



FREESTORE FOODBANK

PARTNER AGENCY SETUP - PARTNERSHIP APPLICATION

Information

The mission of The Freestore Foodbank is to **“Improve lives by eliminating hunger in partnership with our community.”** Freestore does this with equitable distribution throughout our 20-county service territory. Recognizing that donated food resources are limited, the Freestore Foodbank reserves the right to prioritize potential member agencies based on the type of services provided, the geographic location of the agency, the capacity of the agency and other criteria. The purpose of the application is to provide the Freestore Foodbank (FSFB) with the information necessary to determine your agency’s eligibility for membership.

The following items must be included with the application to be eligible for review for Freestore Foodbank agency partnership:

- A completed Freestore Foodbank Partnership Application- All questions must be answered. If a question does not apply note, “N/A”.
- A copy of the agency’s IRS final determination letter which states 501(c)3 Federal Tax Exempt Status. Copies of the state tax exempt letter are accepted as proof of tax-exempt status.
 - Churches must include either a 501(c)3 determination letter, and/or a letter from the denomination headquarters stating that the church applying for membership is a church in good standing with the denomination. Independent (non-denominational) churches without a 501(c)3 letter should contact the FSFB for requirements.
- A current list of the agency’s Board of Trustees or list of the church deacons or elders, along with the telephone number and address of the board Chair.
- Any additional information such as an annual report, marketing materials, program flyer or other printed information about the agency and the programs it provides.
- A copy of current Intake/registration form(s) used by the agency.
- A copy of the most recent pest control inspection, if your pantry stores food. If the agency has a contract for pest control, a copy of the contract is acceptable.
- A copy of a current Food Safety certification, such as ServSafe Food Handler, for a member of the food pantry.

If you have any questions about the above requirements or documentation, please click [here](#).



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Contact Information

Partner Agency Name: _____

Distribution Address: _____

City: _____ State: ___ ZIP: _____ County: _____

Email Address: _____

Phone: _____ Fax: _____ Website: _____

Billing Address (If Different): _____

City: _____ State: ___ ZIP: _____ County: _____

Agency Director: _____ Point of Contact: _____

Does your organization have access to a computer that is connected to the internet? _____

Partner Information

Program Type

Emergency	Pantry	Soup Kitchen	Homeless Shelter
Youth	Day Care	After-School Program	Residential Program
Elderly	Day Program	Residential Program	
Substance Abuse/ Rehab	Day Program	Residential Program	
Health Clinic	Transitional Housing	Other:	
School Pantry			



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Date Program Began: _____ Areas Served/ Zip codes served: _____

Hours of Operation (Open for Clients)						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

If the program is open less than one day a week, please describe the schedule of operation:

Financial Information

Program Annual Budget: \$ _____ Monthly Food Budget: \$ _____

Sources of Funding (Figures should equal 100%)

Donations _____ %
 Grants/Foundations _____ %
 Fundraising Events _____ %
 Government _____ %
 Program Service Fee _____ % Please Explain _____
 Other _____ % Please Explain _____
 100 %

Sources of Food

Purchased _____ % Donated _____ %
List Retail / Wholesale Food Suppliers _____

Staffing Information

How many staff and volunteers run the program?
_____ Full-Time Staff _____ Part-Time Staff _____ Volunteers

Collaborative Efforts

Please describe any collaboration the agency is involved in. Collaborations occur when a number of agencies and individuals make a commitment to work together and contribute resources to obtain a



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common, long term goal that cannot be achieved more efficiently as individual entities. Please do not list organizations that only fund the program, or organizations that refer clients to/accept referrals from your program or its' clients.

Client Information

Primary Client Population _____

Client Restrictions (if any, as required by program)

Age _____ Income _____ Gender _____ Other _____

How does your organization screen clients for eligibility? Please describe your intake process, and attach sample screening/intake forms:

Does your organization require verification and / or identification? Please Explain

Primary Programs (Emergency Food Pantry Only)

Service Data		
How many served?	Monthly	Yearly
Households		
Individuals		

How many pounds do you provide for the average household of 4 people? _____

How often may clients receive food? _____

Other services provided to clients: _____



Kitchen and Storage Area

Dry storage capacity (length, width, height) _____

Describe area (shelves, cabinets, pallets, basement, etc.) _____

Freezers (number of units)			Refrigerators (number of units)		
Domestic	Commercial	Walk-in	Domestic	Commercial	Walk-in

On-Site Meal Providers (If clients eat meals at your location)

(Meals served)	Breakfast	Lunch	Dinner	Snack
Daily				
Monthly				

Does your agency prepare meals on site? Yes No
 Does your agency use catered meals? Yes No

On-Site Meal Providers

Describe kitchen and facility area, list equipment:



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Signature

Partner/Agency Director (Name)

Signature

Date

Following a review of the application, the Freestore Foodbank Agency Relations Coordinator assigned to your Pantry will contact you with the determination on partnership. If the determination is to move forward in the process, the next steps are:

- 1) The Agency Relations Coordinator will contact you to schedule an in-person or virtual site visit of your facility to get an overview of the food distribution program your organization provides and any other community service programs.
- 2) The contact person at your organization for your Freestore Foodbank account will be required to attend a New Partner Orientation to review procedures for ordering, reporting, etc.
- 3) One person from your organization is required to have ServSafe or another recognized food safety certification. A copy of the certification will need to be received by the Freestore Foodbank when partnership is approved and officially finalized.