



Partner Organization

New Partner Organization Application Packet

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Redwood Empire Food Bank
707-523-7900 (phone) | 707- 523-7901 (fax)
3990 Brickway Blvd. | Santa Rosa | CA | 95403

Community Marketplace
Open Monday - Friday 8:00 am - 3:00 pm



Partner Organization

I. Introduction



Partner Organization

Dear Partner Organization Representative,

Thank you for your interest in becoming a Redwood Empire Food Bank (REFB) partner organization. Our mission is *to end hunger in our community*. We intend to work towards this goal with your help. The REFB is a 501 (c)(3) non-profit, which distributes food to charities with 70% or more of their service benefiting low-income people. In this letter you will find information on membership requirements, the application process and our Shopping Program.

What is the application process?

The first step is to submit a completed application with all the supporting documents. Based on your application, the REFB staff will determine if you are eligible to become a partner organization. If eligible, an REFB staff member will conduct an on-site monitoring visit to your organization. After that, the REFB will make final approval. Approval is based on a variety of factors including location, refrigeration and storage capabilities, and staffing. Completion of this application does **not** guarantee membership. We reserve the right to refuse membership to programs not meeting our criteria and mission. If you have questions about the application process, contact our Partner Organization Relations team at 707-523-7900.

What are the steps for application?

1. Provide a copy of your letter of determination from the Internal Revenue Service verifying that your organization is a nonprofit, tax-exempt organization under section 501 (c)(3) of the IRS code. A religious organization can use the IRS letter from its national congregation if it can show that it is a congregation member.
2. Submit a list of your Board of Directors.
3. Fill out and sign the enclosed Partner Organization and Program Applications and Partner Organization Agreement for membership
4. Pay an application fee of \$50 from the checking account of your organization. ***We will not accept personal checks.***
5. All partner shoppers will take the REFB New Partner Organization Shopper Training in order to become an active partner organization shopper.
6. Provide the REFB with an active California Food Handler card or certificate, for someone who is a key staff person in your food program.
7. Arrange for a site visit to be conducted by an REFB staff.

What are the steps for maintaining membership?

1. Pay an annual fee of \$50 from the checking account of your organization (waived during the first calendar year of your application). The check must be from your organization's checking account. **We will not accept personal checks.**
2. Distribute the food obtained from the REFB without charge, request for donation or any other exchange of services or participation in activities, including religious services.
3. Serve people without regard to race, creed, national origin, age, sex or disability.
4. Agree to regular inspections, scheduled and unscheduled, as well as monitoring every two years by the REFB as required by our affiliation with Feeding America.
5. Provide a safe, clean, dry and secure place to store food off the floor.

What is the Shopping Program?

Organizations that partner with the Redwood Empire Food Bank can shop at our Community Marketplace. Each partner organization designates who will be allowed to shop for their organization. Approved shoppers can be added or removed from this list at any time by submitting changes on letterhead.

REFB receives donated food which we make available to our partners. Partner organizations pay a *shared maintenance* fee of 19 cents per pound. This fee helps to defray operating costs such as transportation and utilities to run our large walk-in freezer and cooler, and is not related to the value of a particular item. Bread is currently free and all produce is three cents per pound. Additional, non-donated items that REFB purchases are available at wholesale prices and the cost for these products will vary by the item.

Member partner organizations cannot request or accept cash or in-kind donations in association with distribution of REFB products. Partner organizations must pay for REFB food with donations, fundraising events or grants that occur separately from their food distribution.

What kinds of food are available?

The REFB solicits donations of surplus and unmarketable food from manufacturers, retailers, farmers, brokers and from the local community in the form of food drives. The types of donated food are varied and change daily. The REFB also purchases staple food items by the truckload directly from wholesalers and can offer these items at a significantly lower cost than retailers. Items such as pinto beans, rice, canned fruit and vegetables, powdered milk, peanut butter, tuna and macaroni and cheese are usually available in our Community Marketplace.



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What are the priorities in food distribution?

The first priority of REFB is distributing food to residents of the community who face the greatest risk of hunger. The REFB establishes priorities for food distribution based on this need. Certain food donations may not be available to all partner organizations. If a small amount of a particular item is received, it may only be distributed to partnering organizations that fall in the category of the highest priority. Food pantries, soup kitchens and rural food programs will receive the highest priority.

Thank you for your interest in our Member Partner Organization Program. If you have any questions through your application process, please feel free to reach out. We are happy to support you through your application process.

Kindly,

Lina Hernandez
Email: lhernandez@refb.org
Phone: 707-523-7900 x 128
Fax: 707-523-7901

II. Partner Organization Agreement



Partner Organization

Partner Organization Name: _____

By applying to utilize the services of the Redwood Empire Food Bank (“REFB”), the partner organization agrees to abide by the following REFB policies.

1. The partner organization agrees that it meets the IRS eligibility requirements for receipt, transfer and use of donated food under section 170(e)(3). The Partner Organization certifies that it is an established, federally tax exempt 501(c)3 organization, or wholly-owned by a 501(c)3 organization or an established church; and it must be incorporated for the purpose of serving the ill, needy or infants (minor children).
2. The partner organization cannot be a private foundation, even if it has a 501(c)3 exemption.
3. The partner organization agrees that if its 501(c)3 status is revoked, or expires, the partner organization will stop distributing REFB products and will notify the REFB immediately.
4. The partner organization is required to inform REFB, without being requested, of all changes to its programs, on organization’s letterhead, including the following:
 - a. Change in organization shopper(s), **main contact person & contact information**, Program Director, Executive Director, or billing contact.
 - b. Change in telephone number, mailing address, site addresses, and/or billing address.
 - c. New food programs the partner organization wishes to implement and food programs the partner organization plans to discontinue.
Failure to make proper notification may result in suspension of REFB privileges.
5. The partner organization certifies that it will not engage in discrimination, in the provision of service, against any person because of race, color, creed, citizenship, religion, ancestry, marital status, sexual orientation including gender identity, national origin, age, sex, disability, unfavorable discharge from the military or status as a protected veteran.
6. The partner organization certifies that it will not collect fees, donations or exchange of services of any kind for products received from REFB.
7. The partner organization certifies that it will not exchange REFB products for money, products, services, or client participation in activities, including religious services.
8. The partner organization certifies that it will not use REFB products for fundraising of any kind.
9. The partner organization agrees to distribute REFB food prior to scheduled activities and/or religious services.



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10. The partner organization agrees to pay its shared maintenance contribution based on the terms established by the REFB invoice.
11. The partner organization agrees to regular inspections, both scheduled and unscheduled, as well as monitoring every two years by REFB as required by our affiliation with *Feeding America*.
12. The partner organization agrees that all organization shoppers will take the REFB New Partner Organization Shopper Training in order to become an active partner organization shopper.
13. The partner organization agrees that a key food service program staff will maintain updated California Food Handler Card or certificate. A copy of current card or certificate must be provided for REFB files.
14. The partner organization agrees that it will only distribute REFB products to programs or individuals residing in Sonoma County, unless otherwise stipulated and approved.
15. All items shall be accepted in “as is” condition.
16. The partner organization must properly store, refrigerate and handle (in accordance with appropriate Federal, state and local health regulations) REFB products to ensure that these products remain in good condition from the point they are accepted from the REFB until distributed to clients by the partner organization.
17. The partner organization agrees to complete and return REFB surveys and other requested information in allotted time.
18. The partner organization agrees to use REFB products only in a manner relating to the expressed mission and tax-exempt status of the partner organization.
19. The partner organization certifies that it will abide by federal, state and local law, including all applicable statutes and regulations; and will adhere to additional donor stipulations.
20. The partner organization must maintain a file of all food bank receipts for one year.

The partner organization recognizes that all Redwood Empire Food Bank donations are accepted under the legislative guidelines as outlined in the Bill Emerson Good Samaritan Food Donation Act of 1996 which states that: “A non-profit organization shall not be subject to civil or criminal liability arising from the nature, age, packaging, or condition of apparently wholesome food or an apparently fit grocery product that the non-profit organization received as a donation in good faith from a person or gleaner for ultimate distribution to needy individuals.”

By signing this agreement, the partner organization agrees to waive any and all rights it may have in relationship to liability on the part of the Redwood Empire Food Bank, Feeding America and the original donor, for the quality and edible nature of the food it has received from the REFB. Also, Redwood Empire Food Bank, Feeding America and the original donor will be held



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harmless from any claims or obligations in regard to the Partner Organization or the donated goods; and the aforementioned will offer no express warranties in relation to the gift of goods.

I, the undersigned, have read, reviewed, understand and agree to the Redwood Empire Food Bank policies as described above. I understand a violation or a loss of confidence on the part of the REFB that the policies or conditions of this agreement are being adhered to may result in the loss of REFB privileges. I understand that this agreement is voluntary and either party may terminate the agreement by notifying the other party.

I certify that all the information provided in this Partner Organization application is correct to the best of my knowledge.

Signature, Partner Organization Executive Director

Date

Print Name, Partner Organization Executive Director

Signature, Redwood Empire Food Bank Representative

Date

Print Name, Redwood Empire Food Bank Representative

Updated 09/09/16

III. Partner Organization Application



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III. Partner Organization Application

Person completing application: _____

Date: _____

I. Partner Organization Information

Name of Organization: _____

Year Established: _____

Executive Director: _____

Number of Participating Programs: _____

Names of Participating Programs

- 1. _____
- 2. _____
- 3. _____
- 4. _____

- 5. _____
- 6. _____
- 7. _____
- 8. _____

Mailing Address:

Street: _____

City: _____ State: _____ Zip Code: _____

E-Mail Address

Organization's Primary E-mail Address: _____

II. Staff and/or Volunteer information

Individual Responsible for Food Programs

Name _____

Title _____

Phone _____

Fax No _____

E-mail Address _____

Individual Responsible for Billing



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Name: _____

Phone: _____

Fax: _____

Email Address: _____

Billing Address

Street #1: _____

Street #2: _____

City: _____

State: _____ Zip Code: _____

IV. Program Application



IV. Program Application

I. Program information

Parent Partner Organization (organization this program falls under): _____

Program Name: _____ Year established: _____

Type of Program:

- ___ Adult Daycare
___ After School Program
___ AIDS Support
___ Child Daycare
___ Children's Home
___ Community Health Center
___ Emergency Shelter
___ Family Support Services
___ Foster Care
___ Group Home
___ Home Delivery Meals
___ Immigration Program
___ Youth Program
___ Maternity Program
___ On-Site Meal Program
___ Other Community Services
___ Other Residential Housing
___ Outreach Program
___ Pantry
___ Referral Service
___ Rehab/Treatment Housing
___ Senior Center
___ Senior Housing
___ Substance Abuse Program
___ Transitional Housing
___ Other: describe _____

Purpose of program:

How does food fit into your program goals?

II. Program Details

Program Lead's name: _____
Title: _____
Phone: _____
Fax: _____
E-mail Address: _____

Program Address

Street: _____
City: _____ State: _____ Zip: _____



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Two Individuals Responsible for Product Recall Notification

Name & title: _____
Telephone: _____
Fax: _____
Email address: _____
Mailing address: _____
Name & title: _____
Telephone: _____
Fax: _____
Email address _____
Mailing address _____

Individual Responsible for Billing

Name and Title: _____
Billing address (if different from program address): _____
Telephone: _____
Fax: _____
Email address: _____

III. Service Information

What areas of the county do you serve? _____

What are your days and hours of operation?

Do you deliver food? _____ Yes _____ No

For food distribution programs

How often can a client pick up food? _____

For on-site meal programs

Which meals do you serve? __Breakfast __Lunch__ Dinner __Snack

Number of meals served daily? _____

IV. Referral Information (Pantries and Meal Programs Only)

How are clients referred to your program?

Is this an open or closed site? ___ open ___closed

Can REFB refer clients to your program? ___ Yes ___ No

Do you require clients to call ahead of time? ___ Yes ___ No



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If yes, what is the phone number? _____

Do you require any documentation to receive food? ___ Yes ___ No

If yes, please check the documents you require.

___ photo ID ___ proof of address ___ proof of zip code
___ other (please describe) _____

V. Health Certificate/License

Are you required to have a Health Certificate or License?

___ Yes ___ No

Certificate/License No _____ Expiration Date _____

VI. Statistics

How many do you serve each month?

Number of food bags or boxes distributed each month? _____

Number of Individuals _____ Number of Households _____
(For example, a family of five would represent 5 individuals and 1 household)

Number of **unduplicated** clients served monthly? _____
(Count each individual only once, even if they receive food 4 times a month)

Number of meals served each month? _____

Percentages (each section should equal 100%)

Ethnicity
Latino _____
Non-Latino _____
Caucasian _____

Asian _____
African American _____
Native American _____
Pacific Islander _____

Ages Served
0-5 _____
6-18 _____
19-59 _____
60+ _____

Percentage

Gender
Male _____
Female _____

Percentage

Disability
Psychiatric _____

Physical _____
Developmental _____



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Percentage _____

VII. Client Qualification

Income based _____
Proof of residence _____
Age _____
Disability _____
Other _____
None _____
Income Range _____
Area served _____
Ages served _____
Disabilities Served _____
Qualifications needed _____

Sources of Food by %

REFB _____
Retail _____
Donations _____
Wholesalers _____
Food Drives _____
Other _____

VIII. Authorized Shoppers

Authorized shoppers

Phone Number or Email

