



PARTNER APPLICATION PACKET Version 1.8

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INTRODUCTION

Thank you for your interest in partnering with the Food Bank of Eastern Michigan (FBEM). Please have the Pastor/Director/Chief Executive of your agency review and sign all documents. Please feel free to contact Austin Knight at 810-396-0222 anytime with questions.

HELPFUL HINTS - Most delays are due to an incomplete packet.

- Read through the entire packet before filling out the application.
- **Use the application checklist on page 10 to make sure your packet is complete.**
- Make sure all forms are signed by the Pastor/Director/Chief Executive before turning it in.
- Make a copy of your application for your files.

ELIGIBILITY CRITERIA

To partner with FBEM an agency*:

- Must be a non-profit organization or equivalent.
- Must be incorporated for the purpose of serving the needy, ill or infants (minor children).
- Can not charge for food, be reimbursed, compensated or require services in exchange for food.
- Can not be an entity of a municipality (e.g., a school, hospital or prison).
- Must have been operating a pantry and/or a soup kitchen for six months.
- Must have a working email address.

**Please review the Agency Agreement on page 6 and checklist on page 10 for a complete list of partnership terms and conditions.*

PRIORITIZATION OF SERVICE

The Food Bank of Eastern Michigan gives priority to established nonprofit organizations in underserved areas with on-going food programs for the needy, ill or infants (minor children). We reserve the right to postpone or deny partnership to organizations.

APPLICATION PROCEDURE

1. After organization contacts FBEM, Outreach Coordinator will pre-screen and schedule a site visit.
2. Organization completes and submits an application packet to FBEM.
3. FBEM reviews the application and notifies the organization of its partnership status.



Food Bank of Eastern Michigan

PARTNER APPLICATION, AGREEMENT & RELEASE

PART ONE: Agency Information

Agency Name: _____

Food Distribution Address*: _____

City: _____ Zip: _____ County: _____

Phone: _____ Alternative Phone: _____

Fax: _____ Website Address: _____

Billing/Mailing Address (if different from above): _____

City: _____ Zip: _____

AGENCY STAFF

Pastor/Director/Chief Executive Name & Title: _____

E-mail: _____ Phone: _____ Fax: _____

Primary Contact Person Name & Title: _____

This person will be considered the contact person for communication from the FBEM.

E-mail: _____ Phone: _____ Fax: _____

List *up to* two people who will be authorized to order product on your agency's behalf. Future changes must be addressed in writing on agency letterhead.

1.) Name: _____ E-mail: _____

2.) Name: _____ E-mail: _____

**Food Distribution address cannot be a residential property. Please list additional food distribution site addresses on a separate sheet of paper and attach. Mobile Programs Only: please indicate address listed on 501(c) (3) or physical location of church.*

PART TWO: Services & Programs

Our agency is applying as an (please check only one):

- Emergency food program (distributes bagged or boxed groceries)
- On-site food program (prepares and provides meals on site)
- Emergency and on-site food program (both)

Our agency provides the following services (please check all that apply):

- | | | |
|---------------------------------------|---|---|
| <input type="checkbox"/> Shelter | <input type="checkbox"/> Pantry | <input type="checkbox"/> Substance Abuse Services |
| <input type="checkbox"/> Childcare | <input type="checkbox"/> School | <input type="checkbox"/> Soup Kitchen |
| <input type="checkbox"/> Youth Center | <input type="checkbox"/> Senior Services | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Summer Camp | <input type="checkbox"/> Community Center | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Group Home | <input type="checkbox"/> Low Income Housing | |

Does your agency require/request clients to pay for any of its services? (This includes sliding scales for group, residential and senior living facilities) Yes No

If yes, please explain: _____

FOR PANTRIES:

Please complete if your agency distributes bagged or boxed groceries. What are the days and hours of your food distribution?

Sun	Mon	Tues	Wed	Thurs	Fri	Sat

Approximately, how many people do you serve each month? _____

FOR SOUP KITCHENS:

Please complete if your agency prepares and provides meals on site. What are the days and hours of operation?

Meal	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Breakfast							
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Lunch							
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Dinner							
	Sun	Mon	Tues	Wed	Thurs	Fri	Sat
Snack							

Approximately how many people do you serve each month? _____



ALL PROGRAMS:

How often may a person receive food? _____

How long has your program been in operation? _____

Geographic Service Area: _____

What are your eligibility requirements? Client Restrictions (if any, like Age, Income, Gender, Other)? _____

What record keeping system do you have in place? _____

What rules/guidelines have you created to manage your program? _____

Please include a copy of your intake form.

Does your agency have a certified food handler on staff? Yes No (If yes, please attach copy of food handler's card)

PART THREE: FINANCIAL INFORMATION

Sources of Funding: Donations____% Grants/Foundations____% Fundraising Events____%
Other____% (Figures should equal 100%)

Government Funding: FEMA ____% State____% Local____%
County____% (Figures should equal 100%)

Date current food program began:_____ Monthly food budget:_____

Do you determine your organization's food budget? Yes No

If "No", how is your food budget set? _____

PART FOUR: Food Storage Facilities

What type of food storage facilities do you have?

Dry Storage Yes No If yes, _____ ft. X _____ ft. = _____ square feet

Frozen Storage Yes No Qty/Size: _____

Refrigerated Storage Yes No Qty/Size: _____

PART FIVE: Signature

I certify that the above application is complete and the information is true and correct to the best of my knowledge. I understand that false information on this application may be grounds for non-approval of the charity application or termination of your organization's participation with the Food Bank of Eastern Michigan.

Signature of Pastor/Director/Chief Executive

Date

Print name of Pastor/Director/Chief Executive

Print Title

PART SIX: Agency Agreement

This Agency Agreement is between the Food Bank of Eastern Michigan (FBEM), a Michigan not-for-profit corporation, and _____ (agency).
Agency Name

In accordance with the requirements of becoming a partner agency of FBEM, the Agency shall comply with the following requirements of Feeding America, FBEM, the state of Michigan and other related entities;

1. Each agency must have a current ruling Letter of Determination from the IRS 501(c) (3) verifying tax-exempt status or demonstrate its status as equivalent.
2. All product obtained from FBEM must be stored on site at the member organization's facility and not on property deemed as a residential property.
3. All storage areas must be clean, dry, free of contaminants, and secure.
4. All product obtained from FBEM must be stored a minimum of 6" off the floor. Food may not be stored along with chemicals.
5. Proper pest control methods (e.g., no poisons) must be practiced.
6. All freezers and refrigerators must be clean and held at appropriate temperatures. Freezer temperature must be equal to or less than zero degrees and refrigerator temperatures must be equal to or less than 40 degrees.
7. Agencies must ensure safe and proper handling of donated goods, conforming to all local, state, and federal regulations.
8. Agencies must have at least one, preferably two, ServSafe trained staff/volunteers. Agencies will not be able to order product until ServSafe training has been completed and training documentation has been received by FBEM.
9. Agencies must be willing to adhere to any additional donor stipulations.
10. Member organizations may only repackage bulk food if they have appropriate facilities and licensing.
11. Unlabeled products available to congregate agencies must be kept in labeled cases until used.
12. Product "use by" dates do not necessarily indicate the useful life of a product. Products are often good beyond this date. Products that have passed their "use by" dates and show signs of deterioration must be discarded. FBEM staff are available for consultation on questionable products.
13. Agency agrees to accept all product in an "as is" condition.

14. Products obtained from FBEM must be given free to the ill, needy, and infants as per Section 170 (e) (3) of the Internal Revenue Service Code. Agencies will not engage in discrimination, in the provision of service against any person because of race, color, citizenship, religion, sex, national origin, ancestry, age, marital status, disability, sexual orientation (including gender identity), unfavorable discharge from the military or status as a protected veteran.
15. Comply with state of Michigan requirement of annual Civil Rights/non-discrimination training in order to qualify to receive any product received from USDA.
16. Products obtained from FBEM are to be used to fill the gaps that the primary food assistance network (i.e., government feeding programs) misses. Products must be distributed to recipients in the form of meals or pre-packed distribution packages.
17. FBEM member organizations must have a primary source of funding other than voluntary donations received from the recipients.
18. Products received from FBEM must not be sold, bartered or traded.
19. Products obtained from FBEM may not be used for parties, fundraisers, or similar events (e.g., vacation bible school).
20. Products obtain from FBEM are NOT intended for regular use by staff or other persons who are not being served by the program.
21. Member organizations must be agreeable to supporting the operations of FBEM with the suggested shared maintenance contribution, annual membership contribution and agreement to pay any handling fees assessed on boxed or repacked items.
22. Church pantries may NOT exclusively serve their membership.
23. Maintain all licenses and permits required by the State of Michigan, and any other governmental authority, needed to operate in accordance to the law.
24. Promptly disclose any business interest or actual or potential conflict of interest that could compromise public trust or cause the perception of a conflict of interest (e.g., operating a store or having a family partner who operates a store).
25. Permit on site inspections by FBEM representatives at FBEM's discretion.
26. Maintain a file of all food bank receipts for three years.
27. Submit monthly reports of the number of unduplicated individuals served during the previous month. Any agency not submitting monthly reports three months in a row shall be automatically placed on hold.
28. Pay all account balances within 30 days of statement date with agency check. No cash, personal credit cards, money orders, personal checks are accepted.



- 29. All account balances not paid within 60 days shall be automatically placed on hold.
- 30. Notify FBEM in writing of all pertinent information concerning the agency's food distribution program. This includes hours of distribution to clients, individuals authorized to pick up food, and changes in key staff/volunteer personnel.
- 31. Send a minimum of one agency representative to FBEM Annual Agency Conference.
- 32. Either party can terminate this agreement immediately with or without cause upon notification to the other party.
- 33. Willingness to abide by the policies, procedures, and record keeping requirements of the Member.

Failure to maintain terms of this agreement may result in partnership status being placed on hold or in some cases terminated. If at any time an agency feels they have been wrongly terminated, the chief executive/pastor/president may file a grievance as outlined in the Agency Handbook.

I accept and agree to abide by all the above terms and conditions.

Signature of Pastor/Director/Chief Executive

Date

Print name of Pastor/Director/Chief Executive

Print Title

FBEM Agency Relations Representative

Date

PART SEVEN: Agency Liability Release Statement

The undersigned authorized Agent of _____ warrants that
(NAME OF AGENCY/CHURCH)

During active membership, Agency will receive assorted products from Food Bank of Eastern Michigan, Inc. Said Agent further warrants that the above described products will be duly inspected upon delivery and found to be fit for human consumption.

It is further agreed between Food Bank of Eastern Michigan, Inc. and
 _____ that:
(NAME OF AGENCY/CHURCH)

1. Product is accepted in "as is" condition.
2. Food Bank of Eastern Michigan, Inc., Feeding America, and the original donor expressly disclaim any implied warranties or merchantability of fitness for consumption or fitness for a particular use.
3. There have been no expressed warranties in relation to this donation of product.
4. Said agency releases both the original donor, Feeding America, and Food Bank of Eastern Michigan, Inc. for any liability resulting from the condition of the donated product and further agrees to indemnity and hold the Food Bank of Eastern Michigan, Inc., Feeding America, and the original donor free and harmless against any and all liabilities, damages, losses, claims, causes of action and suits of law or inequity or any obligation whatsoever arising out of or attributed to any action of said agency of any personnel employed by said agency in connection with is storage and use of donated product.
5. The agency will use the items only in use related to its exempt purpose and solely for the care of ill, needy, and infants. Agency will not engage in discrimination, in the provision of service, against any person because of race, color, citizenship, religion, sex, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity, unfavorable discharge from the military or status as a protected veteran.
4. That agency will neither offer for sale, sell, transfer, nor barter the items supplied by the Food Bank of Eastern Michigan, Inc. in exchange for money, other properties, or services.
5. Agency will ensure the safe and proper handling of donated goods, complying with all local, state and federal regulations.
6. Agency is willing to adhere to any additional donor stipulations.

SIGNATURE _____
(AGENCY DIRECTOR/CHURCH PASTOR)

TITLE: _____ DATE: _____

PART EIGHT: Application Checklist

Your completed application packet should include:

- Signed original Agency Application
- Signed original Agency Agreement
- Signed original Agency Liability Release Statement
- Copy of agency's IRS 501(c)(3) or equivalent documentation
- Copy of agency's Articles of Incorporation
- Current list of Board of Directors
- Copy of local health department license (for agencies preparing food)
- Completed Civil Rights Training documentation
- Copy of agency intake form

Please make a copy of your application packet for your files.

Return completed application packets to:

Food Bank of Eastern Michigan
Attn: Austin Knight
2300 Lapeer Rd.
Flint, MI 48503
OR
Fax to: 810-239-2396
Scan to email: aknight@fbem.us