



**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  
2024**

Virginia Peninsula Foodbank  
2401 Aluminum Avenue  
Hampton, VA 23661  
Main: 757.596.7188 x109  
Fax: 757.595.2507  
[sgary@hrfoodbank.org](mailto:sgary@hrfoodbank.org)



Dear Applicant,

As members of Feeding America National Network of Foodbanks, the Virginia Peninsula Foodbank is pleased with your interest in becoming one of our partners. We look forward to assisting your non-profit or faith-based organization, by providing you with the food and training opportunities to accomplish your goals.

Our Foodbank operates on a membership basis. Each partner organization joins us towards eliminating hunger in our communities. We expect that each of our partner agencies will share our dedication to a world without hunger and towards building a community that makes food accessible to all people.

In order for us to process your application in a timely fashion, please submit all of the following:

- ❑ A COMPLETED REQUEST FOR PARTNERSHIP (RFP)
  
- ❑ A COPY OF YOUR AGENCY'S IRS 501(c)3 DETERMINATION LETTER
  
- ❑ OR, if yours is an independent faith-based organization, that **DOES NOT** HAVE A 501(c)3, please see **page 17** of this application packet for further instruction regarding how your organization can become a member of our Foodbank.
  
- ❑ Proof of ServSafe Safe Food Handling for Foodbanking Training (or registration for a future class)

Once you have completed the above and returned your packet, I will make arrangements with you to visit your site to inspect your food storage facilities and to observe your feeding program.

Upon acceptance of your application, your designated shoppers will need to attend orientation for new members to be familiarized with our shopping policies and procedures.

Please allow 1-2 weeks to process your completed membership application. We suggest that you *make a copy of your completed packet for your records*.

If you have any questions, would like a tour of the Foodbank or would like me to come to speak to your staff, please call me at 596-7188 ext. 109.

On behalf of the entire Foodbank staff, we commend you for your efforts to help those in need in our community.

Sincerely,

*Shanica Gary*  
Agency Services Director

## 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:

- Applications will be accepted from **February 1<sup>st</sup> - September 30<sup>th</sup>**
- Approvals and Renewals will occur within 60 days from receipt of completed applications and required documentation.
- Approvals is dependent upon applicants meeting the criteria and providing all supporting documentation.

### Partnership Period:

- If accepted, partnerships are valid for a 2-year period.
- All agencies are evaluated bi-annually.

### Membership Fees:

- Annual Memberships Fees range from \$200, It is based on the amount of shared maintenance fee the agency paid on pounds of food withdrawn.
- Bread Program participants pay a \$60/month fee for participation in weekly food pick-ups.
- Water, Bread and Fresh Produce are FREE. However, agencies pay a per pound fee for drinks, canned & dry items and frozen meats, that's currently around 19 cents per pound. These prices are subject to change based on market value.

## 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 **OR** complete the 14 Points worksheet on page 17.
- 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
- Must assign 2 people to be trained to use our PantryTrak database for **required electronic monthly reporting**.
- 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, 2019 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 [nsingleton@hrfoodbank.org](mailto:nsingleton@hrfoodbank.org), or **mail or hand deliver** to our physical address: 2401 Aluminum Avenue, Hampton, VA 23661, Attn: Shanica Gary. *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.

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

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## **GENERAL INFORMATION**

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### **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? \_\_\_\_\_

How many adults (18-59) does your organization serve? \_\_\_\_\_ Frequency: \_\_\_\_\_

How many seniors (60+) does your organization serve? \_\_\_\_\_ Frequency: \_\_\_\_\_

How many children (0-17) does your organization serve? \_\_\_\_\_ Frequency: \_\_\_\_\_

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/yyyy) \_\_\_\_/\_\_\_\_

When did your partnership with VPF start? (mm/yyyy) \_\_\_\_/\_\_\_\_

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: \_\_\_\_\_

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## 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:

- Walk In Fridge\_\_\_\_\_
- Single Door Stand Alone Fridge\_\_\_\_\_
- Double Door Stand Alone Fridge\_\_\_\_\_
- Side By Side Fridge\_\_\_\_\_
- Fridge/Freezer Combo (Side/Side or Top/Bottom) \_\_\_\_\_

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**

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



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

- |                                              |                                          |
|----------------------------------------------|------------------------------------------|
| <input type="radio"/> Phone _____            | <input type="radio"/> Printer _____      |
| <input type="radio"/> Laptop Computer _____  | <input type="radio"/> Copier _____       |
| <input type="radio"/> Desktop Computer _____ | <input type="radio"/> Fax _____          |
| <input type="radio"/> Internet _____         | <input type="radio"/> Tables/Desks _____ |
| <input type="radio"/> WiFi _____             | <input type="radio"/> 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

We would like for a representative from each Agency to attend our Annual VPF Partner Agency Conference/Meeting each June. Will you have someone attend?

- a. Yes
- b. No. Why not? \_\_\_\_\_



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

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

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**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





## Qualifier Form for Independent Churches and Religious Organizations

(Use this form only if your church DOES NOT have a 501c3)

Please submit a letter on your agency's letterhead stating that you do meet the IRS criteria for a church or religious organization. The letter needs to be signed by an authorized person within the organization. When the letter is submitted please attached the required documentation. 10 of the 14 IRS criteria must be met; the first five are mandatory.

| Mandatory Criteria                                                               | Possible Sources for Documentation                                                              | Documentation Attached |
|----------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------|------------------------|
| A distinct legal existence                                                       | Letter from IRS showing Employer ID Number                                                      |                        |
| A recognized creed and form of worship                                           | By-Laws, Pamphlet                                                                               |                        |
| A definite and distinct ecclesiastical government                                | By-Laws, Articles of Constitution                                                               |                        |
| Established place of worship                                                     | Church bulletin, Newsletter                                                                     |                        |
| Regular congregations                                                            | Church bulletin, Newsletter                                                                     |                        |
| Selected Criteria (Choose five)                                                  | Possible Sources for Documentation                                                              | Documentation Attached |
| Regular religious services                                                       | Church bulletin, Newsletter                                                                     |                        |
| Sunday School for the instruction of the young                                   | Church bulletin, Newsletter                                                                     |                        |
| A formal code of doctrine                                                        | By-Laws, Articles of Constitution                                                               |                        |
| A distinct religious history                                                     | Minutes from the first church meeting of written historical account                             |                        |
| Ordained ministers elected after prescribed course of study                      | Copy of Ordination and diploma                                                                  |                        |
| Schools for preparation of ministers                                             | Copy of diploma from a school of divinity                                                       |                        |
| A literature of its own                                                          | Copy of literature (published books, magazines, broadcast material)                             |                        |
| A membership not associated with any other church or denomination                | Church member directory, list of members                                                        |                        |
| A complete organization of ordained ministers ministering to their congregations | Copy of Ordination certificates and list of all ordained ministers on organization's letterhead |                        |

As a duly authorized officer of \_\_\_\_\_ (agency name), I certify that this organization meets the requirements indicated for identification as a church.

*If your church is unincorporated:* I certify that this organization has not applied to the IRS for 501(c)(3) status and has been denied, or has not had its 501(c)(3) status revoked by the IRS.

\_\_\_\_\_  
Signature Date

\_\_\_\_\_  
Print Name Print Title

# Agency Services Programs

Please read the description of each program and indicate which one(s) your organization would like to join, ***if there's room available?*** Mark an "X" next to **each** program that would meet your organization's needs.

\_\_\_\_\_ **Agency Shopping:** Foodbank Partner Agencies are able to access our 6,000 square foot shopping area to choose those foods best suited to the need of the organization and the people it serves. **SLOTS AVAILABLE**

\_\_\_\_\_ **Bread Plus Program:** Partner Agencies that are enrolled (for a \$60/month fee) receive meats, fresh produce, bread and bakery items, dairy products, snacks, plus other nutritious foods. Within hours food moves from the food bank to the hands of food insecure individuals. **SLOTS AVAILABLE**

\_\_\_\_\_ **USDA Food Commodity Program:** Through TEFAP (The Emergency Food Assistance Program), partner and non-partner agencies can apply to distribute food to income eligible individuals. **SLOTS AVAILABLE**

***The following programs are currently AT CAPACITY. As space becomes available, agencies will be notified by Shanica Gary, Agency Services Director.***

- *MFP (Mobile Food Pantries)*
- *NTN (Neighbor to Neighbor)*
- *CSFP (Commodity Supplemental Food Program) aka the "Senior Program"*