names of staff who work with food: _____

- Do you have a health certificate from the local Department of Health?
___ Yes ___ No
- List eligibility requirements for people who are served: _____

- Who should people call for help?
Name _____
Phone Number _____ When (Hours/Days) _____
After hours emergency contact? _____
- Are people who receive services required to or asked to make donations, attend religious services, or work? ____ Yes ____ No
- What are the funding sources for this program? _____

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On Site/Residential/Kids Cafe (cooking or serving meals to a *registered clientele*, e.g., detoxification center, half-way house, group home, day activities program, youth or senior program)

- Type of program (see list above): _____

- Number of people in program: _____ Number of staff: _____
- Days and times of operation: _____
- Meals Served (check all that apply):
 - _____ Breakfast
 - _____ Snack
 - _____ Lunch
 - _____ Dinner
 - _____ Occasional party
- Licenses and numbers:
 - _____ Arkansas Department of Health & Human Services
 - _____ Division of Children & Families
 - _____ Food Service License
 - _____ Other - Please specify: _____
- Are any meals catered? _____ Yes _____ No
If yes, which ones? _____
- What is the tuition or program fee? _____
- What are the funding sources for this program? _____

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Day Care Program (serving meals and or snacks to either children or adults enrolled in day care program)

- Type of program (see list above): _____

- Number of people in program: _____ Number of staff: _____
- Days and times of operation: _____
- Meals Served (check all that apply):
 - _____ Breakfast
 - _____ Snack
 - _____ Lunch
 - _____ Dinner
 - _____ Occasional party
- Licenses and numbers:
 - _____ Arkansas Department of Health & Human Services
 - _____ Division of Children & Families
 - _____ Food Service License
 - _____ Other - Please specify: _____
- What is the tuition or program fee? _____
- What geographic area(s) does the program serve? _____

- What are the funding sources for this program? _____

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If any of the above programs are already in operation, please provide the following information. If the program is not yet underway, please indicate anticipated numbers.

Type of population served:

Transient Youth
 Elderly Other (describe) _____
 Residential _____

Number of unduplicated households served: Number of duplicated households served:

Daily Daily
 Weekly Weekly
 Monthly Monthly
 Annually Annually

Number of unduplicated individuals served: Number of duplicated individuals served:

Daily Daily
 Weekly Weekly
 Monthly Monthly
 Annually Annually

Physical Facilities Information

Are you able to close, lock, and secure the area where the food and products are stored?
 Yes No

Storage Capacity:

Cubic feet refrigerated _____
Cubic feet frozen _____
Square feet dry storage _____

Do you have a walk-in: freezer refrigerator cooler? None:

Do all storage areas meet State Department of Health requirements? Yes No

Is someone in organization certified in food safety? Yes No

*** If yes – provide copies of certification ***

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Transportation Information

Please describe your means and/or method(s) of transporting food and grocery products to your agency and to clients. _____

(Please Print)
Name of person completing application: _____
Title: _____
Signature of person completing application: _____
Date: _____

Membership Application must be accompanied by the following completed attachments, as applicable:

- Attachment A: Membership Criteria (Required from all Applicants)
- Attachment B: Church Qualifier Form (for Non-501(c)(3) entities)
- Attachment C: Shopping Authorization Form (Required from all Applicants)
- Attachment D: Acknowledgement of Ordering Procedure and Food Bank Rules (Required from all Applicants)

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ATTACHMENT A

Harvest Regional Food Bank Membership Criteria

The following criteria must be agreed to and complied with for your agency to become and remain a member in good standing of Harvest Regional Food Bank. An official representative of your agency is required to complete and sign this agreement signifying that the following membership criteria are understood and will be faithfully met. If you have questions, a Harvest Regional Food Bank staff person will go over each of these criteria with you.

If for any reason any of the criteria are not being met, Harvest Regional Food Bank should be notified as soon as possible.

Does your agency meet the following criteria? **(Please check each statement to confirm agreement.)**

1. Is incorporated and operating as a private non-profit organization or under the umbrella of such an organization and is established in the community.
2. Qualifies under section 501(c)(3) of the Internal Revenue Service code or meets the definitional requirements of the IRS code to qualify as a church.
3. The agency agrees 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.
4. Will not sell, transfer, barter, nor offer for sale the items supplied by Harvest Regional Food Bank in exchange for money, property, goods, or services, or otherwise allow items to re-enter commercial channels.
5. Will use all items drawn from the Harvest Regional Food Bank only in activities included in its tax-exempt purpose and solely for feeding people who are ill, in need, or infants.
6. Will provide sanitary, reliable, and product appropriate transportation and sufficient personnel to pick up food at the Harvest Regional Food Bank warehouse.
7. Is licensed by the state and/or city as a food service establishment according to the service provided and will notify the Harvest Regional Food Bank of any changes in licensing status.

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- ___ 8. Has adequate storage and refrigeration and freezer space to ensure the wholesomeness of the food until it is used.
- ___ 9. Agrees to safely and properly handle the donated goods, which conforms to all local, state, and federal regulation.
- ___ 10. Will accept food in “as is” condition and agrees to inspect such items, withholding from distribution and/or consumption any food that might be spoiled or inedible.
- ___ 11. Will immediately discard any unfit food and advise Harvest Regional Food Bank. (Your agency is not responsible for hidden, unobservable defects.)
- ___ 12. Will maintain records on the receipt, distribution, and use of products from Harvest Regional Food Bank sufficient to provide a clear audit for such products for at least 36 months after the receipt of such products.
- ___ 13. Will permit representatives of the government and Harvest Regional Food Bank to inspect records described in item 12.
- ___ 14. Agrees to regular monitoring by a Harvest Regional Food Bank representative, or an affiliate thereof, to verify compliance with these criteria and the information provided on the agency’s application and monthly reports.
- ___ 15. Will support the operation of the Harvest Regional Food Bank by paying a handling fee on a per pound basis for applicable products.
- ___ 16. Understands that food received is a gift and not the result of any sales transaction; and as such, acknowledges that no express warranties are given and no implied warranties apply to the nature and condition of the food.
- ___ 17. Affirms that the original donor, Feeding America, Harvest Regional Food Bank, Inc., and its affiliates are held harmless from any claims of liability or obligations in regard to the products received by the agency.
- ___ 18. Will destroy and/or discard any food upon notice from the Harvest Regional Food Bank or original donor that such food may not be fit for human consumption.
- ___ 19. Will notify Harvest Regional Food Bank whenever notice of any claim of liability with respect to food is received.
- ___ 20. Will observe and implement any use-of-product restrictions placed on items by Harvest Regional Food Bank at the request of the original donor.

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- ___ 21. Assumes any and all responsibility for food product liability relating to any act or failure to act by the agency associated with the distribution, storage, preparation, or service of food after the agency assumes possession of the food.
- ___ 22. Will not use donated products for the purpose of fundraising.
- ___ 23. Will submit a monthly report by the 10th day of the following month.
- ___ 24. Never charges clients for food.
- ___ 25. Never requires clients to pray, donate, or work to eat or receive products.
- ___ 26. Will order and pick up products at least 4 times per year, unless deemed to be a special program approved by Harvest Regional Food Bank.
- ___ 27. Will be open at least 1 day per week for a minimum of 4 hours, unless deemed to be a special program approved by Harvest Regional Food Bank.

I understand these membership criteria and, as an authorized representative of

_____ (Agency), will ensure that these criteria are faithfully met. I **also acknowledge receipt of the Harvest Regional Food Bank Agency Handbook**. If for any reason any of the criteria are not being met, I agree to notify the Harvest Regional Food Bank as soon as possible.

Signature of Representation

Date Signed

Print Name and Title

Harvest Regional Food Bank Agency Membership Application

ATTACHMENT B

Harvest Regional Food Bank Church Qualifier Form

The Internal Revenue Service uses 14 characteristics to determine whether an organization qualifies as a church. In accordance with this provision, Harvest Regional Food Bank adopted a policy requiring a program operating under an organization which functions as an unincorporated church to meet **at least nine** of the following characteristics. Each item checked must be proven with copies of printed material from your church, and these materials must be included with your application. Examples of items that your church might use as evidence to satisfy legal requirements are given below. Check each characteristic that applies to your church.

- _____ 1. A distinct legal existence *Example: Articles of Incorporation filed with the State*
- _____ 2. A recognized creed and form of worship
Example: Cover page and two pages of creed, copy of church bulletin
- _____ 3. A definite and distinct ecclesiastical government
Example: Organization chart of parent organization as well as local church, indicating names and addresses of officials
- _____ 4. A formal code of doctrine and discipline
Example: Copy of cover and first three pages of document
- _____ 5. A membership not associated with any other church or denomination
Example: Statement of mission, objectives and goals of the church signed by the pastor and three others
- _____ 6. A distinct religious history
Example: If member of recognized association, a copy of the church bulletin; if not associated with other churches, a brief written history
- _____ 7. A complete organization of ordained ministers ministering to their congregations
Example: Church bulletin or other published document listing ministers
- _____ 8. Ordained ministers elected after completing prescribed courses of study
Example: Appropriate documentation indicating ordination and courses of study
- _____ 9. A literature of its own *Example: Copy of selected cover pages of appropriate literature*
- _____ 10. Established places of worship *Example: Copy of church bulletin*
- _____ 11. Regular congregations *Example: Copy of church bulletin*
- _____ 12. Regular religious services *Example: Copy of church bulletin*
- _____ 13. Sunday schools for religious instruction of the young
Example: Copy of church bulletin indicating times for Sunday School
- _____ 14. Schools for the preparation of ministers
Example: List of names and addresses of schools

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ATTACHMENT C

Harvest Regional Food Bank Authorized Personnel Information

Date: _____

Name of Agency: _____

Contact Person: _____

Address: _____

Telephone: _____ E-Mail Address: _____

The names and signatures of the persons below are authorized by _____ (agency name) to pick up products on behalf of your agency at Harvest Regional Food Bank. Their signatures indicate they have read and understand Harvest Regional Food Bank’s regulations and agree to abide by them.

_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature
_____	_____
Print Name	Signature

Please inform Harvest Regional Food Bank as soon as any changes are made in your agency’s list of people authorized to pick up products at Harvest Regional Food Bank.

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ATTACHMENT D

Acknowledgement of Ordering Procedure and Food Bank Rules

ORDERING PROCEDURE

Order forms will be updated weekly or more often as product selection changes significantly. The new form will be emailed to the email address(s) listed under the Organization Information of the application. If a current order form is needed, please call Harvest Regional Food Bank at (870) 774-1398.

Place your order with Harvest Regional Food Bank by fax at 870-774-1905 at least one day before desired pick-up. Requested pick-up times are not guaranteed until a final appointment time is scheduled.

When your order is received, warehouse staff will call you to set up an appointment. While you are there, you are free to browse the shopping area (including freezers and refrigerators). Note that some items in the refrigerators and freezers may already be reserved. All unreserved items are available first come first serve by appointment times. Items in this area are charged up to 19 cents per pound Shared Maintenance Fee.

FOOD BANK RULES

For their safety, children under the age of 16 are not allowed in the warehouse while picking-up food orders. They must remain in the vehicle if they accompany you on your trip to the Food Bank. Animals are not allowed on the premises or in vehicles that are being used to transport food. Orders will not be released if animals are present. We appreciate agencies bringing extra help to load their orders. Up to 3 helpers per agency are permitted. All food must be transported in vehicles adequate for this use. The Food Bank reserves the right to refuse to load a vehicle that is deemed to be unsafe to drive or unsanitary to transport food. Harvest Regional Food Bank may provide assistance in loading and securing orders in agency vehicles when available. However, Harvest Regional Food Bank does not assume any responsibility for the safety or security of the load. The driver of the vehicle assumes all responsibility for the final security of the load and its impact on the ability to drive the vehicle safely.

Agency Name

Representative's Signature

Date

Harvest Regional Food Bank Agency Membership Application

Memorandum of Agreement

To be completed after application and site visit with Harvest Regional Food Bank Personnel

This memorandum of agreement is entered into between the Harvest Regional Food Bank and _____ (**agency name**). This agreement is binding unless renegotiated by both parties and an amended agreement signed by representatives of both parties.

Under this agreement, the Harvest Regional Food Bank will:

- 1. Seek and develop resources for food donations on behalf of _____.
- 2. Provide and maintain a central warehouse for food storage and distribution.
- 3. Provide types and quantities of food and grocery product inventory.
- 4. Not interfere with the internal affairs of _____.

Under this agreement, _____ will:

- 1. Meet ALL criteria of Harvest Regional Food Bank participation as set forth in the application packet and handbook..
- 2. Contribute to the support of the Harvest Regional Food Bank through a handling fee applied per pound of food and grocery products received for applicable products, if required.
- 3. Designate authorized, informed persons to select products from the Harvest Regional Food Bank and to notify the Harvest Regional Food Bank as changes occur.
- 4. Provide adequate transportation and personnel to pick up and load Harvest Regional Food Bank products.
- 5. Never sell or trade any Harvest Regional Food Bank products.

Under this agreement, the Harvest Regional Food Bank and _____ are committed to the following values:

- 1. Integrity – We will be open and honest in all relationships, dealings, and transactions.
- 2. Stewardship – We will maximize and wisely use our resources for the long-term benefit of the community.
- 3. Accountability – We will set clear standards against which to measure competence, efficiency, effectiveness, and accuracy.
- 4. Service – We are committed to providing excellent service. We will continue to strive to study, understand, and meet challenging needs with competence and compassion.
- 5. Partnership – We will strive to collaborate, network, and enhance hunger relief efforts in Arkansas.

Harvest Regional Food Bank
Representative Signature

Agency Representative Signature

Print Name & Title

Print Name & Title

Date: _____

Date: _____