



Mission:

To distribute food effectively through collaborative efforts that minimize hunger, promote nutrition and encourage self-reliance through education.

Vision:

To inspire hope by leading the effort for a hunger free and properly nourished community.

**REQUEST FOR PARTNERSHIP
2017**

Virginia Peninsula Foodbank
2401 Aluminum Avenue
Hampton, VA 23661
Main: 757.596.7188
Fax: 757.595.2507
kpatrick@hrfoodbank.org

INTRODUCTION

Congratulations on taking the first step toward partnership (new or continued) with Virginia Peninsula Foodbank (VPF). Please keep in mind that completing this Request for Partnership (RFP) does not guarantee partnership. We look forward to receiving your completed application.

GUIDELINES

Purpose: Virginia Peninsula Foodbank is committed to building a hunger-free community through innovative programs and collaborative partnerships. We partner with organizations that hold similar values and a similar vision for our entire service area. These values include our commitments to service, quality, people, stewardship, and integrity. With finite resources, this RFP process will allow VPF to take a closer look at our distribution network, strategically allocate our services to the community to make the largest impact, and ensure that we are able to effectively support our partner network with high quality services and food. It is also a unique opportunity for applicants to showcase the innovative steps they are taking to end hunger across the Greater Peninsula.

Timeline and Deadline to Apply: November 1st – December 31st

- **November 1, 2017:** RFP released to all organizations and interested parties by email and mail
- **December 31, 2017:** All RFPs and supporting documents due; **no exceptions.** All documents sent by mail must be received or postmarked by midnight on December 31, 2017.
- **January 1, 2018 – January 19, 2018:** All completed RFPs received will be reviewed by an objective committee of VPF staff and external stakeholders involved in hunger-relief across the Greater Peninsula.
- **February 1, 2018:** Partnership decisions finalized and communicated to all current community partners and interested parties.

Partnership Period: If accepted, the partnership will begin February 1, 2018. The partner agreement will be valid for a two year period – until February 28, 2020. The RFP process will repeat every two years.

BASIC ELIGIBILITY CRITERIA

To be considered eligible for partnership with VPF, an organization must, *at a minimum*:

- Be recognized by the IRS as a 501 (c)(3) not-for-profit, charitable organization, or be affiliated with a 501 (c)(3) umbrella organization. Limited exceptions may be made if your church meets the spirit of the criteria used by the IRS to define a church
- Must be incorporated for the purpose of serving infants (minor children), ill, or needy
- Be located within the VPF service area which includes the cities of Hampton, Newport News, Williamsburg, and Poquoson and the counties of York, Gloucester, Mathews, James City and Surry with the understanding that all food must be distributed within this service area
- Must not charge for food, be reimbursed, compensated, or require services in exchange for food
- Must not redistribute product to non-partner organizations
- Must not discriminate for any reason
- Must not be an entity of a municipality (e.g., a school, hospital or prison)
- Must have been operating an organized and consistent pantry or soup kitchen for a minimum of three months at the time of application

- Must have adequate storage for food. Food storage and food preparation must be at a commercial location and *not at a home or place of residence*. VPF prefers that food storage and preparation be at the site of distribution
- Primary contact/shopper must hold the ServSafe Safe Food Handling for Food Banking certificate
- Must have a consistent distribution day and time at an identified location so that there is access to as many people as possible. Food distribution must occur at least once a month.
- Must make effort to have the organization listed on 211virginia.org
- Must be led by a non-recipient of the food distribution program
- Applying organization understands that VPF will have the food distribution information available to the public through our website and other resource documents

Partnership Benefits: As a community partner of VPF, you will have access to our agency shopping floor for reduced-cost healthy and diverse food items, safe food handling workshops and staff technical assistance and support, Neighbor to Neighbor assignments (if applicable) through our affiliations with grocery stores and retailers, and a diverse network of strong organizations, from which to learn and with whom to collaborate.

How to submit your RFP: There are four parts to your application:

1. Fill out the RFP application completely.
2. Submit the supporting documents. See the supporting document checklist below.
3. Obtain the two indicated signatures on the signature page. The signatures must match the contact information on page 6.
4. Submit the application via mail, email, or in person.

**Please note: If you successfully completed an application for partnership with Virginia Peninsula Foodbank between January 1, 2017 and the present, you do NOT need to turn in the following support documents.*

SUPPORTING DOCUMENT CHECKLIST

If you have NOT applied for partnership during the current calendar year, your completed application must include:

- Copy of your organization's IRS 501(c)(3)
- 14 Points worksheet if organization is qualifying as a church or other religious organization
- Copy of your organization's Articles of Incorporation
- Copy of linkage documents (needed if your organization's address on the 501(c)(3) is not the actual distribution address)
- Copy of organization's listing on 2-1-1 (a printed copy of online listing is sufficient)
- Copy of ServSafe Safe Food Handling for Food Banking Certificate (for all designated shoppers or Neighbor to Neighbor volunteers)

How to submit your application and supporting documents: VPF requires that you fill out the RFP on the paper application that was emailed/mailed to your organization, but there are

multiple ways to submit your RFP and supporting documents. You may **scan** your application and supporting documents and **email** to kpatrick@hrfoodbank.org, or **mail or hand deliver** to our physical address: 2401 Aluminum Avenue, Hampton, VA 23661, Attn: Katie Patrick. If you choose to mail your supporting documents, they must be postmarked by December 31, 2017.

Please contact the Agency Services Department with any questions.

Once again, congratulations on taking the first step toward partnership with Virginia Peninsula Foodbank, and thank you for all of the work you are doing in our community to end hunger

Please note: all questions must be answered, and incomplete applications will *not* be reviewed. It is your responsibility to read all instructions carefully and answer the questions truthfully.

ANY ORGANIZATION FOUND TO HAVE PROVIDED FALSE OR MISLEADING INFORMATION WILL BE IMMEDIATELY DISQUALIFIED FROM THIS APPLICATION CYCLE.

GENERAL INFORMATION

PRIMARY INFORMATION

Incorporated 501(c)(3) Entity Name: _____

EIN Number: _____

Name of Food Program: _____

Food Distribution Address: _____

City: _____ Zip: _____

Food Storage/Food Preparation Address (if different from above): _____

City: _____ Zip: _____

Phone: _____ Alternate Phone: _____

Fax: _____ Web Address: _____

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

City: _____ Zip: _____

**For additional food distribution sites, complete the Additional Food Sites form at the end of the application - page 18*

If you have criteria for the clients you serve, what are they? (zip code, city, homeless, etc.):

Partner is applying as a (check all that apply):

- Pantry (emergency food/grocery programs)
- On-Site Meal Program (prepared meals – i.e. sack lunches, soup kitchens, shelters)
- Residential facility/group home (applicants in this category must complete additional information) *For additional food distribution sites, complete the Residential Program form – Page 19*
- Large-scale distribution host (large distribution at least once a month, no open pantry)

STAFF INFORMATION

Chief Executive/Director/Pastor Name: _____ Title: _____

E-mail: _____ Phone: _____ Fax: _____

Primary Contact Person Name: _____ Title: _____
(First point of contact for VPF communications)

E-mail: _____ Phone: _____ Fax: _____

List a maximum of five people who will be the organization’s approved shoppers to order or pick-up product on the organization’s behalf:

1) Name: _____ E-mail: _____

2) Name: _____ E-mail: _____

3) Name: _____ E-mail: _____

4) Name: _____ E-mail: _____

5) Name: _____ E-mail: _____

DISTRIBUTION INFORMATION

When did your organization begin a food assistance program? (mm/yy) ____/____

When did your partnership with VPF start? (mm/yy) ____/____

When is your organization open for food assistance? Please fill in hours beneath applicable days.

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

If hours are not weekly, please specify days and times:

Do you provide home deliveries to homebound clients? If yes, please describe the process:

Do you serve food at offsite locations? _____

How often can clients visit your food distribution? _____

How many clients do you serve at a typical distribution/open pantry day? _____

How do you track the number of clients you serve? _____

How much food does the average client receive at a typical distribution, and what is your method for determining this amount?

Which of the following considerations does your organization use to determine hours of operation/distribution? **Please circle the option(s) that best apply:**

- a. Staff/volunteer availability
- b. Access to transportation/vehicles
- c. Access to distribution/operating space
- d. Coordination with other service providers (other food distributions in the general vicinity)
- e. Client need/request
- f. Other, explain: _____

What efforts has your organization made to be responsive to community needs regarding hours of operation/distribution? **Please circle the option(s) that best apply:**

- a. Open varying hours throughout the week
- b. Recruitment of additional volunteers/staff
- c. Client survey or observation
- d. None
- e. Other. Explain: _____

Are you currently a partner of: Virginia Peninsula Foodbank? **Y/N**
 Foodbank of Southeastern Virginia? **Y/N**
 FeedMore **Y/N**
 Other: _____

OPERATIONAL CAPACITY

Does your food pantry program have at least one freezer? **Yes / No**

Please indicate the type and number of freezers your food pantry program has:
 (Indicate number for each type):

Type:

- | | |
|--|---|
| <input type="checkbox"/> Walk In Freezer _____ | <input type="checkbox"/> Chest Freezer _____ |
| <input type="checkbox"/> Single Door Stand Alone Freezer _____ | <input type="checkbox"/> Side By Side Freezer _____ |
| <input type="checkbox"/> Double Door Stand Alone Freezer _____ | <input type="checkbox"/> Freezer/Fridge Combo (Side/Side or Top/Bottom) _____ |

Does your food pantry have at least one refrigerator? **Yes / No**

Please indicate the type and number of refrigerators your food pantry program has:
 Indicate number (for each type on space provided):

Type:

- | | |
|---|---|
| <input type="checkbox"/> Walk In Fridge _____ | <input type="checkbox"/> Side By Side Fridge _____ |
| <input type="checkbox"/> Single Door Stand Alone Fridge _____ | <input type="checkbox"/> Fridge/Freezer Combo (Side/Side or Top/Bottom) _____ |
| <input type="checkbox"/> Double Door Stand Alone Fridge _____ | |

Does your food pantry program have storage for non-perishable dry goods? **Yes / No**

Please indicate the type of non-perishable dry storage that your food pantry has:

- Climate Controlled Room _____
- Climate Controlled Trailer/Shipping Container
- Non Climate Controlled Room _____
- Non Climate Controlled Trailer/Shipping Container
- Non Sheltered, Exposed Storage Space

Does the food pantry have transportation equipment?

Yes / No

Please indicate the type and number of transportation equipment that your food pantry uses:
(Indicate number for each type below):

- Car _____
- Van _____
- Truck _____
- Truck with Trailer _____
- Refrigerated Cargo Truck _____
- Non-Refrigerated Cargo Truck _____
- Other _____

Does your organization use coolers with ice packs and thermal blankets to transport food?

Yes / No

Please indicate the type of office equipment your food pantry program has access to:
(Indicate number for each type):

- Phone
- Laptop Computer
- Desktop Computer
- Internet
- WiFi
- Printer
- Copier
- Fax
- Tables/Desks
- Chairs

Which of the following does your food program use? (Check all that apply)

- Operations plan / Standard Operating Procedures(SOPs)
- Board-approved budget
- Regular financial reporting system that tracks income and expenses
- Financial reserves to operate three to six months without additional support
- Inventory management system
- Fundraising plan
- Job descriptions
- Emergency plan for internal operations during crisis/disaster (e.g., fire drill, power outage, natural disaster, etc.)
- Ongoing pest control management
- Vendor contact list
- Other (Please describe) _____

COMMUNICATION

Which of the following compliance and reporting activities does your organization perform?

- Stores food according to food bank safety standards
- Handles food according to food bank safety standards
- Posts visual reminders of food safety guidelines (e.g., temperature guidelines)
- Has a process for receiving information about food safety concerns and food recalls
- Has a process for communicating food safety concerns and food recalls to clients
- Has a process to provide monthly reporting to food bank partner (s)
- Consistently updates food pantry program information with United Way First Call
- Has signage displayed at food distribution site
- Other (Please describe) _____

CLIENT EXPERIENCE

Which of the following activities does your food program prioritize?

- Provides other direct services focused on self-sufficiency (e.g., resume preparation, job readiness skills, case management, etc.)
- Refers clients to other resources to promote self-sufficiency (e.g., healthcare, housing, employment, government assistance programs, etc.)
- Collaborates with other social service community agencies and food programs
- Participates regularly in regional food security meetings, coalitions, task forces, etc.

Which of the following ways does your food program communicate with clients?

- On-site signage about program hours
- On-site signage about program details
- On-site signage about other services available at the food pantry
- An instant communication delivery method (i.e., email, social media, etc.)
- Other (Please describe) _____

What is the distribution site's primary distribution model? **Please circle the option that best applies (state n/a if you are a prepared meal site with no pantry model):**

- a. Standard Bag: All clients receive the same pre-packaged bag of food. They do not have the option to choose items to take home.
- b. Standard Bag plus Swap Table: Clients receive a standard packed bag but can leave items they don't want or pick-up items that others left behind at a Swap Table.
- c. Standard Bag plus an unlimited section option: Clients receive a standard packed bag but have the option to take a specified amount of additional items from the pantries unlimited section
- d. Client Choice: Food is displayed and allows clients to make selections based on what's available.
- e. Unlimited Client Choice: Set up like a grocery store. Clients may browse food and select items they want (with or without limits to number of items clients can take).

f. Other (Please describe your model): _____

When it comes to checking in your clients, what is your check in method?

Please circle all that apply:

- a. Lotto – random pull
- b. Appointment
- c. Walk-up
- d. Stand in line
- e. Application with verification: If yes, what is required? _____
- f. Assigned numbers

COMMUNITY MEETINGS

Do you attend the VPF Annual Partner Agency Conference/Meeting?

- a. Yes
- b. No. Why not? _____
- c. Never heard of these annual events. I would like more information.

NEIGHBOR TO NEIGHBOR PROGRAM

Neighbor to Neighbor (NTN) Partners help to ensure the acquisition, transportation, storage and dignified distribution of non-marketable but wholesome, perishable and non-perishable items from our grocery and retail donors. Donations can vary in size and type but generally come from all departments of the grocery store, i.e., dairy, meat, deli, bakery, produce, and shelf-stable.

VPF's NTN partners cultivate and preserve positive and respectful donor relationships by maintaining consistent pickup schedules, communication, and flexibility with the store and VPF.

If you are currently a partner, are you a NTN partner? **Yes / No**

Are you interested in applying for the NTN Program? **Yes / No**

If you answered No to the previous question, you may skip this section and move on to the Free Response Questions. If you answered Yes to the previous question, please fill out the rest of this page.

Please list all the NTN and other perishable food donors your organization currently picks up food rescue from?

Store/Donor Name	Store/Location #	Pick-Up Schedule (circle the applicable days)							SHFB affiliate
		M	T	W	Th	F	Sa	Su	
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N

* If you need additional space, please see form in back of packet - page 19

Do you have volunteers or staff members available to conduct NTN pick-ups regularly? Note: pick-ups generally take place before 1pm. **Yes / No**

If yes, please list your pick-up staff/volunteers and provide their safe food handler's card date on this form and attach their safe food handling certificate with the completed application.

Pick up Staff/Volunteer Name	Certificate Expire Date

* If you need additional space, please continue list on page 19

Do you have volunteers or staff members available to sort NTN product for food safety compliancy? **Yes / No**

Once food is picked up from the store, please explain the process of where the food goes?

Please explain your process for intake and sorting of NTN product?

Please explain how the NTN product is distributed to clients?

Do you have measures in place for contacting clients in event of a product recall? Please explain:

FREE RESPONSE QUESTIONS

Please answer all of the following questions to the best of your ability in order to give VPF the most accurate picture of your organization and the work you are doing. Keep in mind that you will be scored based on your ideas not your grammar or spelling; but please be concise and limit responses to a maximum of 250 words. There is no minimum requirement for your response.

1. What are your organization's mission and vision statements? How do they relate to VPF's vision of creating a hunger free community across the Greater Peninsula?

2. Does your organization currently collect any data about your clients (demographics such as ethnicity, age, makeup of household, etc.)? If so, what type(s) and why?

3. VPF often communicates hard deadlines for certain correspondence, such as turning in monthly reports and RSVPs for mandatory meetings. Most of this communication will be done electronically (e-mail). Please briefly explain the efforts your organization can make to comply with VPF's standards of reporting and communication (i.e., how long will it take your organization to respond to VPF communications; how often does a staff member or volunteer check and respond to messages at your organization?)

4. What has been done to build your organization's capacity in the past six to twelve months?

a. Do you have any plans for strengthening your organization's capacity in the next six to twelve months? If so, please briefly describe. If you are unsure of what "capacity" entails, please see capacity element descriptions on page sixteen for guidance.

b. What are you currently doing/willing to do in order to meet the unique needs of your community (i.e., evening and weekend hours, providing additional language services, customizing resources or food for family size)?

5. Give an example of how your organization has impacted your community. What sets you apart from other food providers?

SIGNATURE REQUIRED

I certify that the above application is complete and that the information is true and correct to the best of my knowledge. I understand that false information on this application may be grounds for our organization's application to be denied or terminated and not eligible for partnership or future partnerships with Virginia Peninsula Foodbank.

Chief Executive/Director/Pastor Name: _____

Title: _____

Date: _____

Primary Contact Person Name: _____

Title: _____

Date: _____

Virginia Peninsula Foodbank: _____

Title: _____

Date received: _____

KEY CAPACITY ELEMENTS

Equipment	Materials the organization needs in order to communicate and function properly.
Fundraising	The action of actively seeking to increase funds for the organization.
Technology	The organization's possession of computers and its ability to use them.
Planning	The methods and procedures that the organization uses to coordinate future goals.
Client Referrals	The organization's involvement and collaboration in other food programs in the community.
Distribution Process	The organization's system in distributing its food to clients.
Client Choice	The client's ability to choose the food they receive at the food distribution location.
Advocacy	The organization's relationship with legislators and its involvement in Hunger Action Day.
Nutrition	The organization's encouragement of healthy and balanced meals for its clients.
Foods to Encourage Outreach	Knowledge and promotion of Foods to Encourage among staff and clients.
Leadership	Leading figures that guide and direct the organization.
Client Intake	The organization's efforts in seeking new clients and the requirements for clients to receive services.
Partner Scope	Programs other than food distribution that the organization provides.

Additional Food Distribution Site Form

Type of Site (Circle all that apply): Food Storage/Warehouse Food Preparation Facility
 Shelter/Group Home Food Distribution Site
 Soup Kitchen/Hot Meal

Site Address: _____

City: _____ Zip: _____

Day(s) of distribution from this site: _____

Time(s) of distribution from this site: _____

Is food stored and prepped at this site? **Yes / No**

If no, please explain:

Type of Site (Circle all that apply): Food Storage/Warehouse Food Preparation Facility
 Shelter/Group Home Food Distribution Site
 Soup Kitchen/Hot Meal

Site Address: _____

City: _____ Zip: _____

Day(s) of distribution from this site: _____

Time(s) of distribution from this site: _____

Is food stored and prepped at this site? **Yes / No**

If no, please explain:

Residential Program Information Form

Please check any of the following that apply to your organization:

Rehabilitation/ Recovery Home Children's Home Women's Home
 Transitional Living Shelter Temporary Shelter Other

Other, please explain: _____

Please describe your client intake process and considerations for acceptance into your program:

Are housing fees supplemented by any of the following (check all that apply)?

Government Programs Insurance SSI

Other, please list: _____

Is the cost of meals included in housing cost (room & board)? Yes / No

Cost of services to residents/participants \$____ per _____ (day, week, month, other)

*Please attach a copy of cost breakdown to client (e.g., \$100/week = \$60/staff, counseling, testing services etc., \$20/food, \$20/rent-living, utilities, etc.)

What percentage of this income is budgeted for food? _____

How many total beds are available for use in your facility? _____

How many of your beds are available for free/income-based payment? _____

What percent of the food used on-site comes from Virginia Peninsula Foodbank*?
_____%

*Note: Neighbor to Neighbor is considered to be Virginia Peninsula Foodbank food

Are all meals cooked by staff? Yes / No

If meals are cooked/scheduled by staff, please list all meal times:

Breakfast: _____ Lunch: _____
Dinner: _____ Snack: _____

Do staff members have access to meals provided to clients? Yes / No

ADDITIONAL RESCUE INFORMATION

Store/Donor Name	Store/Location #	Pick-Up Schedule (circle the applicable days)							VPF affiliate
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N
		M	T	W	Th	F	Sa	Su	Y/N

Pick-up Staff/Volunteer Name	Certificate Expiration Date

*Please remember to submit a safe food handling certificate for each pick-up staff/volunteer