



The individuals listed below are authorized to order products, pick up orders, sign MOUS, Capacity/Food Credit grants, and/or complete monthly reports on behalf of your organization at the Arkansas Foodbank. By listing these individuals, you confirm that they have read and understood Arkansas Foodbank regulations and agree to abide by them.

Instructions:

- Place an "X" in the columns under the approved categories for each authorized individual.
- Ensure all individuals listed have read and understood the Arkansas Foodbank regulations and agree to abide by them.

Date: _____

Agency Name: _____

Agency Number: _____

Agency Director Name: _____

Agency Contact Person: _____

Physical Address: _____

Mailing Address: _____

Agency Telephone Number: _____

Agency Email Address: _____

Name	Email	Mobile Number	Ordering Food	MOUs	Monthly Reports	Grant Info	Pick-Up Food
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Important: Please inform the Programs Department of any changes to your agency's list of authorized personnel as soon as possible to ensure compliance and continuity in your operations.