

York County Food Bank

Dear Prospective Emergency Food Voucher Partner,

Thank you for interest in partnering with the York County Food Bank (YCFB) to help fight hunger in York County. As promised, I am enclosing information about our organization which also includes requirements for membership. These materials explain our goals in ending hunger and how we work with 125+ partner agencies to serve individuals and families that are food insecure.

Currently, the YCFB distributes more than 2 million pounds of food annually to our member partners who in turn distribute food to those in need. There are several types of membership categories i.e. pantries, soup kitchens, emergency shelters, and other supplemental programs that provide for individuals and families who are food insecure.

We invite you to review the enclosed material and consider how becoming an Emergency Food Voucher Partner with YCFB can help you to fulfill your mission. The preliminary requirement for membership is every member agency must be classified as a 501(c)3 nonprofit organization by a designation letter from the Federal government.

If your agency is interested in pursuing membership with YCFB, please complete the Partnership Agreement and Member Agency Application and return them along with the other items requested on the Partner Agency Checklist. Once your documents are received, they will be reviewed by our staff to evaluate the status and objectives of your program. We will reach out to you discuss your program and schedule an appointment to visit your program facility, if needed.

We also recommend that you visit our website at www.yorkfoodbank.org to learn more about our organization. If you should have further questions, please do not hesitate to contact us at 717-846-6435.

Sincerely,

Jennifer

Jennifer Brillhart
Executive Director



A gift of \$1 provides 6 meals for a hungry child, senior, or adult
254 West Princess Street • York, PA • 17401 • 717 846 6435

York County Food Bank Emergency Food Voucher Program



The Emergency Food Voucher program is an innovative partnership between the York County Food Bank and partner agencies to provide emergency assistance to York County residents in need when partner agencies are unable to keep food at their site.

How Does It Work?

When a York County resident visits a partnering voucher agency and reports that they do not have food, they are given an emergency food voucher at no cost. These vouchers can be redeemed at the York County Food Bank for up to 50 pounds of food per family.

Who Can Receive It?

Any resident of York County may request an emergency food voucher. Families with infants may also receive baby formula and diapers as available.

Partnering voucher agencies meet with our friends in need to determine eligibility for a food voucher. The household's size determines the number of vouchers provided:

- **1-3 person(s)** – 1 voucher
- **4-6 persons** – 2 vouchers
- **7+ persons** – 3 vouchers

Clients who experience a state of food insecurity are eligible to participate in the emergency food voucher program.

How do Voucher Partners Obtain Emergency Food Vouchers?

Voucher Partners must submit an Emergency Food Voucher Request Form with payment to YCFB staff to receive vouchers. The vouchers are \$10 each, and must be bought in sets of 10.

Voucher Partners are responsible for distributing the vouchers to clients in need and are encouraged to distribute based on family size.

Each voucher can be redeemed at the York County Food Bank for up to 50 pounds of food items. The Voucher Partner does not have to accompany the family to the food bank for the family to receive food. Clients must present photo ID when they visit the Food Bank to use their voucher(s).

The Food Bank is open Mon-Fri 8 am to 3 pm.

Emergency Food Voucher Partnership Application

ALL INFORMATION ON THE FORM MUST BE TYPED					
AGENCY					
Agency Name:					
Agency Address:					
City:	State:			ZIP Code:	
Executive Director/Pastor:					
Phone:	Fax:			Email:	
PROGRAM OR SITE INFORMATION					
Site Name:					
Address (PO Addresses not accepted):					
City:	State:			ZIP Code:	
Program Director:					
Phone:	Fax:			E-mail:	
WHAT TYPE OF SERVICE(S) DO YOU PROVIDE? (CIRCLE ALL THAT APPLY)?					
<input type="checkbox"/> Emergency Food Pantry	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Community Kitchen	<input type="checkbox"/> Community Residential Facility	<input type="checkbox"/> Before & After Care Program	<input type="checkbox"/> Child Care Center
<input type="checkbox"/> Group Home	<input type="checkbox"/> Rehab Center	<input type="checkbox"/> Transitional Shelter	<input type="checkbox"/> Homeless Drop In Center	<input type="checkbox"/> Other	
Does your program have a website? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give address:					
Does your program have a computer? <input type="checkbox"/> Yes <input type="checkbox"/> No Does your program have internet access? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Does your program charge a fee to access food or other services? <input type="checkbox"/> Yes <input type="checkbox"/> No					
By signing below, I attest the information provided on this application is true and correct.					
Signature of Executive Director:				Date:	
Signature of Program Director:				Date:	

**YORK COUNTY FOOD BANK
EMERGENCY FOOD VOUCHER PROGRAM
PARTNERSHIP AGREEMENT**

Name of Agency _____

1. Must have a 501(c)(3) tax exempt status with the Internal Revenue Service.
2. Partners will not engage in discrimination, in the provision of service, against any person because of race, color, citizenship, religion, sex, national origin, ancestry, age, marital status, disability, sexual orientation, including gender identity, unfavorable discharge from the military or status as a protected veteran.
3. Must provide emergency food vouchers to clients in need **at no cost**. Clients are not asked for donations or requested to participate in religious services to receive emergency food vouchers.
4. Must agree to pay \$50 annual membership fee, billed annually.
5. Must agree to keep emergency food voucher distribution logs and other appropriate records as required by the Food Bank and must make these records available upon request to Food Bank personnel.
6. Make efforts to distribute the number of vouchers based on household size.

1-3 person(s) – 1 voucher

4-6 persons – 2 vouchers

7+ persons – 3 vouchers

7. Must provide email address that is monitored on a weekly basis to ensure the site is up-to-date on York County Food Bank communications.
8. Must agree to submit monthly reports.

As an authorized and legally recognized agent of the above-named agency, I have read, understood and agree to accept the conditions and criteria outlined in this USDA Bonus Commodities Agreement.

(Program Contact Printed Name)

(Program Contact Signature)

(Date)

(Highest Authority Printed Name)

(Highest Authority Signature)

(Date)

(Agency Name)

(Account #)

York County Food Bank
Jennifer Brillhart, Executive Director

(Date)

FOR OFFICE USE ONLY

Date Received:

Staff Member:

Date Copy Sent:

Mailed

Faxed

Emailed

Copied Onsite

Emergency Food Voucher Partnership Application Checklist

Please include the following items with your application for membership to the York County Food Bank:

- Completed Partnership Application
- Signed Partnership Agreement
- Current 501(c)3 non-profit documentation (*not* PA Tax Exemption)
- Current List of Board Members
- Program brochures that provide information about your organization (church bulletins, youth program information, etc.)

Agency Name _____

Contact Person _____

Phone # _____