



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 completed and signed Freestore Foodbank Partnership Agreement.
- 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.
- 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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Agency Information

Agency Name: _____

Distribution Address: _____

City: _____ State: __ ZIP: _____ County: _____

Published
Email
Address: _____

Main Phone: _____ Fax: _____ Website: _____

Billing Address (If Different): _____

City: _____ State: __ ZIP: _____ County: _____

Contact Information

Primary Contact Name: _____

Primary Contact Title: _____

Primary Contact Email: _____

Work phone: _____ Mobile phone: _____

Secondary Contact Name: _____

Secondary Contact Title: _____

Secondary Contact Email: _____

Work phone: _____ Mobile phone: _____



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Program Information

Program Type

<input type="checkbox"/> Pantry	<input type="checkbox"/> Soup Kitchen	<input type="checkbox"/> Homeless Shelter
<input type="checkbox"/> Day Program	<input type="checkbox"/> Residential Program	

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

Weeks of Month Operation is Open for Clients					
1 st week	2 nd week	3 rd week	4 th week	5 th week	

Months Agency is Open for Clients							
Quarter 1		Quarter 2		Quarter 3		Quarter 4	
<input type="checkbox"/>	January	<input type="checkbox"/>	April	<input type="checkbox"/>	July	<input type="checkbox"/>	October
<input type="checkbox"/>	February	<input type="checkbox"/>	May	<input type="checkbox"/>	August	<input type="checkbox"/>	November
<input type="checkbox"/>	March	<input type="checkbox"/>	June	<input type="checkbox"/>	September	<input type="checkbox"/>	December

For Pantries: About how many families do you serve monthly? _____

For Soup Kitchens and Shelters: About how many meals (by headcount) do you serve monthly? _____

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.