



Application for Agency Partnership

Dear Applicant,

Thank you for your interest in becoming an Agency Partner of the SLO Food Bank. 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,

Kelly Boicourt
Partner Services Manager

Please submit completed application and supplemental paperwork to:

SLO Food Bank
ATTN: Partner Services
1180 Kendall Rd.
San Luis Obispo, CA 93401

Or by email:
kboicourt@slofoodbank.org

Section I: Contact Information

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 #: _____

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: _____

Section III: Food Program

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:

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 * (All Meal Sites) 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.

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)?

Section IV: Site Information

Describe your food storage and/or food service space: _____

Number of refrigerators: _____ Number of freezers: _____

If applicable, what is the food facility’s permit number from the local Department of Environmental Health (*Required for all Meal Sites)? _____

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

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

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

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

With respect to product received from the SLO Food Bank, the undersigned organization agrees to the following:

1. As an Agency 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 Agency Partner will not discriminate based on race, color, citizenship, religion, gender, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity or expression, unfavorable discharge, veteran status, or as otherwise prohibited under the current USDA nondiscrimination statement.
4. Accept all product received from the SLO Food Bank in “as is” condition and will release the SLO Food Bank and its affiliations from any liabilities resulting from donated product.
5. The Agency 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 followed and all local, state, and federal regulations are abided by to maintain the safety and integrity of food products.
6. The Agency Partner will pay any applicable shared costs and/or handling fees associated with the products procured from the Food Bank.
7. The Agency 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 Agency Partner agrees to submit monthly statistics within 7 days of the end of the month, detailing the number and age demographics of all recipients of SLO 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.

Organization (Agency Partner) Representative Signature

Date

Organization (Agency Partner) Representative Name