

# **PARTNER AGENCY** **APPLICATION**

Revised June 2020



**Proud Member of:**  
**Feeding America, The Nation's Food Bank Network**  
**&**  
**California Association of Food Banks**

## **Mission Statement**

*Food Share is dedicated to feeding, nourishing and educating the hungry of Ventura county, educating the community on those who are hungry and why, and advocating a reduction of the root causes of hunger.*

Dear Potential Partners,

Thank you for inquiring about becoming a partner agency with Food Share. Please read the attached Agency Membership Requirements (page 3) before filling out the application. As a partner agency, you will join almost 200 other organizations dedicated to our mission. All Partner Agencies are required to adhere to the policies contained in this document.

When you have completed the application, please also provide the following documents:

- Letter of request to Partner with Food Share on your agency letterhead signed by the head of your organization.
- A copy of your 501(c) 3 status letter
- A signed Liability Release Agreement (page 11)
- A signed copy of our Agency Membership Agreement (page 12)
- A signed copy of our “Food Share Values Statement” (page 14)
- *A copy of ServSafe certification*

The completed application and necessary documentation should be returned to:

**Food Share, Inc.  
4156 Southbank Road  
Oxnard, CA 93036  
Attn: Agency Relations**

Once your application and necessary documents have been reviewed and are in order, a site visit to your agency from Food Share will be scheduled. Upon satisfactory site inspection, you will be notified of your acceptance. An appointment for orientation at the Food bank will then be arranged for your program personnel.

Applications are processed in the order in which they are received. Completion of this application does not guarantee membership. Food Share, Inc. reserves the right to deny partner status to agencies or programs that do not meet the stated criteria.

Again, thank you for your interest in becoming a partner of Food Share. If you have any questions, please contact the Agency Relations Manager at 805.983.7100 ext 134.

Sincerely,

Food Share

**The agency/organization shall meet these requirements before becoming a partner agency of Food Share.**

1. The agency agrees to distribute Food Share products *only* to the hungry as defined by:
  - Low Income
  - Working Poor
  - Needy
  - Children
  - Disabled
  - Illness
  - High Risk
2. The agency shall be committed to serving a specific population (seniors, youth, homeless, handicapped, etc.)
3. The agency must have appropriate storage space to accommodate adequate amounts of food to service the clients, according to the FDA.
  - A. Food must be transported and stored at appropriate temperatures:
    - Dry 50 – 70 degrees
    - Cold 32 – 40 degrees
    - Frozen 0 degrees or below
  - B. All food must be stored at least 6” off the floor and away from walls, as well as at least 18” from ceilings.
  - C. The facility and its storage areas must be kept clean and free of insect and/or rodent infestations.
  - D. Non-food items such as cleaning products, chemicals, and paper goods must be stored separately from food.
  - E. Stored food products must be rotated regularly: *First in – First Out* policy.
4. The agency agrees to separately store and label any USDA commodities it receives.
5. The agency shall generally be available to clients, at a time that is most convenient to clients. Example: If you are serving the working poor, evening or weekend hours would be appropriate.
6. The agency agrees to NOT distribute products received from Food Share to individuals or organizations outside of the United States.
7. Food received from Food Share may not be sold, bartered, exchanged for goods or services, or distributed to organizations other than the organization that received it from Food Share.

*Due to extensive Food Share obligations during the holiday period, new agency applications are only processed January 1 through October 31.*

**AGENCY APPLICATION: Part I**

For office use only: Account #: _____ Credit Limit: \$ _____ Pick Up Day: _____
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**GENERAL INFORMATION**

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

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

Parent and/or Affiliate Organization: \_\_\_\_\_

**Agency Head:** \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Food/Program Manager:** \_\_\_\_\_

Daytime Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Distribution Site Address:** \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Billing/Accounts Payable Manager:** \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Mailing Address (if different from Site Address):** \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Cell: \_\_\_\_\_

# AGENCY APPLICATION: PART I

## Additional Contacts (including contacts authorized to place orders):

Name 1: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name 2: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name 3: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Name 4: \_\_\_\_\_

Daytime Phone: \_\_\_\_\_ Emergency Phone: \_\_\_\_\_

Fax : \_\_\_\_\_ Email: \_\_\_\_\_

Please provide the name of one reference that is familiar with your program:

Organization's Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Name and Title of person authorized to file application: \_\_\_\_\_

**Print**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AGENCY APPLICATION: Part II**

Program Information

CHECK THE CATEGORY DESCRIBING YOUR PROGRAM:

\_\_\_\_\_ Emergency food pantry (providing groceries for one-time or short-term assistance) or food pantry only  
**COMPLETE SECTION A**

\_\_\_\_\_ Soup Kitchen (cooking and serving meals to walk-in guests on a regular basis)  
**COMPLETE SECTION B**

\_\_\_\_\_ Food pantry and/or hot meal site  
**COMPLETE SECTION A & B**

\_\_\_\_\_ Residential or on-site program (cooking and serving meals to a registered clientele including day care, shelters, detox, halfway homes, group home day activity programs)  
**COMPLETE SECTION C**

PLEASE DESCRIBE YOUR PROGRAM INCLUDING WHEN YOU BEGAN PROVIDING SERVICES:

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**AGENCY APPLICATION: Part II**

**SECTION A: EMERGENCY FOOD PANTRY**

Week	Days	Hours of Distribution	Week	Days	Hours of Distribution
1 2 3 4	Monday	_____	1 2 3 4	Friday	_____
1 2 3 4	Tuesday	_____	1 2 3 4	Saturday	_____
1 2 3 4	Wednesday	_____	1 2 3 4	Sunday	_____
1 2 3 4	Thursday	_____			

**AGENCY APPLICATION: Part II (cont.)**

Approximately how many unduplicated persons do you anticipate you will be serving per month? \_\_\_\_\_

Approximately how many unduplicated households do you anticipate you will be serving per month? \_\_\_\_\_

What geographic area(s) do you serve? (e.g. zip code, city, etc.) \_\_\_\_\_

To your knowledge, how far away is the closest food pantry distribution to your proposed distribution?

\_\_\_\_\_ blocks/miles. Do you know the name of that organization? \_\_\_\_\_

Comment: \_\_\_\_\_

What day would be most convenient to order for delivery, or pick up from the food bank? (circle one)

Monday            Tuesday            Wednesday            Thursday            Friday

What time of day would be most convenient to receive your delivery or pick up your food order?

\_\_\_\_\_

# AGENCY APPLICATION: Part II

## SECTION B: SOUP KITCHENS

Week	Days	Hours of Operation	Meal Served (circle all that apply)
1 2 3 4	Monday	_____	Breakfast   Lunch   Dinner
1 2 3 4	Tuesday	_____	Breakfast   Lunch   Dinner
1 2 3 4	Wednesday	_____	Breakfast   Lunch   Dinner
1 2 3 4	Thursday	_____	Breakfast   Lunch   Dinner
1 2 3 4	Friday	_____	Breakfast   Lunch   Dinner
1 2 3 4	Saturday	_____	Breakfast   Lunch   Dinner
1 2 3 4	Sunday	_____	Breakfast   Lunch   Dinner

Approximately how many unduplicated persons do you anticipate you will be serving per month? \_\_\_\_\_

Approximately how many total persons do you anticipate you will be serving per month? \_\_\_\_\_

What geographic area(s) do you serve? (e.g., zip code, city, etc.) \_\_\_\_\_

Do you have a Food service license or are you SERV Safe Certified?   YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, from whom: \_\_\_\_\_ Date: \_\_\_\_\_

Who is identified as SERV Safe Certified? \_\_\_\_\_

Comment: \_\_\_\_\_

What day would be most convenient to order for delivery, or pick up from the food bank? (circle one)

Monday                      Tuesday                      Wednesday                      Thursday                      Friday

What time of day would be most convenient to receive your delivery or pick up your food order?

\_\_\_\_\_



**AGENCY APPLICATION: Part II**

**SECTION C: RESIDENTIAL, SHELTER OR ON-SITE PROGRAMS**

Week	Days	Hours of Operation	Meal Served (circle all that apply)
1 2 3 4	Monday	_____	Breakfast   Lunch   Dinner
1 2 3 4	Tuesday	_____	Breakfast   Lunch   Dinner
1 2 3 4	Wednesday	_____	Breakfast   Lunch   Dinner
1 2 3 4	Thursday	_____	Breakfast   Lunch   Dinner
1 2 3 4	Friday	_____	Breakfast   Lunch   Dinner
1 2 3 4	Saturday	_____	Breakfast   Lunch   Dinner
1 2 3 4	Sunday	_____	Breakfast   Lunch   Dinner

Approximately how many unduplicated persons are you serving per month? \_\_\_\_\_

Approximately how many total persons do you serve per month? \_\_\_\_\_

Do you have a Food service license or are you SERV Safe Certified?   YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, from whom: \_\_\_\_\_ Date: \_\_\_\_\_

Who is identified as SERV Safe Certified? \_\_\_\_\_

What percentage of your clients are low income?: (See attached US HUD Household Income Limits)

Moderately Low \_\_\_\_\_ Very Low \_\_\_\_\_ Extremely Low \_\_\_\_\_

What day would be most convenient to pick up your Food order from the food bank? (circle one)

Monday                      Tuesday                      Wednesday                      Thursday                      Friday

What time of day would be most convenient for you to pick up your food order? \_\_\_\_\_

## DISASTER SERVICES INFORMATION (Not Required – Information Only)

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_ County: \_\_\_\_\_

Contact: \_\_\_\_\_ Phone: \_\_\_\_\_

Emergency Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_ Fax: \_\_\_\_\_

In case of a disaster, natural or otherwise, would you organization be willing and/or able to provide any of the following services:

### PLEASE CHECK IN THE APPROPRIATE SPACE:

1. Would you be able to provide a hot meal at your site? YES \_\_\_\_\_ NO \_\_\_\_\_
  - a. If Yes, how many people could you feed comfortably?  
0-0 \_\_\_\_\_ 50-100 \_\_\_\_\_ 100-200 \_\_\_\_\_ 200+ \_\_\_\_\_
  
2. Would you be able to prepare a hot meal and transport it to another site? YES \_\_\_ NO \_\_\_
  - a. If Yes, for how many people? 0-50 \_\_\_\_\_ 50-100 \_\_\_\_\_ 100-200 \_\_\_\_\_ 200+ \_\_\_\_\_
  
3. Would your agency be able to set up a temporary shelter with help from another agency?
  - a. If Yes, how many people could you fit? 0-50 \_\_\_\_\_ 50-100 \_\_\_\_\_ 100-200 \_\_\_\_\_ 200+ \_\_\_\_\_
  - b. If Yes, do you have the facilities to cook meals and are you SERV Safe Certified? YES\_\_ NO \_\_
  - c. If Yes, would there be easy access to rest rooms? YES\_\_ NO \_\_
  - d. Is your facility handicapped accessible? YES\_\_ NO \_\_
  
4. Do you have a bedding/sleeping area? YES\_\_ NO \_\_

# LIABILITY RELEASE AGREEMENT

Food Share, Inc. has offered to provide assorted food, products and related items as available to (legal name of organization):

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Hereinafter referred to as "Agency".

The Agency has warranted to Food Share that all items received by it will be duly inspected by a qualified member of their organization and found fit for human consumption.

Therefore, the Agency warrants, represents, and guarantees the following:

1. Food Share, Feeding America, and the original donor:
  - Are released by the Agency from any liabilities resulting from the donated goods;
  - Are held harmless from any claims or obligations in regard to the Agency or the donated goods;
  - Offer no express warranties in relation to the donation of goods
  - Have specifically disclaimed any warranties or representations, expressed or implied, as to the purity or fitness for consumption of any or all donated items.
2. All items are accepted in "as is" condition.
3. The Agency will utilize employees or volunteers having sufficient training and experience in the evaluation, handling, and preparation of donated items to safely and properly judge the quality of such items.
4. The Agency understands and accepts responsibility for ensuring that perishable foods are transported by means that maintain appropriate temperatures (i.e., frozen foods at 0° or below, and refrigerated foods at 40° or below).
5. The Agency accepts full responsibility for the purity and fitness for consumption of all items accepted.
6. The Agency will serve the product as soon as possible to provide maximum palatability and freshness.
7. The Agency guarantees to Food Share and to the primary donor that it will hold them harmless from any and all liabilities, claims, losses, causes of action, suits of law or iniquity, or any obligation whatsoever.
8. The Agency will use the items only in a use related to its exempt purpose and solely for the feeding of the ill, needy, or infants and children.
9. The Agency will never offer for sale, sell, transfer, nor barter the items supplied to it by Food Share in exchange for money, other properties or services.

The undersigned hereby warrants that she/he is a legally bound and authorized agent of the Agency and by her/his signature does hereby bind the Partner to the terms, conditions, and limitations of this document of release.

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(Signature and Title of Legally Authorized Agent)

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(Date)

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(Print Name of Legally Authorized Agent)

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(Print Title of Legally Authorized Agent)

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(Name of Agency Organization)

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(Complete Address of Agency Organization)

For office use only:

Date Received: \_\_\_\_\_ Date copy mailed: \_\_\_\_\_

Food Bank Representative Name: \_\_\_\_\_

# AGENCY MEMBERSHIP AGREEMENT

In order to receive Food and draw upon the resources of Food Share, the **FOLLOWING AGENCY PARTNER** agrees to and will comply with the following criteria:

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(Name of Agency Partner)

The agency partner:

1. Serves the needy, ill, infants, or children.
2. Provides food directly to clients in the form of meals or groceries in emergency situations or as a supplement to their needs and provides these services with regularly scheduled days and times.
3. Will **NOT** require money or services from clients for food received from Food Share, **NOR** will services be contingent on attendance at a religious service.
4. Will **NOT** deny any eligible client access to the product received from Food Share on the basis of race, color, national origin, religion, age, disability or any other basis protected by state or federal law.
5. Will **NOT** distribute religious or political material at any time that food is distributed to clients.
6. Will distribute United States Department of Agriculture (USDA) commodities according to USDA guidelines, if eligible to receive these commodities from Food Share.
7. Will keep adequate client records and maintain a copy of all Food Share invoices for a period of **three years**. These records will be kept on site and are subject to review by representatives of Food Share, food donors, and appropriate government agencies.
8. Will provide Food Share with timely monthly statistics and any other information that might be requested.
9. Will accept food inquiry referrals from Food Share
10. Will allow program information sharing with other Agencies and Distribution Partners.
11. Will allow compliance inspections by a Food Share representative.
12. Will support Food Share through a shared maintenance fee for products received.
13. Will **NOT** offer for sale, sell, transfer or barter the items supplied by Food Share in exchange for money, other property or services or otherwise allow the items to re-enter commercial channels.
14. Will use the items from Food Share *only* in a use related to the agency's exempt purpose and solely for the feeding of the ill, needy, or infants and children.
15. Will **NOT** direct Food Share product to other organizations.
16. Will notify Food Share in writing of any major changes in our program, including leadership, times and days of operations and services, and billing changes.
17. Will send a representative to all Food Share meetings, workshops, etc., according to availability for staff/volunteers to attend.
18. Will **NOT** use "Food Bank" or the words "Food" and "Bank" together in the agency or program name.
19. Will agree to the safe and proper handling of the donated goods, which conforms to all local, state and Federal regulations.
20. Will agree to adhere to additional donor stipulations;
21. Will **NOT** engage in discrimination, in the provision of service, against any person because of race, color, citizenship, religion, sex, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity, unfavorable discharge from the military or status as a protected Veteran.

As an authorized and legally recognized agent of the above named agency, I have read, understood and agree to accept the conditions and criteria outlined in the Membership Agreement.

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(Signature and Title of Legally Authorized Agent)

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(Date)

---

(Print Name of Legally Authorized Agent)

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(Print Title of Legally Authorized Agent)

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(Food Share Regional Food Bank Representative)

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(Date)

# FOOD SHARE RESPONSIBILITIES TO AGENCY MEMBER

**Food Share** agrees to provide food and resources as available to assist agency/distribution partners (A/DP) in the following ways:

1. Provides A/DP assessment, orientation, training, and assistance in food delivery operations in accordance with Feeding America, USDA, EFSP, and Food Share guidelines.
2. Provides each A/DP with a partner manual that documents all necessary procedures, requirements, reporting, compliance and non-compliance policies.
3. Provides A/DP liaison to Food Share via Food Share’s Agency Relations Manager to address concerns, problem-solve, and assist in agency capacity building.
4. Provides agency shopping time in good faith and adaptable to meet A/DP and Food Share warehouse schedules.
5. Provides food delivery at cost set by Food Share for designated shared maintenance items.
6. Provides appropriate USDA guidelines/sign in forms (if applicable) and Food Share data collection forms and reporting compliance information.
7. Monitors A/DP annually to ensure compliance with food safety/handling standards, equitable distribution of food to clients, and review of records as needed.
8. Will provide written notification of non-compliance issues, corrective actions to be taken, and a deadline for completion of correction.
9. Provides monthly accounts receivable statements of A/DP accounts and balances.
10. Assists with grant allocations as appropriate and allowed by funders to support A/DP programs and services.
11. Will provide A/DP meetings to address Food Share updates, A/DP networking and problem-solving opportunities, and request A/DP input.
12. **Will** monitor agency account balances monthly and reserves the right to suspend A/DP privileges for overdue/unpaid accounts.
13. **Will** attempt to resolve any complaints/disputes from the A/DP through the appropriate channels to include the Agency Relations Manager, Controller, Program Director, and Chief Executive Officer.

As an authorized and legally recognized agent of the above named agency, I have read, understood and agree to accept the conditions and criteria outlined in the Membership Agreement.

\_\_\_\_\_ (Signature and Title of Legally Authorized Agent) \_\_\_\_\_ (Date)

\_\_\_\_\_ (Print Name of Legally Authorized Agent) \_\_\_\_\_ (Print Title of Legally Authorized Agent)

\_\_\_\_\_ (Food Share Regional Food Bank Representative) \_\_\_\_\_ (Date)

<u>For office use only:</u> Approved: _____ Yes _____ No	Date copy mailed: _____ Mailed by: _____
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**As a Food Share partner agency, you are agreeing to post the following signage during pantry distribution times.**

*(A large scale poster of Clients Rights listed below will be provided upon agency approval)*

\_\_\_\_\_  
(Signature and Title of Legally Authorized Agent)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Print Name of Legally Authorized Agent)

\_\_\_\_\_  
(Print Title of Legally Authorized Agent)

\_\_\_\_\_  
(Name of Agency Organization)



### **FOOD SHARE VALUES STATEMENT**

#### **As a Food Share pantry:**

- We will provide food to anyone who requests it
- We will not charge a fee or ask for a donation
- We will not require you to attend a religious service or other meeting
  - We are careful stewards of the donated food we distribute
  - At your request, we will provide a list of other pantries in the Food Share network

*If you have any questions, please call Food Share Agency Relations at (805) 983-7100 ext.134*

### **DECLARACIÓN DE VALORES DE FOOD SHARE**

#### **Como una agencia de despensa parte de Food Share:**

- Se le proporcionará alimentos a quien lo solicite
- No cobraremos o solicitemos una donación de dinero
- No es un requisito asistir a un servicio religioso o cualquier otra reunión para recibir comida
  - Somos cuidadosos guardianes de los alimentos que vamos a distribuir
- Se le proporcionará una lista de despensa de comida por quien pregunta por ella

*Si tiene alguna pregunta, por favor llame al departamento relaciones de agencia Food Share al (805) 983-7100 ext. 134*