



PARTNER AGENCY APPLICATION

Organization Eligibility Requirements

- Must be a church OR federally tax-exempt 501c3 organization, wholly owned by a 501c3 organization. May not be a private foundation, even if 501c3 exempt.
- Must be incorporated for the purpose of serving the ill, needy or children and may only distribute Second Harvest products to clients who qualify as ill, needy or children.
- Program requesting products must be related to the function identified by the organization's tax exemption status.
- Must not require clients to pay a fee, submit a donation, perform a service or attend any type of service to receive food.
- Maintain records of product received/distributed and have sufficient/sanitary food handling and storage.
- Keep account active by receiving and distributing food from Second Harvest at least 6 times every rolling 12 months. Exceptions made as deemed appropriate.
- Operate and distribute food only within the Second Harvest service area.
- Agree to site monitoring by a Second Harvest Food Bank representative.
- Attend Partner Agency Orientation.
- Meet all requirements and sign a Partner Agency agreement.

Unincorporated Faith-Based Organization Eligibility Requirements (in lieu of 501c3)

Many faith-based organizations are part of a larger body with their own 501c3 status. That 501c3 is acceptable and more than likely on file with Second Harvest. Some faith-based organizations, however, do not have 501c3 status. To become a partner, those unincorporated faith-based organizations must meet any 12 of the following 14 criteria:

1. Distinct legal existence (such as state tax-exempt)
2. Recognized creed and form of worship
3. Definite and distinct ecclesiastical government
4. Formal code of doctrine and discipline
5. Distinct religious history
6. Membership not associated with any other church or denomination
7. Complete organization of ordained ministers ministering to the congregation
8. Ordained ministers elected after completing prescribed courses of study
9. Literature of its own
10. Established places of worship
11. Regular congregations
12. Regular religious services
13. Regular classes for religious instruction of the young
14. Schools for the preparation of its ministers

Please note an unincorporated faith-based organization is not one that has applied for 501c3 status and been denied and/or had its 501c3 status revoked. To verify the status of your religious organization, submit a letter on organization letterhead stating how the organization meets the criteria and that it has not been denied 501c3 status. Please have this statement signed by an organization leader and submitted with the agency application.



Required Documentation to Submit with Application

1. Please complete all appropriate sections of the application. Incomplete applications will not be accepted.
2. Include a copy of the following documents with your application (where applicable).

- _____ Organization charter or by-laws
- _____ List of board members with email address & phone number for each
- _____ Mission statement on organization letterhead
- _____ Copy of any certification or licensing necessary for operation of the program (*if applicable*)
- _____ Brochure or other literature providing a program overview
- _____ Sample of application/paperwork requested of clients to complete
- _____ List of food box contents distributed to clients (*if applicable*)
- _____ Three (3) current months' worth of financial records
- _____ State sales tax exemption certificate
- _____ Letter from IRS stating organization has tax-exempt (501c3 public charity) status OR 12/14 faith-based letter (*refer to page 1 for list*). If using church's 501c3, must provide proof of membership from organization's website.
- _____ Current copy of Food Service Training Certificate from local Health Department (*required if on-site feeding; otherwise Orientation food safety section suffices*). May visit rservering.com, click on Food Safety for Handlers and Tennessee.
- _____ \$25 non-refundable application fee on organization check (*no personal checks or cash accepted*)

3. Once a complete application & documentation packet has been submitted → An agency representative must attend Agency Orientation, held at the food bank the 2nd Monday of each month from 10am-Noon. After Orientation, an Agency Relations Manager will schedule an on-site monitor with the agency representative.
4. No partnership can be finalized until all requirements have been met.
5. Turn-around to become a Partner Agency will depend on the submission of a complete application & documentation packet, Orientation attendance and scheduling of the on-site monitor.
6. Applications are reviewed for complete and accurate information, as well as to determine if the partnership would be a fit for both parties.
7. Please return completed application & documentation to:

Second Harvest Food Bank of Middle TN
 Attn: Agency & Program Services
 331 Great Circle Road
 Nashville, TN 37228

Fax: 615-329-3988
 Attn: Agency & Program Services

Office Use Only:

_____ Above documentation received	_____ Attended Orientation (<i>date: _____</i>)
_____ Site visit completed (<i>date: _____</i>)	_____ Application fee received (<i>check no.: _____</i>)



Organization Information

Date Application Submitted: _____ Have you been a Partner Agency before? ____ Yes ____ No

Organization Name: _____

Physical Address: _____

City: _____ Zip: _____ County: _____

Mailing Address (if different than above): _____

City: _____ Zip: _____ County: _____

Do you have multiple locations? If so, list all complete addresses:

Parent Organization (if applicable): _____

Contact #1 Name: _____

Contact #1 Phone: _____ (office/direct/cell/home)

Contact #1 Email (MUST check regularly): _____

Contact #2 Name: _____

Contact #2 Phone: _____ (office/direct/cell/home)

Contact #2 Email: _____

Organization Director's Name: _____

Name of Person Picking Up Order: _____ Cell Number: _____

Email Address for Statements/Invoices: _____

County(ies) Served: _____

Year Food Program Started: _____ EIN # (if applicable): _____

Organization Website: _____

Phone number clients should call for food assistance: _____



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.

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*)

<input type="checkbox"/> Homeless	<input type="checkbox"/> Domestic Abuse
<input type="checkbox"/> Other _____	

Residential (*check all that apply*)

<input type="checkbox"/> Substance Abuse	<input type="checkbox"/> Mental Health
<input type="checkbox"/> Senior Adult	<input type="checkbox"/> Youth
<input type="checkbox"/> Veterans	<input type="checkbox"/> Offender Re-Entry
<input type="checkbox"/> Other _____	

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*)

<input type="checkbox"/> Mental Health	<input type="checkbox"/> Life Skills
<input type="checkbox"/> Senior Adult	
<input type="checkbox"/> Other _____	

Soup Kitchen (*check all that apply*)

<input type="checkbox"/> Men Only	<input type="checkbox"/> Women and/or Children
<input type="checkbox"/> Youth Only	<input type="checkbox"/> Families

Youth Program (*check all that apply*)

<input type="checkbox"/> Summer Feeding	<input type="checkbox"/> Afterschool
<input type="checkbox"/> Daycare	<input type="checkbox"/> 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

Printer/Scanner

Copier

Fax Machine

Internet

Desktop Computer / Laptop

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

Nutrition Education / Recipes

Utility Assistance

Gas / Bus Voucher

Rent / Mortgage Assistance

SNAP Referral Assistance

Training (computer, job, budgeting, etc.)

Prescription Assistance

Medical Services

Refer to Other Resources

Other: _____

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

Strategic Plan / Goals

Succession Plan for Director

Fundraising Plan / Goals

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
Week 1							
Week 2							
Week 3							
Week 4							

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
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

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.

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: _____