

**APPLICATION FOR
PARTNER AGENCY MEMBERSHIP TO
AMERICA'S SECOND HARVEST OF THE BIG BEND**

Applicant Organization _____ Date _____
501(c)(3) Number _____ (please attach copy)
Organization Director _____ Phone () _____
Fax () _____ E-mail (if applicable) _____

Mailing Address: Street _____
City _____ Zip _____ County _____

Contact Person _____ Position with Organization _____
Contact Phone _____ Hours may be reached _____
Contact Address: Street or PO Box _____
City _____ Zip _____ County _____

Address of food storage (Please provide a list of any additional food storage sites):
Street _____
City _____ Zip _____ County _____

Location of food distribution (Please provide a list of any additional distribution sites):
Street _____
City _____ Zip _____ County _____

Sponsoring Agency (if applicable) _____
City _____ State _____
Director or Pastor _____ Phone () _____

*** If you are being sponsored by a 501(c)3 agency, the sponsoring agency must provide written approval on letterhead along with a copy of their 501(c)3 letter of exemption from the Internal Revenue Service ***

Upon receiving donated food and commodities from America's Second Harvest of the Big Bend (ASHBB), the above named applicant organization agrees and affirms...

- The organization is an established 501(c)3 charitable organization that serves the ill, poor, and/or needy. (A copy of the letter of determination, or equivalent valid documentation of the 14 points from the IRS, must be attached.)
- That this contract is meant to have legal significance and that ASHBB and its donors disclaim any warranties of representations, expressed or implied, as to the purity of fitness for consumption of items drawn from ASHBB.
- That it will accept product it decides to draw from ASHBB "as is."
- That ASHBB and its donors are to be held free and harmless against any and all liabilities, damages, losses, claims, causes of action, and suits of law or inequity or any obligation arising out of any action of said applicant organization or any personnel employed by the said applicant organization in connection with its storage and use of donated product.
- That it will adhere to the policies and procedures, additions, and revisions set by ASHBB.
- That it does not require food recipients to attend worship or prayer services, or ask questions about the recipients' religious beliefs or practices.

The undersigned hereby agrees that they are authorized agents of the applicant organization, and that their legal signature does bind the applicant organization to the terms, conditions, and limitations of the application agreement.

This institution is an equal opportunity provider and employer.

Agency Director/Pastor _____ Date _____

Food Program Coordinator _____ Date _____

AGENCY FACTS

ASHBB receives donated product from many sources including, but not limited to, the USDA and private industries. Products are donated under the provisions of Section 170(e)(3) of the US Internal Revenue Code, and are intended for distribution to the needy, infants, or elderly. Since the USDA is involved with ASHBB, the government has an interest in all of the products handled and distributed by ASHBB. Thus, guidelines as to what types of organizations ASHBB may distribute product to and how the product may or may not be used by the organizations have been established. The following questions are set up to aid ASHBB in determining your organization's eligibility for its services.

1. Please describe the program(s) in which you plan to utilize product from ASHBB. Product may not be used for any other reasons than what are clearly defined below. If the program(s) change, ASHBB must be notified in writing and the organization must receive ASHBB approval for product use. Include additional pages if needed.

2. Please describe all of your food storage, food preparation, and dining areas. This includes any refrigerators, freezers, and dry storage areas. All USDA commodities **must be under lock and key.**

3. How long has your program (or programs) been in existence? _____

4. Does ASHBB have your expressed permission to refer clients in need of food to your agency? _____

If NO, please explain _____

5. Are any fees, dues, offerings, goods, or services collected from clients? _____

If YES please describe in detail. (Any agency/church may NOT solicit or request in any form a donation for food received from ASHBB.) _____

6. Please provide clear and precise directions to your agency from ASHBB _____

7. Please describe the record keeping and client eligibility requirements that your agency will use in needs verification _____

AGENCY PROGRAMS
Food Pantries

1. What days and hours does your pantry operate?

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

Mornings Afternoon Evenings Other (Please specify hours: _____)

Weekly Bi-weekly Monthly Other (Please Specify: _____)

2. How many households, currently or estimated, will be served with supplemental groceries during an average month? Check only one

Less than 10 10-25 26-50 50-99 100 - 199 200+

3. How many days' worth of food do you distribute to a family at a time? _____

4. Please describe your record keeping system in detail _____

5. Where do you get the food for the pantry? _____% Donated _____% Purchased _____% Food Bank

If purchasing food, from where do you purchase? _____

6.

7. Please indicate which food and/or grocery items will be a priority for your program:

- | | |
|--|--|
| <input type="checkbox"/> Fresh fruits and vegetables | <input type="checkbox"/> Cereals/Grains |
| <input type="checkbox"/> Dairy products (cheeses, yogurt, sour cream) | <input type="checkbox"/> Ready to eat foods/Meal Kits |
| <input type="checkbox"/> Meats | <input type="checkbox"/> Canned goods (soup, fruits, vegs, meat) |
| <input type="checkbox"/> Dry non-perishable food (rice, beans, pasta) | <input type="checkbox"/> Baked goods (breads & pastries) |
| <input type="checkbox"/> Non-food (personal hygiene supplies, soap) | <input type="checkbox"/> Snacks and beverages |
| <input type="checkbox"/> Non-food (household cleaning supplies, paper goods) | <input type="checkbox"/> Other _____ |

8. Which size packaging does/will your food assistance program most often use?

- Bulk (ie: # 10 cans, bulk staple items, etc...) Personal

On-Site (Soup kitchens or other programs where meals are served to needy homeless individuals)

1. What days and hours do you serve meals?

Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Hours _____

2. Which meals do you serve? Breakfast Lunch Dinner Snack Other

America's Second Harvest of the Big Bend Partner Agency Application

3. Average number of meals served/expected to serve daily _____

On- Site (Cont.)

4. Number of meals served/expected to serve per month _____

5. Please list all staff members who will be working with/preparing the meals _____

6. Are all staff members who handle food trained in proper food handling procedures? _____

7. Please describe your menu planning _____

8. What was the date of your last health department inspection? _____

Other Feeding Programs (Shelters, Residential Homes, etc...)

If your program does not store and distribute food for preparation by the recipient households (emergency food pantry/emergency food distribution), or prepares food for consumption by households or individuals on the agency's premises (On-site feeding organization) please fill out the information below.

1. Please describe, in detail, how the food accessed from ASHBB will used to help feed the needy, infants, or the ill _____

2. What is the frequency of the event in which food accessed from ASHBB will be used?
 Daily Weekly Monthly Other _____

Applicant Organization (referred to as "Agency" below) _____

Sponsoring Organization (if applicable) _____

Agency Authorized Representatives: The following list of names is authorized representatives of the above named Organization who may access product from America's Second Harvest of the Big Bend.

Board of Directors/Deacon/Trustees or Supervisory Board *

** Please attach a Board of Director's member list showing officers, affiliations and contact info*



AGENCY AGREEMENT

Name of Applicant Organization _____

The above named will be referred to as "partner agency" and America's Second Harvest of the Big Bend will be referred to as "ASHBB" throughout this agreement.

The partner agency agrees to:

- Distribute food and other products received to income eligible clients at no cost to client. Partner agency will use current income eligibility forms to determine client eligibility, but not require any additional documentation from client to receive ASHBB food.
- Maintain accurate and complete records documenting the receipt, distribution and disposal of all items received from ASHBB, and maintaining files of this documentation for three years. Distribution records of clients must be kept on site and must contain all of the following: a) date; b) name of client; c) client address; d) number in client family and age breakdown in household across three categories (up to 18, 18 to 59, and 60 and older); e) reason for eligibility per income eligibility form.
- Be monitored bi-annually or as needed by ASHBB personnel and be agreeable to an impromptu visit by ASHBB staff or Department of Agriculture representative.
- Submit monthly reports and invoice payments as required.
- Notify ASHBB, *in writing*, if and/or when, this program *changes location, director, shopper, type or size of food program*.
- Not sell, trade, barter, or exchange any products received from ASHBB for money, services, or other products.
- Store all food from ASHBB on the monitored premises of the agency and ensure that all food items are locked up and secure. Provide adequate refrigeration and/or storage space to ensure the quality of the food received until it is distributed, maintain temperature logs and provide pest control by a licensed professional.
- Comply with all local, state, and federal laws and ordinances concerning storage, preparation, and distribution of food.

- Not deny assistance to any one person based on Race, Color, National Origin, Age, Sex or Disability.
- Comply with all other requirements, as outlined in Partner Agency Manual.
- Understand that this agreement is meant to have legal significance and that violation of any of the agreed to terms may result in the loss of agency privileges.
- Program Coordinator will return Partner Agency Card for any employees upon termination of working/volunteering with the partner agency.

America's Second Harvest of the Big Bend agrees to:

- Solicit food and other items that can be used by partner agency and its clients, to maintain a consistent inventory of items available, and distribute food in a fair and equitable manner.
- Process orders in a timely manner and update current inventory list at least daily.
- Provide delivery services at least monthly to partner agency, with 500 pound minimum order. Items under minimum order requirement can be picked up from warehouse during warehouse operating hours.
- Communicate with partner agency regularly about products available, upcoming trainings and advocacy issues related to hunger and food.
- Provide disaster relief in collaboration with partner agency and other community based organizations.
- Provide orientation training and training on other issues of interest on a regular basis.
- Monitor partner agency bi-annually or more often if necessary to ensure program compliance and to provide technical assistance as needed.

Agency Director/Pastor _____ Date _____
Signature

Agency Program Coordinator _____ Date _____
Signature

ASHBB Director _____ Date _____
Signature

ASHBB Agency Relations Director _____ Date _____
Signature

CHURCH QUALIFIER FORM
(for use only if you don't have a 501(c)(3) or sponsor)

The Internal Revenue Service uses 14 criteria to determine whether an organization qualifies as a Church.

In accordance with this provision, America's Second Harvest of the Big Bend has established a policy which requires that an organization, which operates as an independent, unincorporated church must certify that at least ten of these characteristics are evidenced by their program. The characteristics are as follows:
(Please check each item which applies)

- _____ 1. A distinct legal existence
- _____ 2. A recognized creed and form of worship
- _____ 3. A definite and distinct ecclesiastical government
- _____ 4. A formal code of doctrine and discipline
- _____ 5. A membership not associated with any other church or denomination
- _____ 6. A distinct religious history
- _____ 7. A complete organization of ordained ministers ministering to their congregations
- _____ 8. Ordained ministers elected after completing prescribed courses of study
- _____ 9. A literature of its own
- _____ 10. Established places of worship
- _____ 11. Regular congregations
- _____ 12. Regular religious services
- _____ 13. Sunday schools for the religious instruction of the young
- _____ 14. Schools for the preparations of its ministers

As duly authorized officers of _____ (church name), we certify that this organization meets the requirements indicated for identification as a church.

Signature of Officer

Title

Date

Please print name and address below:

CHURCH QUALIFIER LETTER

{Potential Church/Agency Ministries}
{1234 Any Street}
{Anytown, USA 99999}

America's Second Harvest of the Big Bend
4016 Northwest Passage
Tallahassee, FL 32303

Attn: Agency Relations Director,

I, **{John/Jane Doe}**, am the Pastor and Chief Executive Officer of **{Potential Church/Agency Ministries}**. I am writing to affirm that **{Potential Church/Agency Ministries}** is, in fact a church. Furthermore, **{Potential Church/Agency Ministries}** complies with the spirit of the 14 criteria employed by the IRS in defining a church.

{Potential Church/Agency Ministries} is an independent church and not affiliated with any other church. In addition, we have a distinct ecclesiastical form of government. **{Potential Church/Agency Ministries}** have met as a church for the past **{X}** number of years, conducting regular worship services and religious instruction at an established place of worship. **{Potential Church/Agency Ministries}** have various Sunday school classes and our pastor is an ordained minister.

Sincerely,

{John/Jane Doe}
Pastor/CEO

Enclosures: Articles of Incorporation (if applicable)
Copy of Pastor's Certificate of Ordination

Do NOT include this paragraph when retyping your CHURCH QUALIFIER LETTER.

This letter and the preceding CHURCH QUALIFIER FORM are required for churches not possessing a 501(c)3 letter of exemption from the IRS.

When retyping, your church may use letterhead if available.

Please replace {Potential Church/Agency Ministries} with your own church's name and {John/Jane Doe} with the name of your pastor.

Insert your own pertinent information in the areas where it is appropriate such as replacing the {X} with the number of years required.

Do not forget to have your pastor sign this letter.

We must receive a copy of your pastor's certificate of ordination and, if available, a copy of your Articles of Incorporation with the State of Florida.

It is also a good idea to include, as enclosures, a church bulletin or newsletter as well as a history of your church.

These documents help to verify certain criteria within the "14 points" as described on the CHURCH QUALIFIER FORM.