



# Partner Agency UPDATE FORM

Any change in Partner Agency location, contact information or program/service scope must be recorded in this form and on agency letterhead and submitted to Second Harvest within 30 days of change.

## ***Instructions***

1. Indicate what information you are updating below, checking all that apply:

\_\_\_\_\_ Organization Information (*staff contact, facility location change, addition of facility location, service hours, etc.*)

\_\_\_\_\_ Program Information (*change in scope of program/service, such as adding or removing programs*)

\_\_\_\_\_ Funding Information (*significant changes to sources of funding*)

2. Complete the appropriate section(s) that follow according to what you selected above, providing the new/revised information.

\_\_\_\_\_  
Partner Agency Representative Name (please print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Partner Agency Representative Signature

### **Office Use Only:**

\_\_\_\_\_ Additional documentation received (*if applicable*)

\_\_\_\_\_ Attended Orientation (*if applicable; date: \_\_\_\_\_*)

\_\_\_\_\_ Site visit completed (*if applicable; date: \_\_\_\_\_*)



## Organization Information

Second Harvest Partner Agency Number: \_\_\_\_\_

Date Update Submitted: \_\_\_\_\_

Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Physical Address (if different than above): \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Organization Website: \_\_\_\_\_

Primary Contact Name & Title: \_\_\_\_\_

Primary Phone: \_\_\_\_\_ Primary Fax: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Secondary Contact Name & Title: \_\_\_\_\_

Secondary Phone: \_\_\_\_\_ Secondary Fax: \_\_\_\_\_

Secondary Email Address: \_\_\_\_\_

Parent Organization (if applicable): \_\_\_\_\_

Organization Director Name & Title: \_\_\_\_\_

Direct Statements/Invoices To: \_\_\_\_\_

Phone: \_\_\_\_\_ Email Address: \_\_\_\_\_

Days & Hours of Operation: \_\_\_\_\_

County(ies) Served: \_\_\_\_\_



## Program Information

All food distributed through Second Harvest Food Bank is intended to provide for the needy, ill, elderly, homeless or children.

Provide a brief description of your organization's program(s) to help us better understand how you serve your community and how you intend to use food obtained from Second Harvest.

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Please indicate the feeding programs you operate (check all that apply):

- Food Pantry (physical building)
- Mobile Pantry
- Community BackPack
- Congregate Feeding
  - Homeless Outreach
  - Shelter *(check all that apply)*
    - Homeless
    - Other \_\_\_\_\_
  - Residential *(check all that apply)*
    - Substance Abuse
    - Senior Adult
    - Veterans
    - Other \_\_\_\_\_

- Domestic Abuse
- Mental Health
- Youth
- Offender Re-Entry

Total # beds \_\_\_\_\_  
 Are meals cooked by staff  Yes  No  
 Are housing fees supplemented by insurance/gov't/SSI/other  Yes  No  
 Is cost of meals including in housing cost  Yes  No

- Day Program *(check all that apply)*
  - Mental Health
  - Senior Adult
  - Other \_\_\_\_\_

- Life Skills
- Women and/or Children
- Families

- Soup Kitchen *(check all that apply)*
  - Men Only
  - Youth Only
- Youth Program *(check all that apply)*
  - Summer Feeding
  - Daycare

- Afterschool
- Year Round

Other Feeding Program: \_\_\_\_\_



## General Information

What quantity of equipment does your organization have on-site? Answer each, even if 0.

Residential:

Oven  Freezer  Refrigerator  Microwave

Commercial:

Oven  Freezer  Refrigerator  Heat/Hold Units

Walk-In Freezer  Walk-In Cooler

Misc. Equipment:

Shelving  Loading Dock  Forklift/Pallet Jack

Transportation:

Box Truck  Refrigerated Truck  Van  Pick-Up Truck

What are your organization's present source(s) of food? List percentages to total 100%.

Local Grocery Store/Supermarket  Warehouse Clubs (Sam's, Costco)

Big Box Store (Walmart, Kmart, Target)  Community/Church Donations

Other: \_\_\_\_\_

What types of office equipment do you have?

Phone

Copier

Internet

Printer/Scanner

Fax Machine

Desktop Computer / Laptop

What resources, beyond food, do you provide for clients?

Nutrition Education / Recipes

Gas / Bus Voucher

SNAP Referral Assistance

Prescription Assistance

Refer to Other Resources

Other: \_\_\_\_\_

Utility Assistance

Rent / Mortgage Assistance

Training (computer, job, budgeting, etc.)

Medical Services

Do you have any of the following in the form of a written policy or procedure?

Strategic Plan / Goals

Fundraising Plan / Goals

Succession Plan for Director

Food Distribution / Food Safety Process

Do you ask clients for donations, charge a fee or require attendance at a service/gathering to receive food?  Yes  No

If yes, explain. \_\_\_\_\_

\_\_\_\_\_

How do you track service numbers? \_\_\_\_\_

What do you require from clients before serving? \_\_\_\_\_

\_\_\_\_\_

What percentage of your clients are low income? \_\_\_\_\_



## Financial Information

What is your current monthly food budget? \$ \_\_\_\_\_

How do you fund your program? (percentages listed should total 100%)

\_\_\_\_\_ United Way                      \_\_\_\_\_ Client Fees\*                      \_\_\_\_\_ Individual Donations  
\_\_\_\_\_ Fundraising Events                      \_\_\_\_\_ Church Donations                      \_\_\_\_\_ Grants  
\_\_\_\_\_ Business Donations                      \_\_\_\_\_ Government Grants/Funding\*\*  
\_\_\_\_\_ Other: \_\_\_\_\_

*\*If client fees are received in any form, please explain in detail.*

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

*\*\*If program receives government funding, please explain in detail.*

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

## Children's Feeding Information

(Please leave blank if not applicable)

### BackPack

Number of children you intend to serve per school year: \_\_\_\_\_

School(s) you intend to support: \_\_\_\_\_

### Day Care

Number of children licensed to care for: \_\_\_\_\_

Number currently enrolled: \_\_\_\_\_

Number of caregivers in your program: \_\_\_\_\_

Age range of children enrolled: \_\_\_\_\_

### After School and/or Summer Feeding

Number of children you intend to serve per school year: \_\_\_\_\_

Type of Program:                      \_\_\_\_\_ Before/After School Program                      \_\_\_\_\_ Summer Feeding

## Mobile Pantry Information

(Please leave blank if not applicable)

Number of Mobile Pantries you intend to fund annually (not grant funded by Second Harvest): \_\_\_\_\_

Have you previously volunteered at a Mobile Pantry? \_\_\_\_\_



## Food Pantry Information

*(Please leave blank if not applicable)*

Please list the hours your food pantry is open to the community during a typical month.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>Week 1</b>							
<b>Week 2</b>							
<b>Week 3</b>							
<b>Week 4</b>							

Total number of hours your pantry is open monthly? \_\_\_\_\_

Average number of food boxes distributed monthly? \_\_\_\_\_

How often can clients receive a food box? \_\_\_\_\_

How are your food boxes packed?       Pre-Assembled       Client's Choice

Do you offer home delivery of food boxes?       Yes       No

## Congregate Feeding Information

*(Please leave blank if not applicable)*

This section applies to any type of on-site, congregate feeding program. Please list the hours your on-site feeding program operates during a typical week. If you only operate certain days of the month, please list that information as well.

	Breakfast	Lunch	Dinner	Snack
<b>Sunday</b>				
<b>Monday</b>				
<b>Tuesday</b>				
<b>Wednesday</b>				
<b>Thursday</b>				
<b>Friday</b>				
<b>Saturday</b>				

Average number of individuals served each meal:       Breakfast       Lunch       Dinner       Snack

Do you offer home delivery of meals?       Yes       No

Does your organization have current certification from the local Health Department, licensing you to serve meals to the public?

Yes      \_\_\_\_\_ Certificate no. & expiration date

No

Chef/Kitchen Lead Name: \_\_\_\_\_



# Partner Agency Agreement

As the authorized representative(s) for the organization named below, I understand Second Harvest Food Bank will provide food and related items to my organization with the understanding that:

1. \_\_\_\_\_ **Initial** **The agency** will use products obtained from Second Harvest solely for feeding of the ill, needy or children and understands this use must be related to its organizational purpose as outlined in the application. **The agency** must not require clients to pay a fee, submit a donation, perform or attend a service to receive food. **The agency** recognizes products received from Second Harvest are intended solely for program clients as stated within the application (no staff functions, private use, volunteer "payment", fundraising activities, etc.).
2. \_\_\_\_\_ **Initial** **The agency** will neither sell, transfer nor barter products obtained from Second Harvest in exchange for money, property or services or otherwise allow the products to enter the commercial market. This also applies to USDA product. (Transfer means: an organization which has an extension of their program in another town/county cannot transfer product to that extension unless approval has been received from Second Harvest's Agency & Program Services Department.)
3. \_\_\_\_\_ **Initial** **The agency** will allow Second Harvest to monitor them regularly. **The agency** agrees to store all Second Harvest product on agency property, where site monitoring occurred. Any change in agency/storage location or addition of agency/storage locations must be submitted to and monitored by Second Harvest.
4. \_\_\_\_\_ **Initial** **The agency** will pay Second Harvest \$0.25\* per pound shared maintenance fee on MTT/Grocery Rescue Meat, \$0.19 or less per pound on all other donated product and Co-op fees for product purchased by Second Harvest from other manufacturers. (\*The additional \$0.07/lb represents a value-added packaging (VAP) fee incurred for meat sorting/packaging and marking through UPC codes at Second Harvest as a convenience for Partner Agencies.)
5. \_\_\_\_\_ **Initial** When utilizing Rural Route delivery, **the agency** agrees to pay a delivery charge of \$0.06 per pound of food delivered, not to exceed \$65. When utilizing Nashville City delivery, **the agency** agrees to pay a delivery charge of \$0.10 per pound of food delivered, not to exceed \$35. All delivered orders must meet a \$100 or 100 lb. minimum.
6. \_\_\_\_\_ **Initial** **The agency** will transport food picked up at the warehouse, Rural Route, Perishable Route or through food rescue programs in a covered vehicle (box truck, van, semi-truck, pick-up with camper top, car, etc.) or cover with a tarp before leaving. **The agency** must have coolers, refrigerated truck, freezer blankets or similar if transporting refrigerated or frozen food more than 30 minutes. **The agency** must record sample temperatures of perishable products at the time of pick-up from food rescue programs and at reception at the approved agency location. **The agency** is responsible for safely securing their load before leaving; ensuring they are transporting food in an appropriate vehicle & safe manner; and are responsible for knowing the weight capacity of their vehicle.
7. \_\_\_\_\_ **Initial** **The agency** agrees to pay a \$25 restocking fee for orders their agency places but does not pick-up from the warehouse or claim from a Nashville City or Rural Route delivery; and does not call Second Harvest within 2 business days of the delivery date to otherwise make arrangements for.
8. \_\_\_\_\_ **Initial** **The agency** agrees to keep its account active by receiving & distributing food from Second Harvest at least six times every rolling 12 months. Exceptions to this requirement will be made by Second Harvest as deemed appropriate.
9. \_\_\_\_\_ **Initial** **The agency** agrees to maintain Second Harvest invoices and adequate records reflecting the total amount of product received and distributed and to maintain a description of the products and date of their receipt. The agency also agrees to outline its procedure for determining that the final recipient of the product is ill, needy or children.



10. \_\_\_\_\_ **Initial**    **The agency** will remit payment (application fee & invoices) to Second Harvest with an organizational check only; no cash, personal checks or money orders will be accepted. **The agency** will remit all invoice payments within 30-days of receipt of products.
  
11. \_\_\_\_\_ **Initial**    **The agency** must double-check all orders against the packing list received from Second Harvest staff, as well as against the AgencyLink confirmation. The agency must notify Second Harvest of invoice or order discrepancies within 2 *BUSINESS DAYS* of delivery. The agency will assume financial responsibility for orders not confirmed within 2 *BUSINESS DAYS* of delivery for any discrepancies, order shortages or damaged product. No credits will be given to agency accounts after 2 *BUSINESS DAYS* of delivery for any discrepancies, order shortages or damaged product.
  
12. \_\_\_\_\_ **Initial**    **The agency** will utilize employees or volunteers with sufficient training and experience to insure the integrity and safety of all products received from Second Harvest.
  
13. \_\_\_\_\_ **Initial**    **The agency**, if hosting Mobile Pantries, will provide & recruit sufficient employees/volunteers to effectively manage the distribution from start to finish; will provide a distribution site easily accessible to the general public & our delivery truck; will provide a safe, clean and appropriate space for food distribution; will not remove left-over food from the distribution site unless the storage location and/or final destination has been approved by Second Harvest.
  
14. \_\_\_\_\_ **Initial**    **The agency** will accept all products in “as is” condition and affirms that the original donor, Second Harvest and Feeding America:
  - are released by Partner Agency from any liabilities resulting from donated products received from Second Harvest;
  - are held harmless from any claims or obligations in regard to the Partner Agency or the donated goods;
  - offer no express warranties in relation to the gift of goods.
  
15. \_\_\_\_\_ **Initial**    **The agency** will notify Second Harvest of any organizational changes such as director, main contact, address, telephone/email, etc. within 30 days of changes via notification on agency letterhead and the Agency Update form.
  
16. \_\_\_\_\_ **Initial**    **The agency** will notify its Board of Directors of the partnership with Second Harvest. **The agency** will provide Second Harvest with an updated Board of Directors list (with home or work addresses and phone numbers) at each monitor.
  
17. \_\_\_\_\_ **Initial**    **The agency** will advertise the Second Harvest partnership in a conspicuous place on-site (front door/window) utilizing the cling provided by Second Harvest. Any organization website that mentions **the agency’s** feeding program must highlight the Second Harvest partnership. Logos and approved verbiage regarding the Second Harvest partnership will be provided for use on websites and for public speaking.
  
18. \_\_\_\_\_ **Initial**    **The agency** prohibits discrimination in all its programs and activities on the basis of race, color, national origin, age, disability, and where applicable, sex, marital status, familial status, parental status, religion, sexual orientation, genetic information, political beliefs, reprisal, citizenship, ancestry, gender identity or expression, unfavorable discharge from the military, status as a protected veteran or because all or part of an individual's income is derived from any public assistance program.
  
19. \_\_\_\_\_ **Initial**    **The agency** has read and agrees to adhere to all of the terms and conditions of this agreement. **The agency** has read and agrees to adhere to all of the guidelines and expectations contained within the Second Harvest Partner Agency Manual. If any of these terms or conditions is violated, Second Harvest has the right, without further investigation, to close the agency’s account.





20. \_\_\_\_\_ **Initial**    **The agency** agrees that it will adhere to the safe and proper handling of donated goods, which conforms to all local, state and federal regulations. Partner Agencies should immediately report product quality concerns or loss of product due to theft, infestation, contamination or misappropriate use to [customerfeedback@secondharvestmidtn.org](mailto:customerfeedback@secondharvestmidtn.org).

21. \_\_\_\_\_ **Initial**    **The agency** agrees to adhere to any additional stipulations by donors for the storage, processing or distribution of their donated products.

Agency Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Authorized Agency Representative Signature: \_\_\_\_\_

Authorized Agency Representative Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_