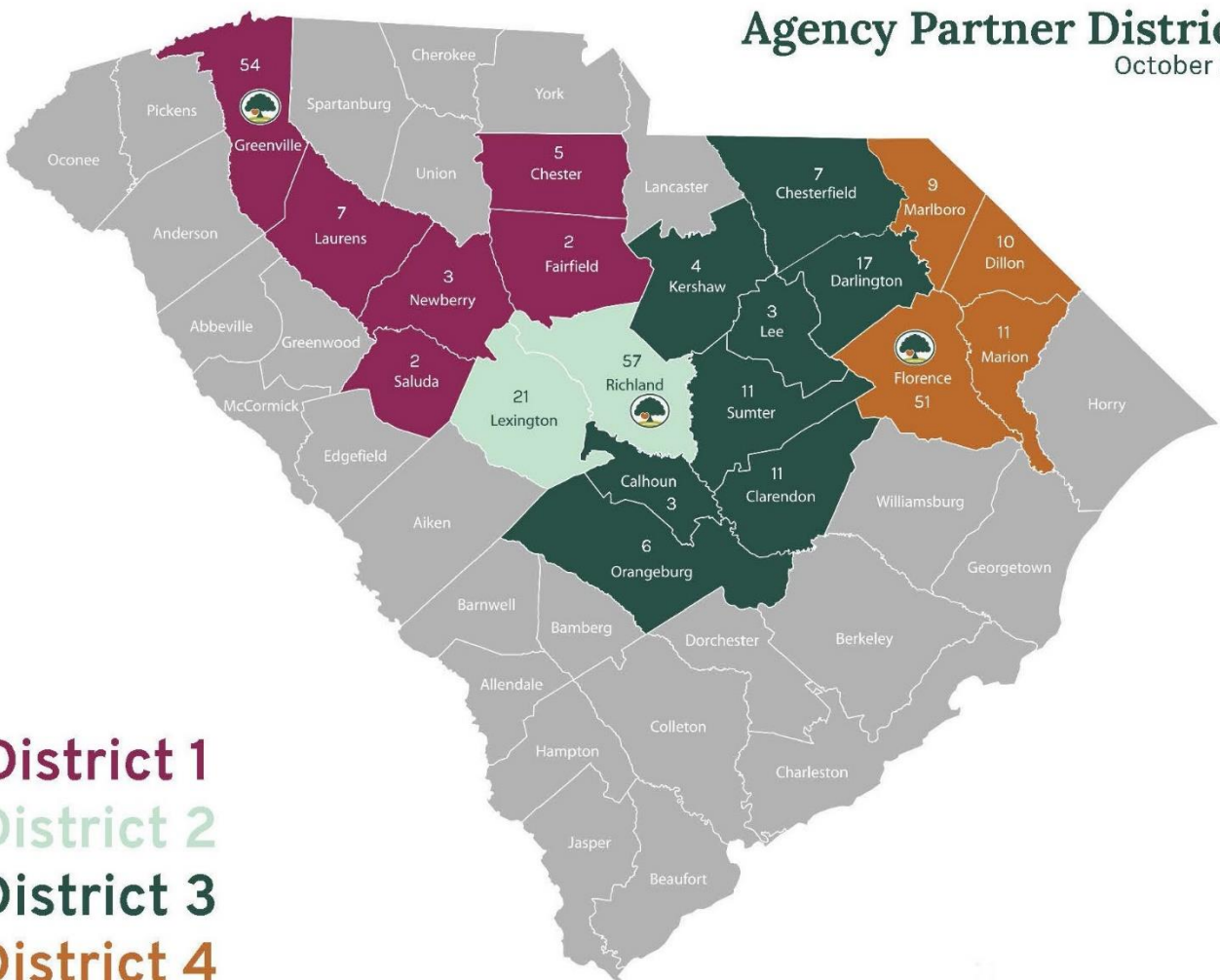




HARVEST HOPE FOOD BANK PARTNER AGENCY APPLICATION PACKET

Transforming lives in the communities we serve by feeding the hungry, addressing food insecurity and building a healthy and hopeful hunger-free tomorrow.





HARVEST HOPE

Dear Prospective Food Bank Partner,

Thank you for your interest in becoming an agency partner of Harvest Hope Food Bank (HHFB). We are excited to learn about organizations that support food insecure community members. Enclosed is an application packet requesting the required information to evaluate your organizations capacity for becoming an agency.

We strive to collaborate with organizations that uphold the mission, vision, and standards of HHFB. Because our resources are limited and we believe in making the most impact possible across our 20-county network, we cannot partner with every interested organization. I encourage you to complete the pre-application checklist which outlines the criteria for becoming an agency to determine whether to proceed with your application.

New Applicants are required to submit a non-refundable **\$125 application fee** (by organization check only) This \$125 application fee covers the costs of a required site visit to potential member agencies along with application processing, file upkeep and monthly mailings. **Payment is due at the initial inspection. Please do not mail application fees until requested by the agency relations coordinator.**

Federal law requires that organizations receiving donated food products from the corporate food industry must be incorporated as, or affiliated with, a certified charitable organization under section 501(c)3 of the Internal Revenue Service Code. If you accept monetary donations from any source that may be used as a tax deduction by the donor, which includes most donations, you must also have a charitable 501(c)3 tax-exempt status.

Since more than 90% of the product we distribute comes from the corporate food industry, we are required to have proof of the federal charitable tax-exempt status of each participating agency on file.

Therefore, along with your agency application and agreement, you need to send us a copy of your 501(c)3 IRS letter of determination. If the name of the agency applying does NOT match the name on the IRS Letter of Determination, we will need a sponsorship letter from the organization named on the IRS Letter. This letter needs to be on the organization letterhead documenting how you are affiliated with them. If you are an unincorporated church, you must submit an IRS church qualifier form.

The following steps need to be completed to evaluate each agency:

- ♥ Fill out the enclosed partnership application and return via email to agency.relations@harvesthope.org
- ♥ Include your 501(c)3 IRS letter of determination
- ♥ Service area is reviewed for unmet needs by HHFB and request for partnership proceeds to the next step if the area is underserved

Once the application is received and reviewed, we will contact you to discuss potential partnership. If accepted as a partner, we will schedule a site inspection so that we may proceed with collaboration and your \$125 application fee will be collected. Please feel free to contact me with any questions. We look forward to working with you in the future.

Sincerely,

Agency Relations Team

Agency Relation Teams
Harvest Hope Food Bank
PO Box 451
Columbia, SC 29202
agency.relations@harvesthope.org

Application for Partnership

AGENCY INFORMATION

Agency Full Name *please put acronyms after full name. example: Mission United Methodist Church (UMC)*

Physical Address	City	State	Zip
------------------	------	-------	-----

Billing Address	City	State	Zip
-----------------	------	-------	-----

Site Phone: (xxx) xxx - xxxx	Website
------------------------------	---------

PRIMARY CONTACT The individual with your agency that will sign contracts, oversee programs, and communicate all information from HHFB to your staff and volunteers.

Primary Contact Name	Title/Role
----------------------	------------

Phone #1 (Main contact)	Phone #2 (this # will only be called in emergency)
-------------------------	--

Email *****This will be the email that contracts will be sent to through DocuSign and all receive all correspondence *****

SECONDARY CONTACT The individual who will be contacted in an emergency and when the primary contact cannot be reached.

Secondary Contact Name	Title/Role
------------------------	------------

Phone	Email
-------	-------

Program Interests:	Senior Feeding	Child Feeding	Mobile Food Pantry
	Agency Shopping	USDA (TEFAP)	
Non-profit status:	Yes	No	

Federal IRS tax exempt # (501 (c)3)
Please attach a copy of your IRS Tax exempt Designation Letter

Is your agency licensed by the state to serve a specific number of clients? Please explain:

FOOD/DISTRIBUTION HOURS

MONDAY	TUESDAY	WEDSDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

BUSINESS/OFFICE HOURS (if different from above)

MONDAY	TUESDAY	WEDSDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY

SERVICES PROVIDED

Please describe the type of services provided by your agency/program. Please include all services, even those that are not food related.

Do you have any requirements for individuals who use your services (i.e. must live in X county or be of a certain age?)

Please explain how HHFB food will be utilized.

Please describe the people cared for by your agency. Include age, income level, physical or mental disabilities.

Does your organization provide meals on your premises? Yes No
 If yes, how often? Daily Weekly Monthly Other: _____

Number of people served at each meal:

Breakfast	Lunch	Dinner	Snacks

Does your agency provide home delivered meals? Yes No

Does your agency distribute food packages for emergency assistance to individuals or families? Yes No

What is the average number of individuals served each month? _____

What is the average number of households served each month? _____

What percentage of your clients are low income? _____

Does your agency provide food to anyone other than clients directly under your care? Yes No

CORPORATE OFFICERS & GOVERNING BOARD

501 (c) 3 Board

President _____
 Vice President _____
 Secretary _____
 Treasurer _____

Church Governing Officers

Pastor _____
 Deacon _____
 Trustee _____
 Secretary _____

FUNDING

Do you charge your clients for services offered? Yes No

Is your organization reimbursed by the government for services for client care? Yes No

If yes, explain: _____

FOOD STORAGE

Does your organization have space for storage? Yes No

Dry storage: Yes No Back up storage: Yes No

of Refrigerators: _____ # of Freezers: _____

AUTHORIZED SIGNATURE

 Contact Name Title/Role

 Signature Date