



# Partner Agency Application

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[www.fbnela.org](http://www.fbnela.org)  
4600 Central Ave.  
Monroe, LA. 71203

# Introduction and Overview

Thank you for expressing interest in becoming a partner agency of the Food Bank of Northeast Louisiana (FBNELA). In this document, we have listed our guidelines and expectations for partnership for your review. Please read through the following information and the Agency Agreement/Contract on page 9-13 to ensure that our partnership will be a good fit for your organization. If you have any questions, please don't hesitate to contact us.

*We look forward to a great partnership!*

## Eligibility Criteria

Agency Requirement for Partnership:

- Must be a 501(c)(3) non-profit organization, incorporated for the purpose of serving the ill, needy, or infants (minor children).
- If you are a Church and do not have a 501(c)(3), please request a church qualifier form to see if you meet the eligibility requirements.

## Prioritization of Service

FBNELA gives priority to established non-profit agencies operating a community pantry distribution or offering a community meal in areas that are underserved. Organizations that receive third party payments for services, and/or serve fewer than 25 people will not be given priority status.

## General Guidelines & Requirements

- The organization must maintain a 501(c)(3) status as determined by the IRS.
- Cannot operate any part of a community food program out of a private home. All food must be stored, prepared and distributed at a site approved by the Food Bank.
- Cannot require a fee for meals, pantry bags of food, or snacks that are provided through FBNELA. All donated products must be distributed **at no charge to the recipient**, with no suggested or implied donation amount or volunteer requirement.
- Cannot require participation or attendance in religious service, ministry, or prayer in order to receive food. No religious proselytizing to clients is permitted.
- Food Bank product must only be distributed to the approved program's clients, it may not be re-distributed to another agency, group or organization or used for any other purpose (ex: fundraisers, church events, funeral meals).
- Pantry, community meals, and shelter programs must be open to the community and maintain regular, published/posted hours of operation.

- Must have adequate dry and cold storage space at the program site to ensure the integrity of the product until it is prepared or distributed. All appliances must be located at approved distribution site.
- Must be willing to provide FBNELA with service statistics by submitting a monthly report by the fifth day of every month that summarizes how many people were served during the previous month.
- Must allow FBNELA visits to the program site and distribution, sometimes without prior notification.
- Must be financially viable with provisions in place for on-going financial support of the Food Bank program.
- FBNELA has ZERO tolerance for theft. Theft includes the Agency Partner staff and volunteers consuming or possessing FBNELA items meant for distribution to clients of the Agency Partner.

## **Application Process**

1. Complete and submit a complete application packet to FBNELA, including a copy of your 501c3. Applications will not be processed until all information has been submitted.
2. FBNELA will review your application and determine the level of need in your geographic area. If your application is approved, FBNELA will contact you to make an appointment to visit your agency. The purpose of the site visit is to confirm the program information you have provided, look at the food storage/food preparation areas and to meet with you and answer any questions you may have.
3. One key volunteer or staff person must obtain a ServSafe safe food handling certificate before you become an active Agency Partner. This ensures correct handling of food. More than one person may be required to obtain certificate, depending on the program.

*The Food Bank takes our responsibility to address hunger relief in Northeast Louisiana very seriously. We have an obligation to our donors and the community to operate with the highest standards. We must also ensure that our Partner Agencies operate within the guidelines established by the IRS, Feeding America, USDA and FBNELA.*

*It is important to understand that failure to follow guidelines has the potential to jeopardize all of the Food Bank programs and the Food Bank's ability to obtain products for those in need in our community. Hunger relief efforts of both FBNELA and our Partners must not only be transparent, but also stand up to public scrutiny.*

*The Food Bank recognizes and appreciates the hard work, dedication and compassion that are essential ingredients for service to the community and to operate a successful hunger-relief program. Your program will truly make a difference in the lives of those you serve.*

## Application Checklist

*Please use the following list to ensure application is complete before submitting:*

- Signed original FBNELA Application.
- Signed original USDA Agreement.
- Copy of IRS 501(c)(3) determination letter. (If under an umbrella organization a letter stating the 501(c)3 organization is legally, fiscally and programmatically responsible for your program or organization.)
- Copy of your Articles of Incorporation.
- Agency brochure or summary of services provided by your agency, if applicable.
- Current list of Board of Directors.
- ServSafe Certificate(s).
- Copy of all applicable licenses and permits required by the State Louisiana and any other authority needed to operate your program in accordance to the law. This includes the agency's social service, childcare, alcohol & other drug recovery and treatment program and counselors licenses.
- Copy of pest control/exterminator contract or invoice, if applicable.

*If you have any questions, don't hesitate to contact the Agency Services Manager at (318-322-3567)*

**PLEASE MAKE A COPY of your application packet for your files and submit original to:**

The Food Bank of Northeast Louisiana  
4600 Central Ave.,  
Monroe, LA. 71203  
PHONE:318-322-3567  
FAX: 318-322-1620

# Agency Partner Application

## Section I: General Information

Organization Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street Address City Zip

Mailing Address (if different): \_\_\_\_\_  
Street Address City Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Does your organization have current 501(c)3 status with the IRS?  Yes  No

Is your organization an affiliate or member of another 501(c)3 organization?  Yes  No

If yes, name of umbrella /parent organization \_\_\_\_\_  
(Parent organization is programmatically, legally, and fiscally responsible for the operation and liabilities of your program)

**Funding:** How do you plan to finance your program for long term sustainability?

\_\_\_\_ Donations    \_\_\_\_ Grants/Foundations    \_\_\_\_ Fundraising Events

Please explain ongoing funding plan: \_\_\_\_\_  
\_\_\_\_\_

Do you/will you charge a fee or require clients to work/volunteer in order to receive services?  
 Yes  No

If yes, describe fee/work requirement system: \_\_\_\_\_

### **Volunteers:**

Number of volunteers involved in program(s): \_\_\_\_\_

Number of paid staff involved in program(s): \_\_\_\_\_

**Facility Maintenance:** Do you have regular pest control?  Y  N

If **Yes**, please provide company name: \_\_\_\_\_

If **No**, please state the method you use to control pest problems: \_\_\_\_\_

Does your facility have a current health inspection?  Y  N

If yes, what is the date of your last health inspection? \_\_\_\_\_

# Section II: Pantry Programs

(Complete this section only if your agency **distributes bags/boxes of food**)

Pantry Site Address: \_\_\_\_\_  
Street Address City Zip

Please list the **days and hours** of your food distribution:

\_\_\_ Daily \_\_\_ Weekly \_\_\_ Monthly \_\_\_ Every Other Month \_\_\_ Quarterly

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

How many *households* are served (anticipate to be served) monthly: \_\_\_\_\_

How do/will people learn about your food program? \_\_\_\_\_

Is/will your pantry be open for emergencies? ( ) Yes ( ) No

Is the food storage area secure and locked? ( ) Yes ( ) No

Number of refrigerators and freezers:

\_\_\_\_\_ Residential refrigerators \_\_\_\_\_ Upright freezers  
\_\_\_\_\_ Commercial (reach-in or walk-in) refrigerators \_\_\_\_\_ Chest freezers  
\_\_\_\_\_ Commercial (reach-in or walk-in) freezers

Do you have thermometers in: ( ) Dry storage area ( ) Refrigerators ( ) Freezers

Do you currently keep temperature logs? ( ) Yes ( ) No

**Agency Director / Pastor or Equivalent:**

Name:
Title:
Email Address:
Phone:

**Food Program Coordinator or Equivalent:**

Name:
Title:
Email Address:
Phone:

# Section III: Meal/Snack Providers

(Complete this section only if clients are provided meals or snacks)

Pantry Site Address: \_\_\_\_\_  
Street Address City Zip

Please check type of program: Meal: \_\_\_\_\_ Snack: \_\_\_\_\_ Meal & Snack: \_\_\_\_\_

Please list the hours of your meal/snack:

	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Lunch							
Dinner							
Snack							

How many meals/snacks do you anticipate serving: \_\_\_\_\_

How do/will people learn about your meal/snack program? \_\_\_\_\_

Is your agency licensed and inspected by the Louisiana Office of Public Health? ( ) Yes ( ) No  
If yes, what is your license number: \_\_\_\_\_

Is the food storage area secure and locked? ( ) Yes ( ) No

Number of refrigerators and freezers:

\_\_\_\_\_ Residential refrigerators \_\_\_\_\_ Upright freezers  
\_\_\_\_\_ Commercial (reach-in or walk-in) refrigerators \_\_\_\_\_ Chest freezers  
\_\_\_\_\_ Commercial (reach-in or walk-in) freezers

Do you have thermometers in: ( ) Dry storage area ( ) Refrigerators ( ) Freezers

Do you currently keep temperature logs? ( ) Yes ( ) No

**Agency Director, Pastor, or Equivalent**

Name:
Title:
Email Address:
Phone:

**Food Program Coordinator or Equivalent**

Name:
Title:
Email Address:
Phone:

**Terms and Conditions**

All Food Bank invoices are due and must be paid within 30 days of the date of invoice. Financial holds are issued when your account has invoices 60 days past the date of the invoice. If agency is put on a financial hold, all invoices over 30 days must be paid in FULL to release your account.

**To the best of my knowledge the information on the above application is correct.**

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Application completed by (please print): Date

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Signature of Director/Administrator/Pastor Date

**Please Note: completion of this application does not guarantee partnership. We reserve the right to refuse partnership to agencies not meeting our criteria or that are not able to comply with guidelines.**





# The Food Bank of Northeast LA

## Agency Agreement

The purpose of the Agreement is to establish the Agency’s partnership with The Food Bank of Northeast Louisiana, provide definition and guidance for the partnership, set compliance standards, and to improve the efficiency of the network of charitable food delivery programs and the delivery of services to those in need of food in Caldwell, East Carroll, Franklin, Jackson, Lincoln, Madison, Morehouse, Ouachita, Richland, Tensas, Union, and West Carroll Parishes.

It is our collective belief that no one in our community should be hungry. We commit ourselves to work with unity towards that common goal. Together we will uphold professional standards and a code of conduct based on mutual trust, respect, accountability and support.

**Date:** \_\_\_\_\_

**Agency Name:** \_\_\_\_\_

**Agency Address:** \_\_\_\_\_

\_\_\_\_\_ **ZIP:** \_\_\_\_\_

# The Food Bank of Northeast Louisiana

## Agency Agreement

This Agreement is between The Northeast Louisiana Food Bank, a Louisiana 501(c)3 organization, and

 (Your Agency Name).

The above Agency Partner agrees that it will abide by the following terms and conditions:

### **Non-Profit Status**

1. The Agency (hereinafter “Agency Partner”) must have 501(c)3 status as determined by the IRS.
2. The Agency Partner must be incorporated to directly serve clients who are low-income, ill and/or infants (children under the age of 18) and may not be incorporated for a purpose unrelated to serving the ill, needy and/or infants.
3. The Agency Partner must distribute donated product **at no cost to clients** with no suggested or implied donation or volunteer requirement. The Agency Partner may not sell, transfer, barter or use FBNELA donated product for any fundraising events.
4. Food Bank products may only be distributed directly to clients through a Food Bank approved program. The Agency Partner, its employees and volunteers may not distribute any Food Bank product to another program, agency, group or organization for their distribution/use. Food Bank product may not be transferred out of the Food Bank’s service territory.

### **Food Safety**

1. Agency Partners must keep a minimum of one (1) key staff/volunteer from each program certified for safe food handling at all times. Must provide a copy of current approved certification, along with the name of the training company and date of course.
2. The Agency Partner must be capable of loading and transporting product from the Food Bank warehouse in a manner that ensures safe handling and that safe temperatures for foods are maintained. The Agency Partner must have adequate help to pick up product at the Food Bank.
3. The Agency Partner must have adequate refrigeration and/or storage space at the site of distribution to ensure the integrity of all Food Bank product until it is prepared or distributed. The Food Bank product must travel directly from The Food Bank to the approved program site and be distributed directly to clients from an approved site.
4. The Agency Partner must store all food at least six inches off the floor, maintain all appliances at the proper temperatures, maintain functioning thermometers in all freezers and refrigerators and keep temperature logs to document proper storage.

5. The Agency Partner agrees to follow the safe and proper handling procedures for donated goods which conform to all local, state and Federal regulations.
6. All food storage areas must be approved by the Food Bank. No food may be stored at any location that has not been approved.

## **Service Requirements**

1. Agency pantry and meal provider programs must be open to the community, distribute once a month or quarterly and adhere to regular, established distribution days and times. Days and times of food program distribution/service must be posted and visible to the community.

Church members or volunteers that qualify to receive food must be:

- **Served during the posted, established distribution days and times for the community**
  - **Served through the same process, meet the same guidelines and fill out the same paperwork as other clients from the general community**
  - **Given the same products as clients from the community**
2. Each Agency Partner has been approved for a particular type(s) of program and distribution. The Agency Partner must receive approval from The Food Bank before changing or adding additional programs for distribution of Food Bank products.
  3. The Agency Partner cannot require clients to participate in or attend a religious service, ministry or prayer in order to receive food. Religious information or counseling may be provided only at the clients' request.

## **Operational Requirements**

1. The Agency Partner must maintain all licenses and permits required by the State of Louisiana and any other governmental authority needed to operate their program in accordance to the law.
2. The Agency Partner must comply with all USDA requirements regarding nondiscrimination. State, local agencies and their sub-recipient agencies must post the following nondiscrimination statement: "The U.S. Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)  
If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA Office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov). Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish). USDA is an equal opportunity provider and employer."

3. All Food Bank Agency Partners must maintain a paper or computer filing system that includes Food Bank invoices and the Partner Agency Monthly Report. Pantries must also maintain client application forms. All paperwork must be kept for 3 years and made available at site visits and upon request.
4. The Agency Partner agrees to help support the operation of the Food Bank by contributing shared maintenance fees per pound for donated product as stipulated by Feeding America and assessed by the Food Bank.
5. FBNELA requires that all payments are due 30 days from the date of invoice, and should be submitted on a check drawn from the 501©3 organization's account or a credit card in the name of the 501©3 organization. The Food Bank reserves the right to change payment terms if account is delinquent more than 60 days.
6. Agency Partner must notify the Food Bank of any Food Pantry changes such as days and times of food distribution or if no longer providing services.
7. The Agency Partner will submit regular statistics via the Partner Agency Monthly Report. If statistical reports are not submitted in a timely manner, the agency account will be placed on hold.
8. The Agency Partner must promptly disclose any business interest or actual or potential conflict of interest that could compromise public trust or create the perception of a conflict of interest (e.g., operating a store or having a family member who operates a store).
9. The Agency Partner must notify FBNELA in writing of any changes in program(s) including service hours, location, Food Bank shoppers and/or contacts and phone numbers. FBNELA must approve new locations prior to storing and distributing food from that location.
10. The Agency Partner must allow site monitoring visits and visits during distributions, sometimes without prior notification.
11. The Agency Partner agrees to adhere to any additional donor stipulations affecting distribution of product received through FBNELA.
12. The Agency Partner agrees to abide by the rules, regulations and guidelines set forth by the Food Bank, Feeding America and USDA.
13. Agency Partner accounts must be used at least every six months to keep Food Bank status active.

### **Agency Release**

The Agency Partner hereby affirms that during active partnership with the FBNELA, it will receive assorted products from FBNELA. Said agency further warrants that the above described product will be duly inspected upon delivery and found fit for human consumption.

1. Donated product is accepted "as is"

2. Feeding America, The Food Bank of Northeast Louisiana and the original donor offer no expressed warranties in relation to this gift of goods.
3. In accordance with applicable state and/or federal law, the Agency Partner releases The Food Bank of NELA, Feeding America and the original donor from any liability resulting from the donated product, and further agrees to hold FBNELA, Feeding America and the original donor free and harmless against all and any liability, damages, losses, claims, causes of actions and suit of law or inequity or any obligation whatsoever arising out of or attributed to any action of the Agency Partner or any personnel employed by said agency in connection with its storage and use of the donated goods.

This agreement is of indefinite duration and it may be immediately terminated by either party at any time upon written notification.

I have read the above requirements and agree to abide by them, and I am authorized to enter into this agreement on behalf of the Agency Partner. Failure to maintain terms of this agreement may result in partnership status being terminated.

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**Agency Partner Director/Administrator or Pastor**

**Date**

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**Agency Partner Contact (if different than above)**

**Date**

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**The Food Bank of Northeast Louisiana Representative**

**Date**