



Fighting hunger. Delivering hope.

Fayette County Pantry Program  
Letter of Agreement for Participating Agency

**GOD'S PANTRY FOOD BANK ACCEPTS THE FOLLOWING RESPONSIBILITIES:**

1. To provide emergency food assistance upon referral from the participating agency. Client's choice of food will be prorated to family size.
2. To receive phone calls for referral orders.
3. To maintain records including the names, social security number, and birthdates of all adult members of the household, addresses, phone numbers, zip code, family size and composition (including number of children/infants), total monthly income, pantry used, referring agency and dates of service.
4. To serve eligible individuals and families up to four times in a six-month period.

**THE PARTICIPATING AGENCY, LEXINGTON FAYETTE URBAN COUNTY GOVERNMENT (LFUCG) ACCEPTS THE RESPONSIBILITY TO:**

1. Screen clients in person to ascertain low-income status and determine need for emergency food assistance. Check photo identification and social security cards for all adults and proof of children in household.
2. Place referral orders: stipulating correct size of family, names, birthdates and social security numbers of all adult members of the household, number of children and/or infants (age 17 and younger), address, phone number, zip code, and total gross monthly income. **Only Fayette County residents are served in the Fayette County food pantries.**
3. Recognize that God's Pantry Food Bank provides temporary help. The client should be informed of the availability and benefits of other programs operating in the community and assisted in applying to programs to which they are entitled.
4. Make every effort to avoid duplication of services and correctly utilize the Fayette County Pantry Program.

We mutually agree to keep the needs of hungry people foremost in our attention as we cooperate in the Fayette County Pantry Program.



Marian F. Guinn  
CEO  
God's Pantry Food Bank, Inc.

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Director's signature

\_\_\_\_\_  
Director's printed name

\_\_\_\_\_  
Participating Agency Name

Next renewal date: April 2016

\_\_\_\_\_  
Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
FAX

\_\_\_\_\_  
Email

Agency: 120

1685 Jaggie Fox Way  
Lexington, KY 40511-1084

Main: 859.255.6592  
Fax: 859.254.6330

Marian F. Guinn  
Chief Executive Officer

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