

Second Harvest Food Bank
Of Northeast Tennessee
A member of



127 Dillon Court
Gray, TN 37615

Phone 423-477-4053
Fax 423-477-3467
www.netfoodbank.org

Serving Carter, Greene, Hancock, Hawkins, Johnson, Sullivan, Unicoi and Washington Counties

AGENCY APPLICATION

Thank you for taking the time to complete this application. Whether you are an organization wishing to become an agency or a current agency updating your status, we greatly appreciate your ongoing concern for the less fortunate members in our communities. Please be sure that all information is filled out completely and accurately. You may use the format below to assure that your application receives prompt attention:

- Use the following checklist to make certain that **ALL** required documentation is returned with your application.

- COPY OF YOUR 501 (c) (3), IRS NONPROFIT STATUS FORM**
- CHURCH QUALIFIER FORM** (if your organization is a church and you do not have a 501 (c) (3) form)
- LETTER FROM THE DIRECTOR OR PASTOR INDICATING HOW FOOD WILL BE DISTRIBUTED.** (Please state that all goods are obtained through a sharing fee; donated food is never sold and include a **list of all authorized shoppers.**)
- COPY OF A STATE TAX EXEMPTION FORM**

- If you are a current agency and need to update your application, you need only to return the completed application and the letter describing your food distribution method(s). If any additional information is needed, a Food Bank representative will call you with those details.

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Office Use: Code: _____ Pantry: _____ On Site: _____ USDA: _____ Date: _____

AGENCY INFORMATION

Agency Name: _____

Address: _____

Agency Director/Pastor: _____ Phone: _____

Under what authority do you operate as a not-for-profit agency?

IRS 501 (c) (3) (attach copy of IRS 501 (c) (3))

Religious

Other

Agency Contact Person: _____ Phone: _____

Federal IRS ID #: _____ State Exemption #: _____

Does your agency provide food to the needy, ill or infants and children?

Yes

No

Please provide dimensions or capacities for the following:

Refrigerated: _____ Freezer: _____ Dry: _____

Is food provided on site? Breakfast Lunch Dinner

Number you serve daily: Breakfast: _____ Lunch: _____ Dinner: _____

Is food provided as a pantry? Yes No

Number of persons served: _____ per _____

How often does your agency anticipate using at the Food Bank?

1 x month

2 x month

seasonal

What is the geographical area serviced by your program?

County: _____ Area: _____

List all sub-agencies within your agency participating in the Food Bank Program:

Name: _____ Address: _____

Contact Person: _____ Phone: _____

Please briefly describe your food program:

Which of the following describes your agency: (Check all that apply)

- | | |
|---|--|
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Children's Home |
| <input type="checkbox"/> Emergency Pantry | <input type="checkbox"/> Senior Center |
| <input type="checkbox"/> Set Distribution Date | <input type="checkbox"/> Temporary Shelter |
| <input type="checkbox"/> Christmas Only | <input type="checkbox"/> Orphanage |
| <input type="checkbox"/> Church | <input type="checkbox"/> Sheltered Workshop |
| <input type="checkbox"/> Residential Center | <input type="checkbox"/> Women's Shelter |
| <input type="checkbox"/> Treatment Center | <input type="checkbox"/> Member United Way |
| <input type="checkbox"/> Non Profit Day Care Center | <input type="checkbox"/> Rescue Mission |
| <input type="checkbox"/> Non Profit Nursing Home | <input type="checkbox"/> School |
| <input type="checkbox"/> State Agency | <input type="checkbox"/> Soup Kitchen |
| <input type="checkbox"/> Homeless Shelter | <input type="checkbox"/> Correctional Facility |
| <input type="checkbox"/> Non-Profit Camp | <input type="checkbox"/> Meals on Wheels |
| <input type="checkbox"/> Permanent Residence | <input type="checkbox"/> Youth Center |
| <input type="checkbox"/> Ministerial Association | <input type="checkbox"/> Special program - food for kids |

I certify that our agency will adhere to the provisions of this agreement and that the criteria outlined in "Criteria for Agency Participation" has been met and we will continue to meet these criteria. I further certify that all documents are true and accurate. We will notify the Food Bank immediately of any changes in status of agency, contact person or authorized shoppers.

Date

Signature: Director of the Organization or Pastor of the Church

This Food Bank is operated in accordance with all policies, Federal, State, and Local, which prohibit discrimination on the basis of race, color, sex, age, handicap, religion or national origin.

Please attach a letter (on letterhead) from your Pastor or Director concerning the process and distribution of the food from the Food Bank. Also, please attach a copy of your 501(c) (3). If you do not have a 501(c) (3), please state that you have never applied for or been denied a 501(c) (3) non-profit status from the IRS.

CRITERIA FOR AGENCY PARTICIPATION

In order for this agency to participate in the Second Harvest Food Bank of Northeast Tennessee Program, we hereby certify that this agency:

- AGREES not to use the term "Food bank", Food Bank" or any derivative thereof in any context that would indicate that this agency is a Food Bank.
- IS chartered in the State of Tennessee as a not-for-profit agency. (Attach a copy of Corporate Charter, IRS 501(c) (3) letter and/or private foundation ruling letter, if applicable).
- PROVIDES food directly to the needy, ill, infant and children in the form of meals and/or emergency supplies.
- Agencies agree NOT TO DISCRIMINATE in regard to race, ancestry, citizenship, sex, color, national origin, age, political belief, religion, sexual orientation including gender identity, marital status or disability, unfavorable discharge from the military or status as a protected veteran.
- WILL coordinate food solicitation efforts by keeping the Food Bank informed of all other sources of food acquired by this agency.
- WILL provide adequate storage, refrigeration and freezer space to insure the integrity of the food until used.
- MAINTAIN current licenses or certifications required by all appropriate health authorities where required.
- PROVIDE agency representatives for any training provide by the Food Bank, both prior to joining and thereafter, if required.
- CONTACT the Food Bank for an appointment prior to shopping. (Excludes Tuesdays and Thursdays)
- ABIDE by any special instructions indicated on invoice, a copy of which is provided at the time food is picked up from the Food Bank.
- COMPLETE and sign the Food Bank invoice and all other release forms.
- KEEP ON FILE copies of all invoices (for a minimum of 3 years) available for examination by Food Bank representatives during monitoring visits.
- SUPPORT the operation of the Food Bank with the suggested maintenance fee of fourteen (.14) cents per pound (gross weight) of food received.
- ACCEPT monitoring by Food Bank representatives to insure compliance with established criteria.
- KEEP accurate records of individuals served monthly and of food distributed.
- WILL NOT SELL food or charge for meals.
- WILL NOT ORDER food for, or trade food with, non-participating agencies.
- WILL NOT use Food Bank products for any other program such as banquets, parties, fundraiser, etc. This does not preclude providing meals for the needy, homeless, or at-risk infants, children and elderly.

I understand that any violation of the above criteria is grounds for possible suspension of this agency from shopping at Second Harvest Food Bank of Northeast Tennessee.

Signature: Director of the Organization or Pastor of the Church

Date

RELEASE FORM

Whereas Second Harvest Food Bank of Northeast Tennessee (hereinafter referred to as Food Bank) has agreed to provide and supply certain food items, and related items, as available to:

Agency name, address, Zip Code and Telephone Number

An IRS 501(c) (3) designated not-for-profit agency, religious or otherwise authorized participant (hereafter referred to as Donee) and whereas Donee has warranted to the Food Bank that all items received will be duly inspected by a qualified member of their staff and found it fit for human consumption, or they will not be accepted, do hereby warrant, and guarantee that:

- Donee has been awarded IRS 501(c) (3) status, or otherwise accepted as eligible through religious affiliation, as not-for-profit.
- The Food Bank and the primary donor have specifically disclaimed any warranties or representations expressed or implied, as to the purity or fitness for consumption of any or all such donated items.
- All items are accepted in an "as is" condition.
- Donee will utilize employees or volunteers having sufficient training, experience, and expertise in the evaluation, handling, preparation, and feeding of donated items to safely and properly judge, handle, prepare and serve to recipients of the donated food items.
- Donee will serve the product as soon as possible to provide maximum palatability and freshness where applicable.
- Donee hereby warrants and guarantees to the Food Bank and to the primary donor that Donee will hold them harmless from any and all liabilities, claims, losses, causes of action by Donee in connection with the storage and/or use of any items supplied to Donee by the Food Bank.
- Donee will use the items only as related to its exempt status and solely for the feeding of the ill, needy, infants, and/or children.
- Donee will neither offer for sale, sell, transfer nor barter the items supplied by the Food Bank in exchange for money, other properties or services.
- Donee will not require recipients to attend services or limit food distribution to members of their congregation.

DONEE will abide by all restrictions placed on the use and/or distribution of products provided by the Food Bank to DONEE where the primary donor has such restrictions.

ASSUME responsibility for payment of all charges incurred by the agency to the food bank on a timely basis.

NOTIFY the Food Bank immediately if (1) the agency is disbanded, (2) programs are discontinued, (3) authorized shoppers are replaced, and (4) of any other changes in agency status.

NOTIFY the Food Bank of any food received that is unusable. This will enable the Food Bank to destroy any remaining stock.

I understand that any violation of the above criteria may be grounds for suspension of this agency from Shopping at Second Harvest Food Bank of Northeast Tennessee.

Signature: Director of the Organization or Pastor of the Church

Date

NAME OF ORGANIZATION_____

AUTHORIZATION TO SHOP

Permission to shop at the Food Bank will be granted **after** approval has been granted by the Executive Director of Second Harvest Food Bank. Notification will be by letter or telephone.

For the purpose of assigning accountability for all food distributed to your agency and to authorize the charging of maintenance fees to your agency, you may authorize up to six shoppers. **ONLY ONE (1) SHOPPER & LOADING ASSISTANT MAY SHOP AT ONE TIME** and each authorized individual will charge maintenance fees to your account.

Please schedule a "shopping" appointment with the warehouse by calling 423-477-4052 x 215.

PAYMENT OF MAINTENANCE FEES

Second Harvest Food Bank agencies are billed maintenance fees by the 10th of each month following the month that the agency shops. Fees should be paid within thirty (30) days of the shopping date. All checks must be drawn from the agency account. No cash or personal checks are accepted. Checks may be brought in to the office or mailed to PO Box 3327, Johnson City, TN 37602-3327. If you have any questions on billing, please contact the Finance Director, at (423) 477-4053 x 207.

AGENCY ORIENTATION

All **new** agencies and **new** agency shoppers are **required** to attend an agency orientation to become familiar with Food Bank operations and the distribution of food. Sessions are offered the first and third Wednesday of the month @ 10:00 a.m. at the Food Bank. New agencies are notified after the initial monitoring visit to arrange a time to attend this orientation. If an agency is updating an application and wishes to add new shoppers to their list, the agency must record those names below. All new shoppers must submit a typed or written notice (on agency letterhead) from the agency director stating that the new shopper is authorized to shop at the Food Bank for your agency.

Name of person(s) attending orientation: _____

New shopper(s): _____

WHAT HAPPENS NEXT?

- All applications are reviewed for completeness and approved/denied by the Executive Director.
- New agencies: Once we receive your application, a Food Bank representative will contact you to arrange a date and time to conduct the initial monitoring visit of the facility where your food will be stored. After your food storage facility is approved, a Food Bank representative will schedule a time for all authorized shoppers to attend a mandatory orientation at the Food Bank in Gray, TN. After orientation, your organization is an officially approved agency of Second Harvest Food Bank of Northeast Tennessee.
- Current agencies: If you are a current agency updating your application and have added any new shoppers, they will need to attend an orientation. Applications are up-dated every two years, with or without any agency changes.

If you have questions or concerns, or need clarification on any information or instructions in this application, please call Agency Relations at (423) 477-4053 x 205. Welcome and thank you!!!