



Partner Agency Application Packet

Dear Prospective Partner:

Thank you for your interest in partnering with Second Harvest Food Bank of Middle TN. Second Harvest's Mission is to nourish and empower people so they can thrive. One way we do this is by collaborating with select organizations who serve their neighbors in need. Enclosed is information about Partner Agency eligibility as well as an application packet. I encourage you to carefully review the first few pages to help you determine if your organization meets the minimum eligibility requirements.

Second Harvest currently collaborates with more than 400 Partner Agencies in Middle and West Tennessee. Because of our commitment to these partners, we must be very strategic about where we add new partners. We will consider your location, volume, hours of service, program type, length of operation, other services offered, financial stability, and staff / volunteer support. We will determine if your service area is in an underserved area, serves an underserved population, and whether there is any Second Harvest network duplication in your service area. We are primarily focused on adding new partners in communities where there is little or no access to emergency food assistance.

A committee reviews Partner Agency applications twice a year in January and July. Organizations selected for partnership will go through an onboarding training and receive a site visit by Second Harvest staff. Please feel free to contact a me or a Partnership Manager if you have any questions.

Sincerely,

Whitney Cowles

Director, Agency Relations

Partner Agency Eligibility Requirements

Second Harvest Partner Agencies are 501c3 non-profit organizations or churches that provide food to people who are facing hunger.

The following eligibility requirements are minimum requirements. Organizations that do not meet these requirements will not be considered Partner Agency candidates. Please note- meeting these requirements does not guarantee partnership.

1. Organization is a federally tax-exempt 501c3 public charity nonprofit or a church. Private foundations are not eligible.
2. Organization is incorporated for the purpose of serving those who are ill, needy (food insecure) or children, and only distribute food to individuals who qualify as such.
3. The program requesting food from Second Harvest must be related to the function identified by the organization's tax exemption status.
4. Food program has been successfully operational for a minimum of 6 months.
5. Organization does not require recipients to pay a fee, give a donation, perform a service, or attend any type of meeting or service to receive food.
6. Organization provides direct services to neighbors in need and keeps regular scheduled service hours that are posted.
7. Organization treats all people with dignity and respect and does not discriminate.
8. Organization operates and distributes food only within Second Harvest's 46-county service area.
9. Organization adheres to food safety guidelines and completes all required food safety training.
10. Facility has adequate and secure indoor food storage, including dry storage, refrigerators, and freezers. Facility meets food safety standards.
11. Organization will implement Service Insights, a free client data tracking system provided by Second Harvest.
12. Organization will keep account active by receiving and distributing food from Second Harvest at a minimum of 6 times every year.

Faith-Based Organization Eligibility Requirements

All Partner Agencies must be a 501c3 non-profit organization or equivalent. Many faith-based organizations do not have a 501c3 IRS determination letter. Section 508(c) of the IRS code states that “churches, their integrated auxiliaries and conventions or associations of churches” are exempt from the law requiring nonprofits to apply for tax exempt status under section 501c3 of the code. If your church does not have an IRS determination letter, we are still required to keep documentation of 501c3 status for your agency. As a church, you can qualify by one of the following:

1. Submit proof of your church’s membership of a larger denomination headquarters with their own 501c3 status (for example, Presbyterian Church USA). Submit a copy of their 501c3 determination letter and a public listing showing your organization is affiliated with this larger group.
2. If your church is not a part of a larger denomination or faith-based group, it may still qualify as an unincorporated 501c3 organization if it meets certain criteria as determined by the IRS.

Those include:

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

To verify the status of your faith-based organization, submit a letter on organization letterhead stating how the organization meets any 12 of the 14 criteria, and that it has not been denied 501c3 status. Have this statement signed by an organization leader and submit with the application.

If your church is unincorporated, you must certify that the organization has not applied to the IRS for 501c3 status and been denied, nor has had its 501c3 status revoked.

Documents to Attach to Application

Include a copy of the following documents with your application:

1. Organization charter or by-laws
2. Mission statement on organization letterhead
3. Brochure or other literature providing a program overview
4. List of Board Directors (or other Governing Board, such as Trustees or Elders)
 - Minimum of 5 members required, not including organization Director/CEO. Members should not be related.
 - Include an individual email and phone number for each.
5. Copy of any certification or licensing necessary for operation of the program.
6. Copy of application or intake form that program participants complete
7. List of typical food box contents (food pantries) or menus (meal programs)
8. Copy of most recent Health Department Inspection (if you prepare meals)
9. IRS Letter stating organization has tax-exempt, 501c3 public charity status. Faith based organizations without your own 501c3: see page 3 for more information on how to qualify and documents to submit.
10. State of Tennessee Sales Tax Exemption certificate
11. Most recent 990 or financial records for the prior six months. If you are submitting financial records, please note:
 - Bank statements with account number blacked out or a system generated P&L are acceptable.
 - Excel or handwritten records cannot be accepted.
12. Record of program being operational for a minimum of 6 months.
 - This can be provided by showing program service records for 6 months, social media posts advertising the program for 6 months, program listed in church bulletin for 6 months, financial records as listed above if the bank account is specific to the program applying, etc.
13. \$25 non-refundable application fee made out to Second Harvest Food Bank of Middle TN on an organization check (no personal checks or cash accepted).

Application Process and Timeline

1. A Second Harvest panel reviews all Partner Agency Applications. Reviews take place twice a year in January and July. Submit your application by December 21 to be eligible for review in January. Submit your application by June 21 to be eligible for review in July.
2. Incomplete applications will not be considered.
3. Second Harvest will notify applicants of their status after the review.
4. Approval for selected organizations will be contingent on a successful on-site monitor visit at your organization and participation in a Partner Agency Orientation.

Please return completed application & documentation in any of the following ways:

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

Email: agencyapp@secondharvestmidtn.org

Fax: 615-329-3988 Attn: Community Impact



Second Harvest Food Bank Partner Agency Application

Date: _____ 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): _____

Organization Director / CEO: _____

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: _____

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

Email Address to Receive Statements & Invoices: _____

Phone number neighbors should call for food assistance: _____

County or Counties Served: _____

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

Organization Website: _____

What is your Mission Statement? _____

What are your Vision & Goals? _____

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

What types of food would you like to receive from Second Harvest? Please be specific. _____

General Information

How many of the following equipment does your organization have on-site? Answer each, even if 0.

_____ Freezers _____ Refrigerators _____ Microwaves _____ Ovens _____ Shelving

Do you have a walk-in freezer or cooler? If so, describe. _____

Do you have any of the following? _____ Loading Dock _____ Forklift _____ Pallet Jack
_____ Refrigerated Truck _____ Box Truck _____ Van _____ Pick-Up Truck

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

_____ % Local Grocery Store / Supermarket Name(s)? _____

_____ % Warehouse Clubs (Sam's, Costco)

_____ % Community, Church Donations, Food Drives

_____ % Other: _____

Do you have access to:

_____ Internet	_____ Desktop Computer or Laptop
_____ Wi-Fi	_____ Electronic Tablets (iPad, Kindle, etc.)
_____ Printer / Scanner	_____ Fax Machine

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

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

What resources, beyond food, do you provide?

- | | |
|---|--|
| <input type="checkbox"/> Nutrition Education / Recipes | <input type="checkbox"/> Utility Assistance |
| <input type="checkbox"/> Gas / Bus / Transportation Voucher | <input type="checkbox"/> Rent / Mortgage Assistance |
| <input type="checkbox"/> SNAP Referral Assistance | <input type="checkbox"/> Training (computer, job, budgeting, etc.) |
| <input type="checkbox"/> Medical Services | <input type="checkbox"/> Referrals to Other Resources |
| <input type="checkbox"/> Housing | |
| <input type="checkbox"/> Other: _____ | |

Do you ask neighbors for a donation or require attendance at a service or class to receive food?

Yes No If yes, please explain: _____

Do you charge fees?

Yes No If yes, please explain: _____

What do you require from neighbors before serving? _____

What percentage of recipients are low income? _____

How do you track service information? _____

Financial Information

Total Annual Organizational Budget: _____

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

How is your program funded? List percentages to total 100%.

% Program Participant Fees

% Individual Donations

% Fundraising Events

% Church / Faith Based Donations

% Grants

% United Way

% Corporate Donations

% Government Grants / Funding

% Other: _____

Program Information

Days of operation: M Tu W Th Fri Sat Sun Hours: _____

Is your food program open to the public? _____ Are distribution hours posted publicly? _____

How often can people receive food assistance? _____

What language(s) does your organization speak and/or translate: _____

Total food boxes served last month: _____ Total meals served last month: _____

Total households served last month: _____

Total individuals served last month: _____ Children _____ Adults _____ Seniors

Do you offer home delivery? _____ Yes _____ No

Does your organization cook or prepare any meals or snacks? _____ 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: _____

Program Type(s): Please check all that apply:

_____ Food Pantry: Do you offer client choice or a pre-packed box? _____

_____ Mobile Food Pantry

_____ Congregate Meals / Soup Kitchen

_____ Children's Meal Program (Daycare, Afterschool, Summer) What Type? _____

_____ Children's Backpack or School Pantry: List Schools you support: _____

_____ Unhoused / Homeless Program

_____ Senior Center

_____ Meals on Wheels

_____ Day Program (Life Skills, Senior Adult, Mental Health)

_____ Emergency Shelter (Homeless, Domestic Violence) How many beds? _____

_____ Residential Program What type? _____ How many beds? _____

_____ Other Food Program: _____