

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



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

## **Mission Statement**

**Food Share is dedicated to leading the fight against  
hunger in Ventura County**

**Because no one should go hungry.**

Dear Potential Partners,

Thank you for your interest in becoming a partner agency. As a member of the Food Share network, you'll be joining nearly 200 organizations committed to ending hunger in Ventura County.

**Before completing this application, please review the Membership Requirements on the next page.**

To Apply, Submit the Following:

- Partnership request letter on your agency's letterhead (signed by agency leadership)
- IRS 501(c)(3) determination letter (copy)
- Signed **Liability Release Agreement**
- Signed **Agency Membership Agreement**
- Signed **Food Share Responsibilities to Agency Member**
- Signed **Food Share Values Statement**
- ServSafe Certification (copy)

We look forward to working with you!

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

Questions? Contact the Agency Relations Manager at (805) 983-7100 ext. 134.

**Important:** Applications are processed in the order received. Submission does not guarantee approval. Site visits and orientations will be scheduled upon successful review. Food Share Inc. reserves the right to deny partnership to agencies or programs that do not meet the required criteria.

We truly appreciate your interest in partnering with Food Share and supporting our mission to lead the fight against hunger in Ventura County.

Sincerely,  
Food Share

## To become a Food Share Partner Agency, your organization must meet the following criteria:

1. WHO YOU SERVE - Your agency must serve individuals experiencing food insecurity; agrees to distribute Food Share products *only* to the hungry as defined by:

- Low-income individuals
- Children
- Homeless/Unhoused
- Illness
- Working Poor
- Disabled
- High-risk/Vulnerable Populations

You must be committed to serving a specific population (e.g., seniors, youth, disabled individuals, etc.).

2. STORAGE & FACILITY - You must have appropriate storage space for food, with safe handling and cleanliness maintained at all times, according to the FDA.

- Food must be transported and stored at appropriate temperatures:
  - Dry goods: 50–70°F
  - Refrigerated items: 32–40°F
  - Frozen items: 0°F or below
- Store food at least 6" off the floor, 18" from the ceiling, and away from walls
- Non-food items (cleaning products, chemicals, paper goods) must be stored separately from food.
- Use **FIFO policy (First In, First Out)** for food rotation.
- Keep storage areas clean and free from pests.

### 3. DISTRIBUTION RULES

- The agency must **separately store and label USDA commodities**.
- Distributions must be held at times convenient for your clients (e.g., evenings/weekends for working families).

Food may **NOT** be:

1. The agency agrees to **NOT** distribute products received from Food Share to individuals or organizations outside of the United States.
2. 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.

*Application Window:*

***\*\*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 GENERAL INFORMATION

For office use only:

Account #: \_\_\_\_\_

Credit Limit: \$ \_\_\_\_\_

Pick Up Day: \_\_\_\_\_

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

**Name of Authorized Applicant:** \_\_\_\_\_

**Title:** \_\_\_\_\_

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

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

**Name of Agency Head:** \_\_\_\_\_

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

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

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

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

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

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

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

On-Site Contact: \_\_\_\_\_ Phone/Cell# \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Phone/Cell#: \_\_\_\_\_

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

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

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Contact Phone/Cell #: \_\_\_\_\_

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

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

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

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

Email \_\_\_\_\_

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

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

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

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

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

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

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

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

**If needed, add additional important contacts on the back of this page**

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

## AGENCY APPLICATION: PART II

### PROGRAM INFORMATION

#### CHECK THE FUNDING SOURCE FOR YOUR PROGRAM:

\_\_\_\_ EFSP (Emergency Food and Shelter) Funds

\_\_\_\_ General Donations

\_\_\_\_ United Way

\_\_\_\_ Grants

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

#### CHECK THE CATEGORY DESCRIBING YOUR PROGRAM TYPE:

\_\_\_\_ **Emergency Food Pantry** (providing groceries for temporary, one-time or short-term assistance, special events, including holidays ONLY or weather event such as fire/winds). NOT ongoing.

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

Meal Served (circle all that apply):      **Breakfast**      **Lunch**      **Dinner**

\_\_\_\_ **Ongoing Food Pantry** with regularly scheduled distributions at same site locations.

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

Meal Served (circle all that apply):      **Breakfast**      **Lunch**      **Dinner**

\_\_\_\_ **Program Only** (i.e. Kids Kitchen Bags, Farmworker Boxes, Diapers Ect.)

\_\_\_\_ **Retail Program Only**

#### ONGOING PROGRAM HOURS/DAYS OF OPERATION:

<u>Week</u>	<u>Days</u>	<u>Hours of Distribution</u>	<u>Circle all that apply</u>			
1 2 3 4	Monday	_____	Pantry	Breakfast	Lunch	Dinner
1 2 3 4	Tuesday	_____	Pantry	Breakfast	Lunch	Dinner
1 2 3 4	Wednesday	_____	Pantry	Breakfast	Lunch	Dinner
1 2 3 4	Thursday	_____	Pantry	Breakfast	Lunch	Dinner
1 2 3 4	Friday	_____	Pantry	Breakfast	Lunch	Dinner
1 2 3 4	Saturday	_____	Pantry	Breakfast	Lunch	Dinner
1 2 3 4	Sunday	_____	Pantry	Breakfast	Lunch	Dinner

Estimate what percentage of your clients to be low income? (See below US HUD Household Income Limits)

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

## FY 2024 Income Limits Summary

FY 2024 Income Limit Category	Persons in Family							
	1	2	3	4	5	6	7	8
Very Low (50%) Income Limits (\$)	49,250	56,300	63,350	<b>70,350</b>	76,000	81,650	87,250	92,900
Extremely Low Income Limits (\$)*	29,550	33,800	38,000	<b>42,200</b>	45,600	49,000	52,350	55,750
Low (80%) Income Limits (\$)	78,800	90,050	101,300	<b>112,550</b>	121,600	130,600	139,600	148,600

Estimate what percentage of clients served are:

Farmworkers \_\_\_\_\_ Seniors \_\_\_\_\_ Children \_\_\_\_\_

PLEASE BRIEFLY DESCRIBE YOUR ANTICIPATED PROGRAM INCLUDING IF AND WHEN YOU HAVE ALREADY BEGUN PROVIDING SERVICES:

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**What is your anticipated:**

Total number of households served per month? \_\_\_\_\_

Total number of individuals served per month? \_\_\_\_\_

What geographic area(s) do you serve? (E.g. Zip code, city, etc.)

\_\_\_\_\_

Which day/time would be most convenient for you to shop and pick up your food order from the food bank? (Please circle a day and time.)

Monday	Tuesday	Wednesday	Thursday	Friday
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8:00AM	9:00AM	10:00AM	11:00AM	12:00PM	1:00PM	2:00PM
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Is there at least one volunteer/staff member who already has a Food Service License or Serv-Safe Certification? YES \_\_\_\_\_ NO \_\_\_\_\_

\*\*If applicable, please attach a copy of this certification with the completed application. \*\*

## **DISASTER SERVICES INFORMATION (Optional)**

By providing disaster services information, you agree to consider serving as a pantry/location available for emergency and disaster situations such as, fires, extreme weather, outages, or food crises, where Food Share will conduct last-minute pop-up distributions for the community.

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

Address: \_\_\_\_\_ City: \_\_\_\_\_

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

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

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

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In the event of a disaster, whether natural or otherwise, would your organization be willing and able to provide any of the following services?

### **PLEASE ANSWER THE FOLLOWING QUESTIONS (CHECK ALL THAT APPLIES):**

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?  
0-50 \_\_\_\_\_ 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 fit? 0-50 \_\_\_\_\_ 50-100 \_\_\_\_\_ 100 - 200 \_\_\_\_\_ 200+ \_\_\_\_\_
  - b. If yes, do you have the facilities to cook meals and are Serv-Safe Certified?  
YES \_\_\_\_\_ NO \_\_\_\_\_
  - c. If yes, would there be easy access to restrooms? YES \_\_\_\_\_ NO \_\_\_\_\_
  - d. Is your facility handicapped accessible? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Do you have a bedding/sleeping area? YES \_\_\_\_\_ NO \_\_\_\_\_



## LIBILITY 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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Print Agency Name

Hereinafter referred to as "Agency"

The Agency affirms to Food Share that all items received will be properly inspected by a qualified member of their organization and deemed fit for human consumption.

By accepting these terms, 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 regards to the Agency or the donated goods;
  - Offer no express warranties in relation to the gift 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 donated items.
4. The Agency understands and accepts responsibility for ensuring that perishable foods are transported by means that maintain appropriate temperatures (e.g. 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 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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Agency Address

## AGENCY MEMBERSHIP AGREEMENT

To receive food and access the resources of Food Share, the **FOLLOWING AGENCY PARTNER** agrees to adhere to the following criteria:

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(Name of Agency Partner)

The agency partner:

1. Maintains a procedure for determining that the final recipient is needy, ill, disabled, 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. Additionally, the Agency shall not indirectly solicit or request donations, including but not limited to placing donations jars at the distribution site.
4. Will NOT engage in discrimination, in the provision of service or deny any eligible client access to products received from Food Share on the basis of, race, color, citizenship, religion, gender, national origin, ancestry, age, marital status, disability, sexual orientation (including gender identity or expression), unfavorable discharge from the military or status as a protected Veteran, or as otherwise prohibited under the current USDA nondiscriminatory statement
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 **one year**. 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 and monitoring visits by a Food Share representative.
12. Will support Food Share through a shared maintenance fee for products received **if and when applicable**.
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, disabled, needy, or infants and children.
15. Will NOT repurpose boxes or containers bearing the Food Share logo for any re-distribution of non-Food Share product or made available to the public without explicit consent.
16. Will **NOT** direct Food Share product to other organizations.
17. 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.
18. Will send a representative to all Food Share meetings, workshops, etc., according to availability for staff/volunteers to attend.
19. Will **NOT** use "Food Bank" or the words "Food" and "Bank" together in the agency or program name.
20. Will agree to the safe and proper handling of the donated goods, which conforms to all local, state and Federal regulations.

**AGENCY MEMBERSHIP AGREEMENT (Continued)**

- 21. Will agree to adhere to additional donor stipulations.
- 22. Acknowledge that the original donor, the Food Bank, and Feeding America offer no express warranties in relation to the Donated Product.

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 of Legally Authorized Agent	Date

_____	_____
Print Name of Legally Authorized Agent	Print Title of Legally Authorized Agent

_____	_____
Food Share Regional Food Bank Representative	Date

# ADDENDUM TO AGENCY PARTNER AGREEMENT | SUB-DISTRIBUTION



This is an Addendum to the Agency Partner Agreement dated \_\_\_\_\_, 20\_\_\_\_\_, between Food Share of Ventura County and

\_\_\_\_\_  
("Agency Partner").

## 1. SUB-DISTRIBUTION

### 1.1 Overview

Agency Partner may provide Product to other organizations ("sub-distribute") on the basis set out in this Addendum.

### 1.2 Organizations Eligible to Receive Sub-Distributed Product

Agency Partner may sub-distribute Product only to organizations that are approved by the Food Bank to receive sub-distributed Product. Food Bank will notify Agency Partner of such approval and will notify Agency Partner of any organization no longer eligible to receive sub-distributed Product.

### 1.3 Product Eligible for Sub-Distribution

Agency Partner may sub-distribute only Product that (a) is in excess of what Agency Partner is able to distribute through its own programs and (b) needs to be sub-distributed to maintain quality or safety for human consumption.

### 1.4 One Transfer Only

Agency Partner may sub-distribute Product only one time; it may not retrieve previously sub-distributed Product and distribute it to another organization.

### 1.5 No Fees

Agency Partner may not charge any fees to recipient organizations in connection with sub-distributed Product. Such prohibited fees include, without limitation, VAP, PPO, handling, delivery, transfer, and referral fees.

### 1.6 Term

This Addendum will be in effect from \_\_\_\_\_, 20 25 to \_\_\_\_\_, 20 35.

## 2. FOOD SAFETY

### 2.1 Food Safety Practices

Agency Partner in carrying out sub-distribution activities will adhere to appropriate Product integrity and food safety procedures at all times including during the transfer of Product including, without limitation, taking and documenting sample temperatures at the time of pickup and delivery for all "time/temperature control for safety TCS) foods (i.e., foods that require time or temperature control to limit pathogenic microorganism growth or toxin formation.) Agency Partner will report unsafe food handling and transportation practices to Food Bank.

### 2.2 Food Safety Training

Agency Partner will ensure that staff or volunteers that handle sub-distributed Products are current on the food safety training required by Food Bank.

### 2.3 Tracking

Agency Partner will track all sub-distributed Product in a manner such that the Product is able to be recalled in connection with any product recalls.

### 3. CONTACT PERSONS, RECORDS, AND MONITORING

#### 3.1 Contact Person

Agency Partner will appoint one individual to act as principal contact person for Food Bank on sub-distribution matters. Agency Partner and Food Bank may each change its contact person at any time by notifying the other party.

#### 3.2 Records and Monitoring

Agency Partner will maintain records relating to sub-distribution activities including information regarding Product distributed and recipient organizations. Food Bank may review sub-distribution records and otherwise monitor sub-distribution activities in connection with its regular monitoring activities under the Agency Partner Agreement.

### 4. RELATIONSHIP TO AGENCY PARTNER AGREEMENT

#### 4.1 Applicability of Agency Partner Agreement

Except as specifically set out in this Addendum, the terms of the Agency Partner Agreement (including, without limitation, those relating to Product handling, indemnification, and liability) will apply to the activities and relationship contemplated by this Agreement.

#### 4.2 Limited Scope

Except as specifically set out in this Addendum, this Addendum does not amend, waive, or otherwise change or limit any provision of the Agency Partner Agreement, and the Agency Partner Agreement remains in full force and effect.

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Agency Partner and Food Bank signed this Addendum as of the date set out in its first paragraph.

Food Share of Ventura County

[AGENCY PARTNER NAME]

[FOOD BANK NAME]

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Print Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

## 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 by Food Share if and when available (if applicable).
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 (if and when applicable).
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 accounts monthly (if applicable)
13. **Will** attempt to resolve any complaints/disputes from the A/DP through the appropriate channels to include the Agency Relations Manager, Chief Operations Officer, 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 of Legally Authorized Agent

\_\_\_\_\_  
Date

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

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

\_\_\_\_\_  
Food Share Regional Food Bank Representative

\_\_\_\_\_  
Date

***As a Food Share partner agency, you agree to post the following signage during pantry distribution times.***

\_\_\_\_\_  
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*