



FOOD BANK
COALITION OF SAN LUIS OBISPO COUNTY

Application for Partnership

Dear Applicant,

Thank you for your interest in becoming a Partner of the Food Bank Coalition of San Luis Obispo County. Please complete the application in its entirety. In addition, please include the following supplemental documents:

- Signed Partner Agreement Form
- Signed Partner Policy Handbook Receipt Form
- Copy of Organization's or Parent Organization's 501(c)(3) Determination Letter
- Copy of Current ServSafe Food Handler's Card (or valid equivalent)
- Copy of Any Program Informational Documents or Brochures
- List of Authorized Warehouse and Mobile Market Shoppers

Once the completed applications and the supplemental documents are received, your application will be reviewed. You may expect a follow-up call or email within a week of your application's submission. If you have any additional questions regarding the application process, please feel free to contact myself, and I would be more than happy to help.

Thank you for all your work to alleviate hunger in San Luis Obispo County.

Regards,

Suzie Freeman

Partner Services Coordinator
sfreeman@slofoodbank.org
805-835-9924

Please submit completed application and supplemental paperwork to:

Food Bank Coalition of San Luis Obispo County

ATTN: Suzie Freeman
1180 Kendall Rd.
San Luis Obispo, CA 93401

Or by email:

sfreeman@slofoodbank.org

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Section I: Contact Information

Name of Organization: _____

Physical Address: _____

County: _____

Mailing Address (if different): _____

Name of Program Director: _____

Name of Primary Contact: _____

E-mail address: _____

Primary Phone #: _____ Alternate Phone #: _____

Section II: Non-Profit Status & Organization Structure

Y / N Does your organization have a tax exempt status under 501(c)(3) from the Internal Revenue Service?

If Yes, please submit a copy of the Determination Letter from the IRS verifying the organization's 501(c)(3) tax-exempt status and continue to Section III.

Y / N Is your organization part of a larger parent organization?

Y / N If yes, will your parent organization be legally responsible for the operation and liabilities of your program?

Y / N Does your parent organization have exempt status under section 501(c)(3) from the IRS?

If Yes, please submit the Determination Letter from the IRS verifying the 501(c)(3) status of the parent organization.

Name of the Parent/Affiliate Organization: _____

Address: _____

Phone Number: _____ Email: _____

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Section III: Food Program

Please select which food programs describe your program(s): (Check all that apply.)

- Day Program: Patrons eat on-site, but are not provided housing, i.e. day care, after school program, senior nutrition programs, seasonal programs, etc.
- Food Pantry: Provides groceries to those in need of supplemental or short-term food assistance from a specific location.
- Outreach Program: Provides groceries or meals that are delivered to patrons with minimal or no on-site food storage or meal service.
- Emergency Shelter: Provides on-site meals in addition to housing and other services on an as-needed and temporary basis.
- Residential Program: Cooks and serves meals to registered clientele, including detox centers, halfway houses, group homes, and children's camps.
- Soup Kitchen: Cooks and serves meals to walk-in guests on a regular or occasional basis.
- Seasonal Program: Provides groceries or meals only during certain times of the year. If applicable, please select what time of year:
 - Summer Winter Holidays Other: _____

Please describe the basic purpose of your program and the overall services provided:

Note: Please attach any informational brochures or handouts regarding your program.

What geographic area(s) does your program serve? _____

When was your program founded? _____

What are the principle sources of funding for your organization? _____

How many people are on your staff? _____

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Y/N Does your program have non-income-based eligibility requirements?

If yes, please describe: _____

Y / N Do you take referrals?

If yes, from which organizations? _____

Y / N May we refer individuals to your program?

How does your program record program participation, including clientele numbers and age demographics? _____

Note: If applicable, please submit a blank example of your recording sheet.

Y / N Are clients charged a fee for services?

Y / N If yes, is financial assistance available (including scholarships, sliding pay scale, etc.)?

Section IV: Site Information

Describe your food storage space: _____

Number of refrigerators: _____ Number of freezers: _____

Y / N Do you have a health certificate from the local Department of Health licensing you to serve public meals?

If yes, what is the certificate number? _____

What are your current food sources? _____

Y / N Will all Food Bank food be stored on site?

Y / N If applicable, would all preparation of Food Bank food be done on site?

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Y / N Do you understand that the organization is responsible for the monitoring and supervision of any Food Bank food that is stored or prepared at a site other than the one listed on this application?

Please explain how food will be transported in a way that maintains safe food temperature and product integrity? _____

Section V: Social Media

If applicable, please state your organization or program's handle for the following social media platforms:

Facebook: _____

Instagram: _____

Twitter: _____

Y/N Would you be willing to follow the Food Bank (@slofoodbank) on social media?

Y/N Would you be willing to repost Food Bank social media posts on your own platforms?

If you have a dedicated staff member or volunteer in charge of your organization's social media presence, please include his or her contact information below:

Name: _____

Email: _____

Phone number: _____

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With respect to product received from the Food Bank Coalition of San Luis Obispo County, the undersigned organization agrees to the following:

1. As a Partner, the organization agrees to abide by the policies, procedures, and record keeping requirements set forth by the Food Bank.
2. Products may only be distributed to recipients who qualify as ill, needy, and/or a minor as defined in IRS code section 170(e)3.
3. The Partner will not discriminate against any person based on one's race, creed, national origin, religious affiliation or lack thereof, sex or sexual orientation.
4. All food received from the Food Bank is "as is" due to the intrinsic nature of food donations, rescues, and salvages.
5. The Partner will supervise and take responsibility for the transportation, storage, preparation, and distribution of all Food Bank food both on- and off-site to ensure best food handling practices are following to maintain the safety and integrity of food products prior to receipt by program clientele.
6. The Partner will pay any applicable shared costs and/or handling fees associated with the products procured from the Food Bank.
7. The Partner agrees to maintain records of the total amount of product distributed, the type of product distributed, clientele demographic information, and the total number of product recipients.
8. The Partner agrees to submit Quarterly Reports by the 15th day of the month following the end of a fiscal quarter detailing the number and demographics of all recipients of Food Bank food.

This agreement is of indefinite duration, and it may be terminated by either party at any time.

To the best of my knowledge the above information is correct.

Applicant's Signature

Date

Print Name

Title

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