



## Second Harvest Food Bank of Central Florida

### Application for Partnership

Thank you for your interest in applying for partnership with the Second Harvest Food Bank of Central Florida. Second Harvest is a private, nonprofit organization that collects, secures, and distributes donated food to more than 550 feeding partners in six Central Florida counties: Brevard, Lake, Orange, Osceola, Seminole and Volusia. We accept applications three times a year and pursue partnerships with those that exhibit thoughtful and organized intentions that align with our mission to end hunger in Central Florida.

Please read the following documents carefully and in their **entirety** before submitting your application. In this packet, you will find contact information for our Agency Relations staff, a checklist for documents that must be included in the application, an explanation of operational requirements, and general information about Second Harvest Food Bank and how we operate.

Our Food Bank receives many requests for partnership each year and we cannot guarantee that every applicant will be accepted into the network. It is in your best interest to complete every applicable part of the application with as much detail as possible.

We understand that every organization is different and you may have questions about the way certain parts of the application should be completed. Our staff is more than happy to help you with this process and will be available for appointments at our Food Bank or by phone and email (see following pages for contact information). Additionally, if you feel you need more information about Second Harvest before applying, you are welcome to contact any of our representatives.

We look forward to learning more about the work you do in the community and the ways that our Food Bank can help you accomplish your goals. Second Harvest Food Bank of Central Florida is proud to be a part of a network that works passionately to end hunger in our area, and we thank you for your efforts to join our cause.

Sincerely,

A handwritten signature in black ink that reads "Patti DeLaCruz". The signature is written in a cursive, flowing style.

Patti DeLaCruz

Agency Relations Manager



## What You Need to Know to Become a Partner Agency

If your organization is located in **West Orange, Lake or Osceola County** please contact **Fernanda Delgado**, Agency Relations Coordinator at **(407) 514-1050** or email [fdelgado@feedhopenow.org](mailto:fdelgado@feedhopenow.org)

If your organization is located in **Central or East Orange County** please contact **Sara Mejia**, Agency Relations Coordinator at **(407) 514-1022** or email [smejia@feedhopenow.org](mailto:smejia@feedhopenow.org)

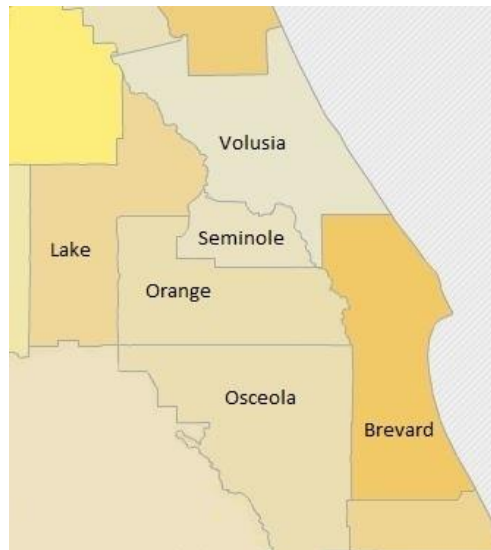
If your organization is located in **Brevard, Seminole or Volusia County**, please contact **Amy Palm**, Agency Relations Coordinator, at **(407) 514-1022** or email [apalm@FeedHopeNow.org](mailto:apalm@FeedHopeNow.org). (We accept applications all year round for these areas)

**Applications for Lake, Orange or Osceola County are reviewed three times a year and are due by end of business on the following dates: May 6, 2019, August 5<sup>th</sup> 2019 and November 4, 2019 . Expect to be monitored the second week or third week after the deadline .Anything submitted after this period will be saved for the next deadline.**

We understand that not all food programs are exactly the same. Please do not hesitate to contact us if you have any questions after reading the attached information.

**Please note:** Completion of the application does not guarantee membership. We reserve the right to refuse membership to programs not meeting our criteria. Application may be put on a waiting list if there are no membership openings in your geographical area at the time of application.

**Second Harvest Food Bank *does not* partner with organizations for events or special occasions.**



### **Brevard Branch**

6928A Vickie Circle  
West Melbourne, FL 32904

### **Orlando Branch**

411 Mercy Drive  
Orlando, FL 32805

### **Volusia Branch**

320 North Street  
Daytona Beach, FL 32114

### The following documents **MUST** be submitted with your Application

- **Copy of your 501c3 letter of determination** – This must be the organization's 501c3. If you operate under an *umbrella* organization, please include a letter from this organization (on their letterhead) authorizing you to use their 501c3.
- **EIN** – If your organization's 501c3 does not list your Employee Identification Number, or if you are operating under another organization's 501c3, please provide this information.
- **Copy of the state tax exemption** – This is only necessary if you plan to purchase non-food items such as paper products, toiletries, etc.
- **3 month record of food distribution** leading up to the application deadline for the program you are applying for. Hand written sign in sheets are most commonly used.
- **3 letters of recommendation** – Letters can be from volunteers, donors, clients, or business contacts. The content of the letter should describe the impact your program has on the community and should not be pre-written by the applicant.
- **Safe Food Handling certificate** - This class can be found online at [Safewayclasses.com](https://www.safewayclasses.com), costs \$10 payable by credit card and lasts for three years. If you have any trouble with registration or the test, please contact **Safeway**. We are not affiliated with this provider and cannot assist you in registration or answering questions. This certification covers the person taking the class, not the organization. If the certificate holder leaves the organization, a new certificate must be submitted.
- If you require your clients to complete an **intake form or application** that is separate from your sign-in sheet, please provide a blank copy.
- If your organization is inspected by the Department of Health or the Agency for Persons with Disabilities, please include a copy of **your latest inspection or current certificate of operation**.

## About Second Harvest Food Bank of Central Florida

**Vision:** Inspiring and engaging our community to end hunger.

**Mission:** To create hope and nourish lives through a powerful hunger relief network, while multiplying the generosity of a caring community.

**What we do:** Second Harvest Food Bank of Central Florida exists to serve agencies who distribute food to the area's men, women, children and seniors facing hunger on a daily basis. We are a distribution organization helping to move food from donors to Partner Agencies.

### Benefits of Partnership

Partnership with Second Harvest Food Bank of Central Florida offers many benefits:

- We work with you to help you accomplish your mission to feed the hungry.
- Your Agency will have opportunities to work with other Second Harvest programs like Benefits Connections, Grocery Alliance, Childhood Hunger and Nutrition.
- Great customer service from a knowledgeable and friendly staff.

### Types of Agencies We Serve

- **Emergency Pantry:** A pantry is where individuals visit the program site and receive bags of groceries to prepare at home. The groceries could also be delivered to the clients.
  - **Backpack Program:** A type of pantry that delivers groceries to schools for kids to prepare at home over the weekend.
- **Meal Provider:** A meal provider is any Partner Agency that prepares, serves or delivers prepared meals or snacks to individuals in need. All meal programs are held to Department of Health standards.
  - **Residential Program:** A type of meal program that serves permanent or temporary residents of a program.
  - **Snack Program:** A type of meal program that might not involve cooking food, but does require that someone open containers before clients consume the product. (e.g. after school snack program, senior daycare, etc.)

## Operational Requirements for Membership

The following items are the minimum operational requirements to become a partner of Second Harvest Food Bank of Central Florida. All agency partners must provide food for an underprivileged or underserved population:

- You must be located in Central Florida area in the counties we serve: Orange, Osceola, Lake, Seminole, Volusia or Brevard.
- An organization ordering food from Second Harvest Food Bank of Central Florida cannot be run out of a person's home or storage unit.
- You must have responsible personnel who are accountable for record keeping and inventory control.
- You must have proper and adequate physical storage space. Storage units are no longer an acceptable storage space option.
- You must be serving individuals that are needy, and at minimum 50% of the individuals that you serve must be proven to be low income individuals.
- You must operate regularly scheduled hours and be open at least twice a month for a minimum of two hours each time. One of the days open should take place Monday- Friday, between 8:00am and 4:00pm.
- Your site must pass a site inspection prior to approval and at least a minimal of once a year after that.
- You must have the ability and willingness to access and submit information via the internet.
- You must be willing to pay shared maintenance handling fees.
- You need to utilize sign-in sheets or another tracking system to keep track of the individuals served.
- You must establish your own criteria for the individuals you serve; however, criteria must be consistent and be posted at your pantry/feeding site.
- You are required to adhere to food safety guidelines at all times.
- Agencies are non-profit organizations or churches that do not redistribute product to other non-profit or for profit entities. Agencies do provide direct service to the hungry.
- Due to the high temperatures experienced throughout the year in Central Florida, our food bank now requires the use of freezer blankets or coolers large enough to cover and contain any transported frozen product. Freezer blankets can be purchased from the food bank during the first month of partnership, however, insulated blankets meeting food bank standards may be purchased from outside vendors.

## **Site Inspections**

Second Harvest Food Bank of Central Florida and Feeding America require that before an agency can be approved for partnership, it must pass a site inspection. After approval, the site will continue to be inspected every year.

### **What do we look for in a site inspection?**

- Food and non-food household items are stored separately.
- You have a clean storage area, proper temperature and a secure room.
- You practice “First In, First Out” food distribution.
- All food is stored 6 inches off the floor, add space, 10 inches from the ceiling, 2 inches from the wall and shelving has a sealed finish.
- You have working thermometers and use temperature logs. Dry storage must be air conditioned year-round, 24 hours a day.
  - 32 – 41 degrees for a refrigerator and Zero (0) degrees and below for freezer.
  - Dry Storage 70-80 degrees.

## **Handling Fees – Shared Maintenance Costs**

Partners with Second Harvest Food Bank are not required to pay a membership fee, but there is a small cost associated with partnership. The Food Bank operates on a handling fee (or Shared Maintenance) system. The Shared Maintenance is not the cost of the food, but is associated with acquiring the product, paying for truck maintenance, gas, drivers, salaries, etc.

Any baked goods (e.g. bread, cakes, etc.) or produce is free for Partner Agencies. Canned goods, meat, dairy, and other assorted goods are \$0.19 per pound.

Our Food Bank’s Power Purchase Center sources large quantities of high demand product at wholesale costs to be stored in the warehouse for our agency’s convenience. The product offered through this program is not donated and is priced very similarly to product found at a Sam’s Club or Costco.

## **Agency Orientation**

Every agency, upon approval of partnership, must attend the New Agency Orientation which outlines many of the policies and procedures for being a Partner Agency of Second Harvest Food Bank of Central Florida. Your program’s Highest Authority, Main Contact, and Primary Shopper must attend. If your food distribution is managed by someone other than the aforementioned representatives, please plan on their attending the training, as well.

# Application for Partnership

Second Harvest Food Bank of Central Florida

Agency Information	
Agency Name:	
Dba:	
Physical Address:	Mailing Address:
City, State Zip:	City, State Zip:
County:	County:
Food Program Phone #:	Fax #:
Website:	EIN:
Contact Information	
Highest Authority:	Main Contact Person:
Title with Agency (Pastor, Principal, CEO, etc.)	Title with Agency (Director, Pantry Manager, etc.)
Phone:	Phone:
Email:	Email:
Hours of Distribution and Availability	
How often do you distribute food? <input type="radio"/> Weekly <input type="radio"/> Bi-Weekly <input type="radio"/> Monthly <input type="radio"/> Bi-Monthly <input type="radio"/> Other _____	
Sunday:	Where is the closest bus stop to your food program? (use street names and/or intersections)
Monday:	
Tuesday:	
Wednesday:	Approximately how far is the bus stop from your food program?
Thursday:	
Friday:	Who operates this bus line?
Saturday:	
Are you on call for appointments outside of distribution hours? <input type="radio"/> Yes <input type="radio"/> No	Which bus or route number?

Agency Background
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What type of food program are you applying with?

- ☐ Pantry
- ☐ School Pantry
- ☐ Backpack Program
- ☐ Soup Kitchen
- ☐ Residential or Transitional Housing
- ☐ Snack Program

What year did the food program you are applying with begin?

Do you have multiple locations? If so, list the addresses.

Does your agency or food program assist other areas outside of your county or country? If yes, please explain where and why.

### Client Base

Please describe the people served by your agency (i.e. Age, income level, physical or mental disabilities).

What percentage of your clients are low income? \_\_\_\_\_%

How do you determine if your clients who receive food lack the necessities of life as a result of poverty or temporary distress?

### Services



Describe the type of services provided by your agency or food program. List all services, including those that are not food related (e.g. prescription assistance, mobile pantry, utility assistance, etc.).

Explain your food distribution process from start to finish. You may attach additional documentation, if necessary.

How do you track the number of households or individuals served through your program?

How will you notify clients of a recalled product?

What kind of food does your agency need most often?

Services: Pantry Programs (includes Backpack Programs)

What types of food do you serve your clients? Do you use specific product?				
Does your agency provide home delivered groceries? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>				
What is the average number of households served each month? _____				
Does your agency provide food to anyone other than clients directly under your care? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>				
<b>Services: Prepared Meal Programs (includes Snack Programs)</b>				
Does your agency provide meals on your premises? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>				
If YES, how often? <span style="float: right;"><input type="radio"/> Daily <input type="radio"/> Weekly <input type="radio"/> Monthly <input type="radio"/> Other</span>				
Number of people served at each meal: Breakfast _____ Lunch _____ Dinner _____ Snacks _____				
Number of staff members served at each meal: Breakfast _____ Lunch _____ Dinner _____ Snacks _____				
Does your agency provide home delivered meals? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>				
<b>Food Storage – Dry Storage</b>				
Is the dry storage space in a locked room? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>				
If yes, how many people have a key?				
Is the dry storage shared with another program? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>				
If yes, please explain.				
What kind of air conditioning does the dry storage have? <span style="float: right;"><input type="radio"/> Central Air <input type="radio"/> Window Unit <input type="radio"/> Portable Unit <input type="radio"/> Other <input type="radio"/> None</span>				
How many shelves, tables or pallets will be used to store food?				
Do you have any backup storage? <span style="float: right;"><input type="radio"/> Yes <input type="radio"/> No</span>				
<b>Food Storage – Cold Storage</b>				

Is it possible to lock and secure each of your cold units, whether they be placed in the locked pantry or individually locked?	<input type="radio"/> Yes	<input type="radio"/> No
How many refrigeration units does your food program use?		
How many freezer units does your food program use?		
Are any of the cold units shared with another program?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, please explain:		
Funding		
Do you charge or collect donations, property, or services from your clients during distribution?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, please explain:		
Is your organization reimbursed by the government for client care services?	<input type="radio"/> Yes	<input type="radio"/> No
If yes, please explain:		
When was your last fund raiser?		
Describe the event. If more room is needed, please attach additional information.		
How often do you plan on fundraising for your food program? In what ways will you raise money?		
Corporate Officers - Board of Directors		

President:
Vice-President:
Secretary:
Treasurer:
Other (Please list name and title):

Authorized Signature
<b>By signing below, you are agreeing to adhere to the policies and guidelines set forth by Second Harvest Food Bank of Central Florida.</b>

Highest Authority:	
Signature:	Date:

Contact Name:	
Signature:	Date: