

CONTENTS

Aloha! Your information packet includes the following:

GENERAL INFORMATION

- Application Process/ Submission Checklist
- Criteria for Partnership
- Information on The Food Basket, Inc.
- APPLICATION FOR PARTNERSHIP

PARTNERSHIP AGREEMENT

Please review the packet in its entirety to ensure that:

- Your organization can use the food bank
- Your organization has the necessary documentation to become a partner agency
- Your organization is able to comply with The Food Basket's policies and reporting requirements

If you have any questions, please feel free to call The Food Basket, Inc. at 933-6030 and someone will assist you.

APPLICATION PROCESS

The steps to becoming a partner agency are as follows:

1. Non-profit submits application packet.
2. Director of Agency Relations reviews application for completeness. Incomplete applications will be placed on hold.
3. Agency Relations staff conducts site visit to meet nonprofit's representatives, learn more about the food distribution program and inspect the location.
4. Director of Agency Relations makes recommendation for approval.
5. President & Chair gives final approval.
6. Acceptance letter sent out.
7. All authorized shoppers attend a warehouse orientation.

The application process usually takes at least two weeks.

SUBMISSION CHECKLIST

Most delays in processing an application are due to an incomplete packet. Please use this checklist in putting together your submission packet.

- The Food Basket Inc. Application
- Agency Partner Agreement
- Copy of 501(c)(3) determination letter from the Internal Revenue Service.

OR

CHURCHES ONLY. Copy of IRS 501(c)(3) determination letter for denominational headquarters AND letter from denominational headquarters stating that the church applying for membership is a church in good standing.

- Financial statement for last fiscal year, preferably audited
- Board list including contact information
- Most recent board minutes
- Annual report (if available)
- Photocopy of state license to operate shelter (if applicable)
- Photocopy of health department license to serve meals to the public (if applicable)
- Promotional materials for your agency and/or food distribution program (optional)

Please note: completion of the application does not guarantee partnership with The Food Basket Inc.

CRITERIA FOR PARTNERSHIP

Agencies must meet all of the relevant requirements to be considered for membership with The Food Basket Inc.

1. Must be a publicly supported 501(c)(3) charity, or if applying as a church, must be a member in good standing of a recognized 501(c)(3) denomination.

NOTE: Independent (non-denominational) churches without a 501(c)(3) designation are not eligible for membership.

2. Must serve the needy, ill or infants (minor children up to the age of 17 years old).
3. Majority of people served by the food distribution program must be financially needy.
4. Must distribute food directly to individuals, free of charge.

NOTE: Must not distribute food received from the food bank to other agencies.

5. Must have adequate storage for dry, frozen and/or refrigerated products.
6. **FOOD PANTRIES:** Must not store food at an individual's residence.
7. Must not sell, transfer, barter or offer for sale the items supplied by the food bank in exchange for money, property or services, or otherwise allow the items to enter commercial channels.
8. **FOOD PANTRIES:** Must maintain distribution records and make them available upon request.
9. Must submit a monthly activity report of the number of clients served.
10. Must support The Food Basket Inc. with a shared maintenance contribution, currently set at 18 cents per pound of food, and an annual fee of \$10.00.
11. **MEAL PROGRAMS:** Must be licensed by the State Department of Health as a food service establishment.
12. **FOOD PANTRIES:** Must have regularly scheduled distributions that are open to the public or if offering delivery services, be willing and able to accept client referrals from The Food Basket and/or other social service agencies

Date: _____

**The Food Basket Inc.
AGENCY PARTNERSHIP APPLICATION**

SECTION I: GENERAL INFORMATION

Name of Organization: _____

Mailing Address: _____

Phone: _____ Fax: _____ Website: _____

Distribution Address: _____

Chief Executive: _____ Phone: _____
(Executive Director, Board President, Sr. Pastor)

Primary Contact Person: _____

Phone: _____ Fax: _____ E-mail: _____

Billing Contact Person: _____ Phone: _____

Has your organization (or predecessor organization) ever been a member of the The Food Basket Inc. (formerly the Hawaii Island Food Bank)? Yes _____ No _____

If yes, under what name? _____

Why did participation end? _____

Is your organization exempt from federal taxes under Section 501(c)(3)? Yes _____
No _____

Federal Employee Identification Number: _____

Does your organization function under a parent organization? Yes _____ No _____

Name of parent organization: _____

Is the parent organization tax exempt under Section 501(c)(3)? Yes _____ No

SECTION II: ORGANIZATION\PROGRAM BACKGROUND

Briefly describe your organization including mission (if applicable), year it started and services offered.

Which of the following that best describes your food program? (check one)

- Emergency Food Distribution Program (distribution of bagged or boxed groceries)
- Meal distribution Program (preparation and/or distribution of meals or snacks)
- Groceries and meal distribution
- Animal Care Program

What services does\will your feeding program provide (please be as specific as possible)?

When did you begin providing these services?

What population are you targeting for service? (Please be as specific as possible)

CHURCHES ONLY: What percentage of your clients are\will be church members?

What percentage of your clients receives federal or state assistance due to low-income?

What geographic area does\will your program serve?

SECTION III: PROGRAM FUNDING

Indicate the approximate percentages of product that you anticipate purchasing from the food bank, purchasing outside, and receiving as a donation?

_____ % Food bank _____ % Outside Purchase _____ %
Donations

What is your monthly budget for your food program?

What are your funding sources and how much support do you anticipate? (e.g. state, federal or local funding, Hawaii Island United Way, community support, church members, client fees)

Does your program charge a fee, require work, or require attendance at religious services in order to receive food? If yes, please explain.

SECTION IV: FOOD STORAGE INFORMATION

Do you have refrigerators and freezers? Indicate how many.

Refrigerators: Residential _____ Commercial _____
Freezers: Chest _____ Upright _____ Commercial _____

Are thermometers placed in them? Yes _____ No _____

Can you pick up perishable items (e.g. produce) on short notice? Yes _____ No _____

Do you have specific items that are needed? If so, please list. Are there limitations on the types of items you can use? If so, please list.

SECTION V: EMERGENCY FOOD DISTRIBUTION PROGRAMS

How many clients are you serving\planning to serve per month?

What will be the days and hours of your food pantry?

Monday _____ Tuesday _____ Wednesday _____

Thursday _____ Friday _____ Saturday _____

Sunday _____

What foods/products do you provide or plan to provide?

_____ Canned Goods _____ Frozen Foods _____ Dry Goods

_____ Perishables (Dairy, Fresh Produce, etc.) _____ Nonfood items
(Soap, etc.)

How many days worth of food do you supply per visit? _____

How often will you serve the same client?

Any restrictions on service? (check at least one)

_____ None _____ Age _____ Income

_____ Referral _____ Geographic _____ Membership

Please describe, in detail, any restrictions including church membership.

Describe your screening process:

Describe your current record keeping system (if applicable):

SECTION VI: MEAL AND/OR SNACK PROGRAMS

How many clients are in your program? What is the licensed capacity, if applicable?

Which meals do you serve? (check all that apply)

_____ Breakfast _____ Lunch _____ Dinner
 _____ Snacks _____ Holiday Meals

On a per-day average, how many clients are fed?:

	Breakfast	Lunch	Dinner	Snacks
Sunday:	_____	_____	_____	_____
Monday:	_____	_____	_____	_____
Tuesday:	_____	_____	_____	_____
Wednesday:	_____	_____	_____	_____
Thursday:	_____	_____	_____	_____
Friday:	_____	_____	_____	_____
Saturday:	_____	_____	_____	_____

Are meals prepared and served on your premises? Yes _____ No _____ If not, where are they prepared?

Do you charge/plan to charge for meals? Yes _____ No _____ If yes, how much?

Do you charge a room/board or program fee? Yes _____ No _____ If yes, how much?

Do you ask for donations from your clients? Yes _____ No _____ If yes, how much?

Is your agency required to have a state license? Yes _____ No _____ If yes, attach a photocopy of license.

Do you have a health certificate from the State Board of Health licensing you to serve meals to the public? Yes _____ No _____ If yes, attach a photocopy of license.

SECTION VII: MISCELLANEOUS

Who will you authorize to pick up food at the food bank?

Name: _____

Name: _____

Name: _____

Name: _____

ADDITIONAL COMMENTS: Please use the space below to give any additional information you believe would be helpful in making our decision.

AGENCY PARTNERSHIP AGREEMENT

Agency Name: _____ (“Agency”)

Address: _____

Chief Executive: _____
(e.g. Executive Director, Board President, Sr. Pastor)

IN ORDER TO DRAW UPON THE RESOURCES OF THE FOOD BASKET INC. (the “foodbank”), the Agency AGREES AS FOLLOWS:

- 1. to have a current 501(c)(3) determination letter from the IRS or be a member in a good standing of a 501(c)(3) recognized denomination;**
- 2. that all Food bank food will be solely and exclusively provided only to needy individuals and/or households, and not be for personal use;**
- 3. to serve food, free of charge, directly to its clients in the form of meals and/or food boxes to the needy, ill and/or infants (minor children up to the age of 17 years old);**
- 4. to not sell, transfer, barter or offer for sale the items obtained at the Foodbank in exchange for money, property or services, or otherwise allow the items to enter any commercial channels;**
- 5. to not engage in seeking monetary donations at the immediate time and place of distribution;**
- 6. to not use any food bank food to encourage donations;**
- 7. to not store and distribute food products from a location that is an individual’s residence (food pantries only);**
- 8. to have adequate refrigeration, freezer and storage space to insure the wholesomeness of food that is stored and distributed;**

9. to be licensed as a food service establishment according to the provisions and guidelines of the State Department of Health (meal programs only);
10. to pay to the food bank a shared maintenance contribution (currently set at 18 cents per pound for food received) or other fees as determined by the Foodbank;
11. that all transactions will be paid with a check;
12. to pay our balance on account no later than 15 days after receipt of itemized monthly statement;
13. to periodic monitoring by a food bank representative so that there is a mutual evaluation of the relationship and the use of food products;
14. that there are no express warranties in relation to the food and/or products received from the food bank;
15. to release and discharge both the original food and product donor and The Food Basket Inc. and its officers, directors, employees, agents, volunteers, successors and assigns (collectively, "Released Parties") from and against any and all claims, actions, causes of action, suits at law or in equity, costs, expenses, losses, liabilities, demands, damages, judgments, disputes or differences of every nature and kind whatsoever, known and unknown, which now exist, heretofore have existed or may hereafter exist in favor of the Agency or its beneficiaries based upon, arising out of or in any manner connected with the food and products received from the food bank (collectively, "Claims"). The Agency further agrees to indemnify and hold harmless the Released Parties from and against any and all liability, judgment, damage, loss, cost or expense of every kind and nature, including but not limited to attorneys' fees and costs, arising out of, resulting from or connected to any Claims, any act or omission of the Agency or its volunteers or employees, and the Agency's use, storage or distribution of the donated food and products;
16. that all invoices will be kept on file for one year and made available to Foodbank monitors upon request;

17. to comply with all food bank policies and procedures regarding agency membership, as set forth by the food bank and its Board of Directors.
18. to complete and submit a monthly activity report by the 10th of the following month;
19. to accept client referrals from the food bank and/or other social service agencies (food pantries only);
20. that the Chief Executive will assume oversight responsibility for the conduct of the authorized shoppers, record keeping, and distribution of all Foodbank items.

I have read the Agency Partnership Agreement and understand, accept and agree to all of the above terms. I understand that failure to follow food bank policies and procedures will mean suspension and/or termination of my partnership and this Agreement.

AGENCY:

By: _____
Its Chief Executive Officer

Date

THE FOOD BASKET INC.

By: _____
Its President

Date



**THE FOOD BASKET INC.
USDA REQUIREMENTS**

The Food Basket Inc. is authorized to distribute USDA or TEFAP products under the following provisions:

1. All Partner Agencies have tax exempt status (501 © (3))
2. In case of product recall, The Food Basket must know what USDA products were provided to what agency on what date
3. The Food Basket has a contract with all Partner Agencies who receive USDA products.
4. Food Pantries may only provide USDA to individuals with "inadequate household incomes." In order to distribute the USDA products, a list of the USDA recipients, with each person's signature, is required to verify that "they are needy" or "cannot afford balanced meals at this time."
5. Emergency Feeding Programs, Soup Kitchens, and Agencies that provide Elderly Meals, Meals for Children and Meals as part of other programs must keep a signed contract on file with The Food Basket stating that "over 50% of their clients are needy individuals."

Department of Agriculture Requirements:

1. All agencies distributing USDA or TEFAP must be a Charitable Institution – defined as:
 - A. Public or
 - B. Private, possessing tax exempt status; and
 - C. Is not a penal institution; and
 - D. Provides food assistance –
 - I. Exclusively to needy persons for household consumption pursuant to a means test established by the state, or
 - II. Predominantly to needy persons in the form of prepared meals; and
 - E. Has entered into an agreement with The Food Basket Inc.

Eligible Agencies fall under the following Categories:

1. **Emergency Feeding Program / Food Pantry**– provides nutritional assistance to relieve situations of emergency and distress through the provision of food to the needy persons, including low-income and unemployed persons.
2. **Summer Camp for children or child nutrition programs providing food service**
3. **Nutritional projects operating under Older Americans Act of 1965**
4. **Disaster relief programs**
5. **Soup Kitchen** – maintains an established feeding operation to provide food the needy homeless persons on a regular basis
6. **Charitable Institutions**



THE FOOD BASKET INC.

**Partner Agency Agreement
For Receipt of U.S.D.A. Products**

The Food Basket Partner Agencies agree to operate the USDA or TEFAP food distribution program in accordance with the following requirements:

1. Agencies providing prepared meals must demonstrate that they serve predominantly needy persons
2. Agencies distributing to households for consumptions must limit distribution of USDA commodities to those households that meet the eligibility criteria
3. Each distribution site must collect and maintain a record for each household receiving USDA commodities for home consumption including: the name of the household member receiving commodities, the address of the household, the number of persons in the household and the basis for determining that the household is eligible to receive commodities for the home consumption
4. Agencies cannot discriminate because of race, color, national origin, sex, age, or disability.

Any agency that is more than 2 months late in reporting is not eligible to receive USDA products until reporting has been brought up to date.

If you have read this Contract and agree please fill out and sign below.

Agency Name: _____ Agency ID #: _____

- We operate a Food Pantry or Emergency Feeding Program and agree to maintain records of those who receive USDA products including Name, Address, Number in Household, and Statement of need.

Authorized Signature _____

Title: _____ Date: _____

- We operate a Soup Kitchen or other onsite feeding program and verify that over 50 % of those we serve are needy.

Authorized Signature _____

Title: _____ Date: _____

THIS INSTITUTION IS AN EQUAL OPPORTUNITY PROVIDER