



# **SLO FOOD BANK**

**County Partnership *for* Hunger Relief**

## **2021 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:

- Copy of Organization's or Parent Organization's 501(c)(3) tax-exempt status Determination Letter
- Copy of Current ServSafe Food Handler and/or Food Protection Manager Certificate(s) (see pg. 3 for details)
- Copy of SLO County Food Facility Permit(s) (if applicable – see pg. 3 for details)
- Copy of Any Program Informational Documents or Brochures

Once the completed application 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 me, and I would be more than happy to help.

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

Regards,

Suzie Freeman

Partner Services Manager

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](mailto:sfreeman@slofoodbank.org)**



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## **Section I: Contact Information**

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

Physical Address: \_\_\_\_\_

County: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

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

Name of Primary Contact (if different): \_\_\_\_\_

Job Title: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Primary Phone #: \_\_\_\_\_ Alternate Phone #: \_\_\_\_\_



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## Section II: Non-Profit Status & Organization Structure

Please answer the following questions by circling “Y” for yes and “N” for no:

Y / N Does your organization have a tax-exempt status under section 501(c)(3) of Title 26 of the United States Code and classified as a Public Charity?

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?

If Yes, please describe the relationship between the parent organization and the applicant organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Y / N Does the parent organization have a tax-exempt status under section 501(c)(3) of Title 26 of the United States Code and is classified as a Public Charity?

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

Name of the Parent/Affiliate Organization:

Physical Address: \_\_\_\_\_

Contact: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_



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## County Partnership for Hunger Relief

### Section III: Food Program

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

- Basic Food Pantry: Provides only shelf-stable groceries, bread, and whole produce to those in need of supplemental or short-term food assistance.
- Expanded Food Pantry: Provides groceries, including refrigerated and frozen items, to those in need of supplemental or short-term food assistance.
- 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, including warming shelters.
- Residential Program: Cooks and serves meals to clientele, including detox centers, halfway houses, transitional housing, and children’s camps.
- Meal Site: Cooks and serves meals to walk-in guests.
  - Meals are cooked on-site by staff/volunteers.\*
  - Meals are assembled for prepackaged items (i.e. sandwiches).
  - Meals are commercially prepared and reheated (i.e. donations from weddings/banquets, soups, etc.). \*
- 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:

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**Note:** Required food safety certificates and permits vary by program type. Programs marked with \* must provide a copy of the SLO County Food Facility Permit(s) for all commercial kitchens used to prepare food. Programs marked with \* must provide a copy of the site leader’s ServSafe Food Protection Manager certification and ServSafe Food Handler’s Cards of all major volunteers and staff members. All other programs only require a copy of the site leader’s ServSafe Food Handler’s Card.



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What geographic area(s) does your program serve? \_\_\_\_\_

When was your program founded? \_\_\_\_\_

What are the principle sources of funding for your organization?

Government fees/grants       Foundation/private grants       Private donations

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

How many people are on your staff? \_\_\_\_\_

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.

Please answer the following questions by circling “Y” for yes and “N” for no:

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?

Y / N Are clients charged a fee for services?

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



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## Section IV: Site Information

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Describe your food storage and/or food service space: \_\_\_\_\_

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Number of refrigerators: \_\_\_\_\_      Number of freezers: \_\_\_\_\_

If applicable, what is the food facility's permit number from the local Department of Environmental Health? \_\_\_\_\_

Describe your current sources of food for your food program, if applicable:

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Describe how food will be used and/or distributed to qualified patrons of your organization:

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Describe how food will be transported to maintain food product safety and integrity:

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If applicable, describe where and by whom food will be prepared prior to meal service:

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## Section V: Social Media

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

Facebook: \_\_\_\_\_

Instagram: \_\_\_\_\_

Twitter: \_\_\_\_\_

Please answer the following questions by circling "Y" for yes and "N" for no:

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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## County Partnership *for* Hunger Relief

**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 15<sup>th</sup> 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.

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Organization (Partner) Representative Signature

Date

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Organization (Partner) Representative Name

Title