



# SECOND HARVEST

*of the Greater Valley*

## New Partner Agency Application

*Thank you* for your interest in becoming an agency with Second Harvest Food Bank (SHFB). Agencies are a vital part of feeding the hungry in our communities! Our agencies include food pantries, soup kitchens, shelters, adult day care centers, substance abuse rehabilitation programs and disability programs within San Joaquin and Stanislaus Counties. Becoming an Partner Agency with SHFB is a 3-step process.

**Step 1:** Complete application and required forms (attached). Submit the **completed** application to 1220 Vanderbilt Cir., Manteca, CA 95337. Once your application is approved by the Agency Coordinator, your agency will be contacted for a site visit.

**Step 2:** Site Visit: The facility in which you plan to operate your pantry or meal program must be ready for inspection. The guidelines for your site visit will be listed on the monitoring requirements form in your packet. After your site visit, you will be notified in writing of your approval status.

Incomplete applications will be denied and the agency will be ineligible to reapply for one year.

If you need assistance, please contact the Agency Coordinator at (209) 490-5180 or [mmays@secondharvest.org](mailto:mmays@secondharvest.org).

## Agency Application Checklist

Your completed application should include:

- Completed Agency Application
- Completed Agency Agreement
- Completed Liability Release
- Agency Shopper Form
- Proof of 501(c)3 non-profit status on Internal Revenue Service Letterhead
- Copy of Certificate of Liability Insurance (*The certificate must name Second Harvest Food Bank as a Secondary Insured, clearly state the name of the agency, and list the address or addresses where the food is physically stored.*)
- Copy of Articles of Incorporation. (*Must state a purpose related to the care of the elderly, ill, needy, infants and/or minors*)
- List of current Board Members on agency letterhead with date, names, addresses and phone numbers of each member. (*The Board must consist of 5 or more members with not more than 2 related family members, depending upon the position being held. At least 2 or more members must reside in the immediate area of the agency. Board of Directors list must consist of member name, position held, home address and contact phone number*). Authorized shoppers cannot be members of the Board of Directors and/or hold a treasury position within their food pantry.
- Current Food Safety Certificate. Certificate must be held by an active member/volunteer of your agency's food pantry. (*Instructions for the recommended food safety course can be found in the attached supplemental forms*).
- \$100 Agency Fee in the form of a check made payable to Second Harvest Food Bank (*Check must be drawn on an agency account matching the name under which you are applying- No personal checks will be accepted for processing fee. Check will be held until the application process is completed and your agency has been approved*)
- Brief summary of Agency (*Example: Brochure, Mission Statement, Vision, Operations, etc.*)

**(PLEASE SUBMIT ORIGINAL DOCUMENTS AND KEEP COPIES ON FILE AT YOUR AGENCY)  
SHFB forms are available for download on our website [www.localfoodbank.org](http://www.localfoodbank.org)**

### Signatures

I hereby certify that the above application is complete and the information is true and correct to the best of my knowledge. I understand that false information on this application may be grounds for non-approval or the termination of your organization's participation with Second Harvest Food Bank.

\_\_\_\_\_  
*Signature of CEO, Pastor or Executive Director*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Printed name of CEO, Pastor or Executive Director*

\_\_\_\_\_  
*Date*

## SHFB PARTNER AGENCY APPLICATION

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

Physical (site) Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip: \_\_\_\_\_

Agency phone#: \_\_\_\_\_ Agency fax# \_\_\_\_\_

Website: \_\_\_\_\_

\*\*\* IF your agency has several locations, please attach a list of the above information for each.

### Agency Directors & Staff

CEO/Pastor/Executive Director: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone 1) \_\_\_\_\_ 2) \_\_\_\_\_

### Food Pantry Primary Contact - this person will receive all communication from SHFB

Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone 1) \_\_\_\_\_ 2) \_\_\_\_\_

Secondary Contact: \_\_\_\_\_ Title: \_\_\_\_\_

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

Phone 1) \_\_\_\_\_ 2) \_\_\_\_\_

Pantry Referral Phone (If different from Agency #): \_\_\_\_\_

(Please Note: If applicable, this number will be given out to people who call SHFB needing assistance in your area.)

### Services & Programs

Program Type: \_\_\_\_\_ Pantry/Emergency Food Box \_\_\_\_\_ Soup Kitchen \_\_\_\_\_ Shelter  
\_\_\_\_\_ Residential \_\_\_\_\_ Adult Day Care \_\_\_\_\_ Senior Care \_\_\_\_\_ Rehab \_\_\_\_\_ Youth  
\_\_\_\_\_ Multi-Service \_\_\_\_\_ Other \_\_\_\_\_

Please describe your services in detail: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your agency require the recipients of food to attend any meetings, events, or church services, etc in exchange for food? (Circle One): Yes No

If so, what please explain what is required of them? \_\_\_\_\_

Is there a charge for the food that you distribute? (Circle One): Yes No

\*\*\*Please note: Upon becoming an agency with Second Harvest Food Bank, your agency will no longer be able to exchange money for food. More info regarding this is available in the New Agency Application & Agreement.

How will a partnership with Second Harvest Food Bank assist you in meeting your program goals?

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**Pantry/Meal Program/Other**

Please list the zip codes served: \_\_\_\_\_

How many individuals does/will your agency serve each month (estimate): \_\_\_\_\_

What are your pantry hours of operation?

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

How often can a family receive services? \_\_\_\_\_

What items do/would you typically distribute?

- Dry Goods                       Canned Goods                       Dairy                       Frozen Food
- Fresh Fruit/Veggies                       Personal Care items                       Clothing                       Other: \_\_\_\_\_

How are people made aware of the services provided by your agency? \_\_\_\_\_

What are your agency's primary sources of funding? \_\_\_\_\_

What record keeping system &/or client intake process do you have in place? (please explain in detail) \_\_\_\_\_

What Languages does your agency speak? \_\_\_\_\_

**Food Storage & Transportation**

What type of food storage facilities do you have?

Storage area                      Yes \_\_\_ No \_\_\_

Refrigerated storage                      Yes \_\_\_ No \_\_\_

Freezer storage                      Yes \_\_\_ No \_\_\_

What type of transportation vehicle will your agency use to pick up product from SHFB?

Personal Vehicle- Please describe: \_\_\_\_\_

Agency Vehicle- Please describe: \_\_\_\_\_

**How did you hear about SHFB:(if referred by who?)** \_\_\_\_\_

**Agency Comments:** \_\_\_\_\_

## SUPPLEMENTAL DOCUMENTS & FORMS

We have included several important supplemental documents and forms for your information and review. The list below includes a brief description of each form. These forms ***should not*** be submitted with your New Agency Application Packet. Please take the time to look over each item.

- Frequently Asked Questions (*FAQ's*)
  - We have compiled a detailed list of frequently asked questions for our New Agency Applicants. Please take some time to read each question. You may find this information very helpful during the application process.
- ServSafe Basic Instructions
  - Feeding America requires each agency to obtain a food safety certificate. In an effort to help our agencies meet this requirement we have created basic instructions on how to take the recommended course online. Please read it carefully.
- Food Assistance Forms (*English & Spanish*)
  - This form must be completed by each individual you serve at your food pantry. The detailed information on the food assistance form is the same information you will use to complete your monthly reports.
- Monthly Reporting Form
  - This is the form each agency must submit by the 1st of each month for the previous month's food assistance distribution.
- Monitoring Requirements Form
  - This form is to help prepare your agency for a monitoring appointment.
- Temperature Log Form
  - If your agency stores product in a refrigerator or freezer, you must regularly log the temperature of each refrigerator or freezer.
- Warehouse Rules
  - For safety purposes, it is very important that each shopper at your agency is aware of the Warehouse Rules. Please review this document carefully and provide a copy for each shopper.