



PARTNER AGENCY APPLICATION

Second Harvest accepts applications for the Partner Agency program throughout the year. A Second Harvest panel reviews applications every other month. Applications are evaluated based on community need, food insecurity rates, strength of program & application, and mutual fit for both parties.

Organization Eligibility Requirements

- Must be a church or federally tax-exempt 501c3 public charity nonprofit. Private foundations are not eligible.
- Must be incorporated for purpose of serving food insecure, ill, or children and may only distribute Second Harvest products to clients who qualify as such.
- Program requesting products must be related to the function identified by the organization's tax exemption status.
- Must not discriminate or require clients to pay a fee, submit donation, perform 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 year. Exceptions made as deemed appropriate.
- Operate and distribute food only within Second Harvest's service area.
- Provide food to community on a consistent and regular basis throughout the year.
- Agree to site monitoring by a Second Harvest Food Bank representative.
- Attend Partner Agency Orientation.
- Utilize Link2Feed client data tracking software; provide free by Second Harvest.
- 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, which is acceptable. Some faith-based organizations, however, do not have 501c3 status. 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 any 12 of the following 14 criteria and that it has not been denied 501c3 status. Have this statement signed by an organization leader and submit with the application.

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

Required Documents 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.
 - Minimum of 3 members required, not including organization director/CEO. Members should not be related.
 - Include individual email and/or phone number for each.
 - Include meeting schedule.
 - 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 or paperwork that clients are asked to complete.
 - List of food box contents distributed to clients (*if applicable*).
 - Six months' worth of current financial records or most recent 990. If submitting financial records, please note:
 - Bank statements with account number blacked out or system generated P&L are acceptable.
 - Excel or handwritten records are not acceptable.
 - 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, ServSafe, or Rservng.com if serving on-site meals/snacks.
 - If using rserving.com, click on Food Safety for Handlers and Tennessee.
 - Record of program being operational for a minimum of 6 months.
 - Financial records as listed above if bank account is specific to program applying.
 - Other options can include record of program listed in church bulletin/program for 6 months, social media posts dating 6 months, record of service numbers for 6 months, etc.
 - \$25 non-refundable application fee on organization check (*no personal checks or cash accepted*).



3. Once a complete application & documentation packet has been submitted, a Second Harvest panel will review the application. Reviews take place every other month. Agencies will be notified of approval or denial after the review. Agencies that are approved must attend a Partner Agency Orientation, which occurs on opposite months from application reviews. After Orientation, a Partnership Manager will schedule an on-site monitor visit at the agency.
4. No partnership will be finalized until all requirements have been met.
5. Turn-around time to become a new Partner Agency will depend on the submission of a complete application & documentation packet, application approval, Orientation attendance, and completion 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 good fit for both parties.
7. Please return completed application & documentation in any of the following ways:

Second Harvest Food Bank of Middle TN
Attn: Community Impact
331 Great Circle Road
Nashville, TN 37228

Fax: 615-329-3988
Attn: Community Impact

agencyapp@secondharvestmidtn.org



Organization Information

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

Name of Person Completing Application: _____

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 Orders: _____ Cell Number: _____

Email Address to Receive Statements & Invoices: _____

County(ies) Served: _____

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



Organization Website: _____

Phone number clients should call for food assistance: _____

What is your Mission Statement? _____

What is your Vision & Goals? _____

How do you intend to use food obtained from Second Harvest? _____

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. Equip.:	_____ 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 or Church Donations, Food Drives
_____ 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
_____ Referral to Other Resources	
_____ Other: _____	



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

- | | |
|---|--|
| <input type="checkbox"/> Strategic Plan / Goals | <input type="checkbox"/> Succession Plan for Director |
| <input type="checkbox"/> Fundraising Plan / Goals | <input type="checkbox"/> Food Distribution / Food Safety Process |

Do you ask clients for donations or require attendance at a service/class to receive food? Yes No

If yes, explain. _____

Do you charge client fees? Yes No

If yes, explain. _____

How do you track service numbers? _____

What do you require from clients before serving? _____

What month & date did your program begin? _____

What percentage of your clients are low income? _____

Financial Information

How much do you spend, on average, for food each month? _____

Where does your program funding come from? (*percentages should total 100%*)

- | | | |
|--|---|---|
| <input type="checkbox"/> United Way | <input type="checkbox"/> Client Fees | <input type="checkbox"/> Individual Donations |
| <input type="checkbox"/> Fundraising Events | <input type="checkbox"/> Church Donations | <input type="checkbox"/> Grants |
| <input type="checkbox"/> Corporate Donations | <input type="checkbox"/> Government Grants/Funding* | |
| <input type="checkbox"/> Other: _____ | | |



Current Program Information

Please indicate the food assistance programs you currently operate (check all that apply):

___ Food Pantry (physical building)

Number of households served monthly _____

What are your hours of operation each day? List n/a if closed.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Do you offer home delivery? ___ Yes ___ No

How often can clients receive a food box? _____

How are your food boxes packed? ___ Pre-Assembled ___ Client's Select Food

___ Mobile Food Distributions

Number of distributions monthly _____

Number of households served monthly _____

___ Homeless Outreach

Number of individuals served monthly _____

___ Meal Program

___ Meals on Wheels

Number of meals served monthly _____

___ On-Site / Soup Kitchen

What are your hours of operation each day? List n/a if closed.

Monday _____

Tuesday _____

Wednesday _____

Thursday _____

Friday _____

Saturday _____

Sunday _____

Average number of individuals served each meal?

___ Breakfast ___ Lunch ___ Dinner ___ Snack

Do you offer home delivery? ___ Yes ___ No

Does your organization have current health dept. certification licensing you to serve meals?

___ Yes ___ No

If yes, list certificate no. & expiration date _____

Name of chef/lead kitchen staff _____



___ Shelter (check all that apply)

___ Homeless _____ Domestic Abuse
___ Other _____

Number of beds _____

Average number of individuals served each meal?

___ Breakfast ___ Lunch ___ Dinner ___ Snack

Does your organization have current health dept. certification licensing you to serve meals?

___ Yes ___ No

If yes, list certificate no. & expiration date _____

Name of chef/lead kitchen staff _____

___ Residential (check all that apply)

___ Substance Abuse _____ Mental Health
___ Senior Adult _____ Youth
___ Veterans _____ Offender Re-Entry
___ Other _____

Number of homes _____

Number of beds _____

Are residents charged any type of fee? ___ Yes ___ No

If yes, what do fees cover? _____

Are meals cooked by staff? ___ Yes ___ No

If yes, does your organization have current health dept. certification licensing you to serve meals? ___ Yes ___ No

If yes, list certificate no. & expiration date _____

Name of chef/lead kitchen staff _____

___ Day Program (check all that apply)

___ Mental Health _____ Life Skills
___ Senior Adult
___ Other _____

Number of daily attendees _____

Average number of individuals served each meal?

___ Breakfast ___ Lunch ___ Dinner ___ Snack

Does your organization have current health dept. certification licensing you to serve meals?

___ Yes ___ No

If yes, list certificate no. & expiration date _____

Name of chef/lead kitchen staff _____



____ Children's Feeding / Youth Program (*check all that apply*)

____ Summer Meals

Number of children served weekly _____

What do you serve? ___ Breakfast ___ Lunch ___ Dinner ___ Snack?

Are enrichment or educational activities offered? ___ Yes ___ No

____ Afterschool Snacks/Meals

Number of children served weekly _____

What do you serve? ___ Dinner ___ Snack

Are enrichment or educational activities offered? ___ Yes ___ No

____ Year-Round Program

Number of children served weekly _____

What do you serve? ___ Breakfast ___ Lunch ___ Dinner ___ Snack?

Are enrichment or educational activities offered? ___ Yes ___ No

____ Backpack (weekend meal bags)

Number of children served weekly _____

Schools supported _____

____ School Pantry

Number of children served weekly _____

Schools supported _____

If serving meals/snacks for any of the above children's feeding / youth programs:

Are meals cooked by staff? ___ Yes ___ No

If yes, does your organization have current health dept. certification licensing you to serve meals? ___ Yes ___ No

If yes, list certificate no. & expiration date _____

Name of chef/lead kitchen staff _____

____ Other Food Program: _____



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 ensure 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: _____