



New Partner Organization Application

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Redwood Empire Food Bank

P: (707) 523-7900 | F: (707) 523-7901

3990 Brickway Blvd | Santa Rosa, CA 95403

Partner Organization Store - Community Marketplace
is located on the (back) North side of the building,
Open Monday through Friday, 8:00 am – 3:00 pm

INTRODUCTION

Thank you for your interest in becoming a Partner Organization of the Redwood Empire Food Bank (REFB). 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 services benefiting low-income people. In this section you will find information on membership requirements, the application process, maintaining membership, our shopping program, priorities of food distribution and membership benefits. Following are the Partner Organization Application and Agreement and Program Application forms required for submittal.

Membership Requirements To be eligible for partnership with REFB, an organization must, at a minimum:

- Be an IRS recognized 501 (c)(3) non-profit organization or a Church meeting at least 9 of the 14 Church Criteria requirements
- Be incorporated for the purpose of serving the ill, needy, or infants
- Have adequate, safe, secure storage for food at the site of distribution
- Distribute or serve food at least once a month to 25 people or more
- Be led by a non-recipient of the food distribution program
- Have a Program Lead who holds a current Food Handler Certificate
- Agree to have their information available to the public through our Food Connections referral service and other resource documents (with exceptions made in regards to safety reasons)

Application Process Follow the steps below. Based on your application, REFB staff will determine if you are eligible to become a Partner Organization. If so, we will contact you to schedule a compliance visit of your Program's site. After that, the REFB will make final approval based on a variety of factors including location, 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 Kim Caffrey, Partner Dev. Mgr. at 523-7900 #130.

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 may use the IRS letter from its national congregation if it can show that it is a congregation member. Other religious organizations may qualify if they can submit 9 of the 14 required Church Criteria. Document will be supplied if needed.
2. Submit completed Partner Organization Application, Agreement and Program Application(s) for membership consideration.
3. Submit a list of your organization's current Board of Directors.

4. Providing your Partnership is approved, supply the REFB with an active California Food Handler Certificate for the onsite Program Lead of your food program to activate the Program(s).

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 established 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 Partner Organizations that fall into the category of the highest priorities. Food pantries, soup kitchens, and rural food programs will receive the highest priority.

Membership Benefits As a Partner of REFB, you will have access to shop both in our Community Marketplace and through our online platform for healthy/wholesale cost food items, access to food resources and nutrition information support for your people, food rescue assignments (if applicable) through our affiliations with retailers and grocery stores, and a diverse network of other organizations to learn from and work with at our annual Partner Organization Conference.

Shopping Program Partner Organizations of the REFB can shop at our Community Marketplace. Each Partner Organization designates who will be allowed to shop for their Program. Approved shoppers can be added or removed from this list at any time by submitting changes on letterhead or emailed from a Partner Organization approved verified email address.

REFB receives donated food which we make available to our Partners. Partner Organizations pay a shared maintenance fee of up to 19 cents per pound. This fee helps to defray operating costs such as transportation and proper food storage, and is not related to the value of a particular item. Additional non-donated items that REFB purchases are available at wholesale market prices. Costs for these cased products will vary by the item.

The REFB solicits donations of surplus and unmarketable food from farmers, manufacturers, retailers, brokers and from the local community in the form of food drives. The types of donated foods are varied and change daily. REFB also purchases staple food items by the truckload directly from wholesalers and can offer these items at a lower cost than most retailers.

Items such as UHT milk, mac & cheese, cereals, pastas, beans & rice, frozen proteins, assorted dairy, canned tuna and chicken, fruits and vegetables are standard items in our Community Marketplace and available to order online through our warehouse, often at donated prices.

Maintaining Membership

1. Willingness to abide by the policies, procedures, and record keeping requirements set forth in the Partner Organization Agreement. Failure to do so may result in suspension or termination of partnership.
2. Provide a clean, dry, secure place to store and distribute food at all times. Have at least one Food Handler Certificate holder per program.
3. Adhere to REFB's Accounts Payable policies, including the annual agency fee of \$50 from your Partner Organization. No personal checks.

Accounts Payable Invoices for orders are provided at the time of product pickup from the REFB warehouse or at the time of delivery. All orders should be carefully reviewed for accuracy and any discrepancies must be reported in writing within 24 hours. Partner Organization agrees to pay invoices as stated after the 24-hour reporting window. Standard terms are Net 30 days from invoice date.

Statements are available on our online portal by the 7th of the month for the previous periods of activity. Payments are expected as agreed, Net 30 days from the invoice date. Past due invoices may subject the partner organization to suspension or termination upon written notice. While we make every effort to contact our partners regarding past due balances, it is the responsibility of the partner organization to maintain a current balance to prevent an interruption in ordering ability.

Credit limits may be set based on a partner organization's demonstrated ability to keep their account current. If an account is suspended due to a past due balance, full payment of outstanding balance is required. Terminated accounts will require a reinstatement fee of \$50.

The accounting department can be reached at Accounting@REFB.org or (707) 523-7900.

Thank you for your interest in partnering with the REFB to end hunger in our communities. Please answer all questions as thoroughly and truthfully as possible as incomplete applications will *not* be reviewed. If you have any questions or need assistance through this process, don't hesitate to reach out.

Kindly,

Kim Caffrey, Partner Development Manager (707) 523-7900 #130

APPLICATION DOCUMENT CHECKLIST

- Copy of your organization's IRS 501(c)(3) supporting documents
- Copy of linkage documents if your organization's address is not the actual distribution address
- Copy of your current Board of Directors
- Partner Organization Application and Agreement, Program Application
- Copy of Food Handler Certificate/Card for onsite Food Program Lead
- You may **scan/email** documents to kcaffrey@refb.org or **fax** to 707-523-7901 or **mail** to 3990 Brickway Blvd, Santa Rosa, CA 95403, Attn: Kim Caffrey

Partner Organization Application Primary Information

Incorporated 501(c)(3) Name _____

EIN # _____ Website _____

Street _____ City _____ Zip _____

Phone _____ FAX _____

Staff and/or Volunteer information

Individual Responsible for Food Programs – CEO/ED/Director/Pastor/Lead

Name _____ Title _____

E-mail _____ Phone _____

Individual Responsible for Billing

Name _____ Title _____

E-mail _____ Phone _____

Billing Address (if different from Program site or Main Offices address)

Street _____ City _____ Zip _____

Person completing Application/Title _____

CEO or Executive Director - Signature _____ Date _____

Print Name/Title of Organization Representative who signed this agreement

Partner Organization Agreement for _____

By applying to utilize the services of the Redwood Empire Food Bank, 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(c)(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 may not 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 either Agency letterhead or via company branded email from the Program's Main Contact, regarding ALL of the following:
 - a. Changes in Agency shopper(s), Main Contact, Onsite Program Lead, Executive Director/Chief Executive Officer, Recall contacts, Billing contact, or Main Contract for Grocery Recovery Program if participating.
 - b. Change in location, days, or hours of site distributions, telephone numbers or emails, mailing address, 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 provide changes may result in suspension of 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, citizenship, religion, gender, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity or expression, unfavorable discharge from the military or status as a protected veteran.
6. The Partner Organization certifies that it will not collect or exchange fees, donations or services of any kind for products received from REFB.
7. The Partner Organization certifies that it agrees to distribute REFB food prior to scheduled activities, and will not require client participation, including religious services, in order to receive food.

Partner Organization

8. The Partner Organization certifies that it will not use REFB products for fundraising of any kind. Donation cans are not permitted within the area of food distributions, whether the food is from REFB or not.
9. Partner Organizations may not share, trade, barter, or redistribute REFB products with other Partner Organizations.
10. The Partner Organization agrees to pay charges based on standard Net 30 days terms. Failure to do so may result in suspension of ordering ability or termination of membership. No personal checks.
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 a key food program staff member will maintain a current CA Food Handler Card or certificate, a copy of which must be provided for REFB files. If Partner Organization is participating in the Grocery Recovery Program, an additional food program staff member is required to maintain a current CA Food Handler Card or certificate, for a total of two (2) staff members certified in food safety.
13. The Partner Organization agrees that it will only distribute REFB products to programs or individuals residing in their own county of Sonoma, Mendocino, Humboldt, Del Norte or Lake Counties, unless otherwise stipulated and approved.
14. All items shall be accepted in “as is” condition.
15. 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 REFB until distributed by the Organization, including required temperature controlled transport.
16. The Partner Organization agrees to complete and return REFB surveys and other requested information in the allotted time.
17. If the Partner Organization is currently obtaining donations, or plans to obtain future donations from grocery retailers (e.g. Safeway, Target, Costco, etc.), the Partner Organization agrees to sign REFB's Grocery Recovery Partner Organization Agreement in addition to the Partner Organization Agreement.
18. The Partner Organization agrees to use REFB products only in a manner relating to the expressed mission and tax-exempt status of the Organization's food program. *No personal shopping is permitted.*
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.



Partner Organization

20. Partner Organization must maintain a file of all food bank receipts for 1 year, either digitally or by hard copies.
21. Partner Organizations may not collect Social Security numbers, copy IDs or gather any other sensitive information.

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 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.

CEO or Executive Director - Signature	Date
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Print Name/Title of Organization Representative who signed this agreement

REFB Staff who received this document - Print/Sign	Date
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Program Application

Parent Organization that program falls under: _____

Program Name _____ Year established _____

Physical Program Address

____ Street _____ City _____ Zip _____

What is the main focus of this program? If more than 1, list in order of priority.

- | | |
|---|---|
| <input type="checkbox"/> Daycare (Child or Adult) | <input type="checkbox"/> Residential Group Home |
| <input type="checkbox"/> Food Pantry | <input type="checkbox"/> Senior Program/Housing |
| <input type="checkbox"/> Homeless Outreach | <input type="checkbox"/> Shelter |
| <input type="checkbox"/> Multi Service | <input type="checkbox"/> Soup Kitchen |
| <input type="checkbox"/> Rehab Program/Housing | <input type="checkbox"/> Youth Program |

Check all applicable sub focuses of this program

- | | |
|--|---|
| <input type="checkbox"/> After School Program | <input type="checkbox"/> Mothers/children Program |
| <input type="checkbox"/> AIDS Support | <input type="checkbox"/> Onsite Meal Program |
| <input type="checkbox"/> Community Health Center | <input type="checkbox"/> Other Community Services |
| <input type="checkbox"/> Emergency Shelter | <input type="checkbox"/> Outreach Program |
| <input type="checkbox"/> Family Support Services | <input type="checkbox"/> Referral Service |
| <input type="checkbox"/> Foster Care | <input type="checkbox"/> Transitional Housing |
| <input type="checkbox"/> Home Delivery Meals | <input type="checkbox"/> Other: _____ |

Describe the purpose of this program _____

—

How does food fit into your program goals? _____

–

Program Main Contact

Onsite Program Lead/Main Shopper for direct communications with REFB

Name _____ Title _____

E-mail _____ Phone _____

Two Individuals Responsible for Product Recall Notification

Name _____ Title _____

E-mail _____ Phone _____

Name _____ Title _____

E-mail _____ Phone _____

Individual Responsible for Billing

Name _____ Title _____

E-mail _____ Phone _____

Billing address (if different from program address)

_____ Street _____ City _____ Zip _____

Service Information

What areas of the county do you serve?

Distribution Programs - What are your days and hours of distribution?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

How often may people get food? _____

Do you deliver food? No Yes, if yes, when? _____

Kitchen/Meal Programs (Meals prepared/cooked, distinguished from snacks)

Which meals do you serve? Breakfast Lunch Dinner Snack

Number of meals served daily?

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

Referral Information – Pantries and Meal Programs only

How are people referred to your program? _____

Is this an open site? open to anyone open only to _____

If closed, list reason _____

May REFB refer people to your program? Yes No

If no, please provide reason _____

Do you require people to call ahead of time? No Yes

If yes, phone number and protocol _____

Do you require any documentation to receive food? No

If yes, check documents you require: photo ID proof of address

proof of zip code other (describe) _____

Health Certificate/License for Kitchens, Meal Programs, Centers, etc.

Are you required to have a Health Certificate or License? Yes No

Certificate/License No _____ Expiration Date _____

Statistics – per Month

Total number of households served _____

Total number of people served _____

Number of Food bags/boxes distributed if applicable _____

Total number of meals served if applicable _____

What percent of people served fall into the following categories?

Each section should equal 100%. A guesstimation is accepted.

Ages	%	Gender	%	Disabilities	%
0-5	___	Male	___	Physical	___
6-18	___	Female	___	Psychiatric	___
19-59	___	They	___	Developmental	___
60+	___				

Client Qualification What client qualifications are required to participate?

Income based ___ Income Range _____

Age ___ Ages served _____

Disability ___ Disabilities served _____

Other ___ Please describe: _____

None ___ All are welcome

List all Authorized Shoppers – Maximum of 8 per program

REFB _____
Retail DONATIONS _____
Retail DONATIONS _____
Retail DONATIONS _____
Donations, describe _____
Food Drives _____ Where/When _____
PURCHASED _____
PURCHASED _____
Other, describe _____

What foods would you like from us that would best serve your program?

If you accept outside donations, please list days/hours and type of product you accept for drop offs. If you're willing to pick up prepared foods (from restaurants or retailers), list how far you are willing to go and any limitations.

Signature

Food Pantry/Meal Program Director - Signature

Date

Print Name/Title of Organization Representative who signed this agreement