

York County Food Bank

Dear Prospective Partner,

Thank you for interest in partnering with the York County Food Bank (YCFB) to help fight hunger in York County. These following materials explain our goals in ending hunger and how we work with 125 plus 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 a member 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 Agency 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.

Please review the Membership Guidelines enclosed for more detailed information. 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.



Best regards,

Jennifer Brillhart

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

Partner Benefits

Our partner agencies are the backbone of our food distribution network. The York County Food Bank (YCFB) works with nonprofit organizations of all sizes to fight hunger. As part of our network, these agencies are eligible for several benefits listed below.

Food Benefits:

- **Order food** from YCFB: Ability to secure more food than possible purchasing at local retailer
- Shop the **YCFB's shopping area** where agencies are welcome to shop for fresh produce and other donated items to supplement their orders.
- Receive **free government commodities** through the USDA/TEFAP program
- Provide **food to seniors** through the CSFP Senior Box program
- Access **fresh fruits and vegetables, breads, and dairy products** given to YCFB from many sources daily.

Additional Benefits Offered to YCFB Partner Agencies:

- Provide emergency food referrals with the Food Pantry Clearinghouse hotline
- Participate in YCFB's Emergency Food Voucher program to feed those in need
- Collaboration opportunities
- Attend YCFB's annual conference
- Receive first notification of free products and new products as they arrive
- Access to excess food items after weekly Food for Families distribution
- The YCFB lends its name and reputation in the community to help support the efforts of member agencies. The YCFB is a recognized leader and vital link in the networking and collaboration efforts in our social service community.

Partner Agency Checklist

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

- Completed Member Agency Application
- Signed Member Agency Agreement
- Signed USDA Bonus Agreement (if applicable)
- Current year financial statement and bank statement
- 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 # _____

York County Food Bank Partnership & Liability Agreement

In order to receive food and draw upon the resources of the York County Food Bank,
_____, account _____ agrees to and will comply with
the following criteria:

The agency named above:

1. Is an established 501(c)(3) charity or legal equivalent as recognized under the Internal Revenue Code 170(e)3 and serves the needy, ill, infants or children.
2. Will use the items from York County Food Bank only in a use related to the agency's exempt purpose and solely for the feeding of the needy, ill or infants and children.
3. Will utilize employees or volunteers having sufficient training and experience in the evaluation, handling, and preparation of donated items to safely and properly judge the quality of donated items.
4. Accepts full responsibility for the purity and fitness for consumption of all items accepted.
5. Will ensure the safe and proper handling of the items supplied by the York County Food Bank and conform to all local, state and federal regulations.
6. Will serve the product as soon as possible to provide maximum palatability and freshness.
7. Will ensure that the York County Food Bank has proper documentation that a current staff member and/or volunteer with the program have completed Food Bank approved food safety training, appropriate to its distribution type.
8. Understands that the original donor, York County Food Bank has specifically disclaimed any warranties or representations, expressed or implied, as to the purity or fitness for consumption of any or all donated items.
9. Understands that all items are accepted in "as is" condition.
10. Releases the original donor, York County Food Bank from all liability resulting from the condition of the received product and further agrees to indemnify and hold the original donor, the York County Food Bank harmless against any and all liability, damage, losses, claims, or causes of action in connection with the storage or use of the received product.
11. Acknowledges that it shall be liable for any damage done by its agents to York County Food Bank property and it shall hold the York County Food Bank harmless against any and all liability, damage, losses, claims or causes of action in connection with loading, unloading or transportation of the product.
12. Provides food directly to clients for free in the form of meals or groceries in emergency situations or as a supplement to their needs and will provide these services with regularly scheduled days and times.
13. Will post days and times of operation in a visible location for potential clients.
14. Will adhere to any additional donor stipulations placed on the items received from the York County Food Bank when applicable.

15. Will sign and abide by the USDA Bonus Commodities Agreement if eligible to receive these commodities from York County Food Bank.
16. Will keep adequate client records and maintain a copy of all York County Food Bank invoices for a period of **three (3) years**. These records will be kept on site and are subject to review by representatives of York County Food Bank, food donors and appropriate government agencies.
17. Will provide the York County Food Bank with required monthly statistics report by the 5th of each month for all food services provided during the prior month and any other information that may be requested.
18. Will allow for an annual compliance inspection by a York County Food Bank representative and any additional compliance inspections as needed.
19. Will maintain a minimum account activity by ordering at least two times per year and understand that missed pick-up appointments may result in the suspension or termination of the account.
20. Will support the York County Food Bank through a \$50 annual membership fee and will keep agency's Food Bank credit account current by maintaining a 30-day cycle on all outstanding invoices.
21. Will send a representative to all York County Food Bank meetings, workshops, etc., according to availability of staff/volunteers to attend.
22. Will ensure that none of the food is provided, distributed, or given to volunteers in exchange for service. Volunteers may receive food if they are eligible under the agency's program eligibility criteria and they are not provided special treatment or extra food compared to other clients.
23. Will notify the York County Food Bank in writing of any major changes in our program, including location, leadership, times and days of operations, and services and billing changes.
24. Will **NOT** require money, volunteer service, or for clients to perform work in exchange for food received from York County Food Bank.
25. Will **NOT** use food as an incentive or for activities that coerce, require or promote religious affiliation or church membership.
26. 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.
27. Will **NOT** use Food Bank food for organization fundraising events or activities or other non-approved programmatic activities.
28. Will **NOT** offer for sale, sell, transfer or barter the items supplied by the York County Food Bank in exchange for money, other property or services, or otherwise allow the items to reenter commercial channels.
29. Will **NOT** direct food to any other organization, with the exception of perishable items that need to be distributed to maintain quality. Perishable items may only change hands one time to other approved member agencies and in this event complete and accurate redistribution documentation must be kept by the distributing agency.
30. Will **NOT** use "Foodbank" or the words "Food" and "Bank" together in the agency or program name.
31. Will **NOT**, under any circumstance, engage in conduct related to the York County Food Bank that may compromise or call into question the integrity or mission of the York County Food Bank. The above-named agency acknowledges and agrees that the York County Food Bank may, in its sole

discretion, terminate this Agreement at any time following any breach or default by the agency under this Agreement.

32. Will provide email addresses that are monitored on a weekly basis to ensure the agency is up-to-date on York County Food Bank communications.

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 Partnership & Liability Agreement.

(Program Contact Printed Name)

(Program Contact Signature)

(Date)

(Highest Authority Printed Name)

(Highest Authority Signature)

(Date)

(Agency Name) (Account #)

(YCFB Rep Printed Name)

(YCFB Rep Signature)

(Date)

FOR OFFICE USE ONLY

Date Received:

Staff Member:

Date Copy Sent:

Mailed

Faxed

Emailed

Copied Onsite



Application for Membership

PART I - AGENCY CONTACT INFORMATION (ALL APPLICANTS please complete)

Application Date: _____ Federal Employer ID # _____

Name of Organization: _____

Mailing Address: _____ Physical Address: _____

County _____ County _____

(Does your agency have multiple sites? If so, please provide above information for each site on a separate piece of paper.)

Agency Director: _____ Phone: _____

Program Contact: _____ Phone: _____

Fax: _____ E-mail Address*: _____

** required for ongoing communication*

Persons authorized to order or pick-up food:

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

Name: _____ Phone: _____

What is the religious affiliation of your church? _____

Is your agency or church an affiliate of a larger organization? Yes _____ No _____

If yes, what is the name and address of this organization? _____

Please describe your agency's purpose/mission: _____

What was the date your program began operation? _____

How is your agency/program funded? _____

Please list services your agency or program provides to clients in addition to food: _____

PART II – GENERAL PROGRAM INFORMATION – (ALL APPLICANTS please complete)

Please define the geographic area or boundaries your agency serves or plans to serve: _____

What percentage of food recipients will be low income and/or eligible for government aid? _____%

How does/will your agency determine if a client is eligible for your food program?

What percent of your clients are regularly using your food program? (*more than 6 times per year*) _____%

If a religious organization, what percent of your food recipients are/will be from your own congregation? _____%

Do you charge your clients for your food program? _____ Yes _____ No

If yes, please explain: _____

Do you ask for donations from those you help? _____ Yes _____ No

If yes, please explain: _____

If a church, are people be required to attend a religious service or program in order to receive food? _____ Yes _____ No

If yes, please explain: _____

How do people find out about your program? _____

What is your current annual food budget?
(Estimate if you are not yet operating a program)

\$ _____

Please provide a copy of your agency's food budget.

Estimate what percentage of your food will come from the following:

York County _____%
Food Bank _____%

Other donations _____%

Direct purchases _____%

PART III - FOOD STORAGE FACILITIES – ALL APPLICANTS please complete

Cold Food Storage (List number of units/types)

Type of Unit	Residential Upright	Residential Chest	Commercial Upright	Commercial Chest	Walk-ins
Freezers					
Refrigeration					

Does your agency regularly monitor cold food storage temperatures? Yes _____ No _____

Dry Food Storage

Please describe and estimate the size of storage area(s) _____

Is/will food be stored in a locked area/cabinet(s)? _____

Do you have regular pest control? Yes _____ No _____

If yes, please note service provider. _____

Please list any other off-site storage areas being used for storing dry, refrigerated or frozen items:

PART IV – PROGRAM INFORMATION

A. FOOD PANTRY PROGRAMS (Complete if program is a food pantry.)

Do you currently distribute food bags or boxes to needy households/individuals? Yes _____ No _____

Please check the description which best fits your program:

- _____Emergency Food Pantry (periodic emergency only)
- _____Supplemental Food Pantry (on-going monthly services to clients)
- _____Holiday Distribution Only

Other _____

Approximately how many households do you serve/plan to serve per month? _____

Approximately how many individuals do you serve/plan to serve per month? _____

How often may a person or household receive food from your program? _____

What are your hours of operation?

1 st , 2 nd , 3 rd , 4 th week of month	DAY	HOURS
_____	() Monday	_____
_____	() Tuesday	_____
_____	() Wednesday	_____
_____	() Thursday	_____
_____	() Friday	_____
_____	() Saturday	_____
_____	() Sunday	_____

How is/will client information recorded? Please describe (attach sample household registration form):

B. ON-SITE MEALS/SNACK PROGRAMS (Complete if program provides meals on-premises.)

Do you currently serve meals on premises? Yes _____ No _____

If yes, when did the program begin? _____

Please check description(s) that best fit(s) your program:

<input type="checkbox"/>	Soup Kitchen	<input type="checkbox"/>	Homeless Shelter	<input type="checkbox"/>	Other Shelter
<input type="checkbox"/>	Child Care	<input type="checkbox"/>	Senior Program	<input type="checkbox"/>	Youth Program
<input type="checkbox"/>	Group Home	<input type="checkbox"/>	Rehab Program	<input type="checkbox"/>	MH/MR Program
<input type="checkbox"/>	Summer Camp	<input type="checkbox"/>	After School Youth Program	<input type="checkbox"/>	Other:

When are, or will, meals/snacks be served?

1 st , 2 nd , 3 rd , 4 th week of month	DAY	HOURS
_____	() Monday	_____
_____	() Tuesday	_____
_____	() Wednesday	_____
_____	() Thursday	_____
_____	() Friday	_____
_____	() Saturday	_____
_____	() Sunday	_____

() Occasional Special Event (outreach event, community holiday meal program, etc.)

() 3 meals per day / 7 days per week / 365 days per year

What is your licensed capacity? _____

What is the average number of people that you serve per meal? _____

What authorities inspect or license your facility? _____

What was the date of your last inspection (*Please provide copy of license if applicable*)? _____

Name and title of the person in charge of food preparation: _____

Has this person had any food handling training? Yes _____ No _____
 (Please include copies of current ServSafe Certifications if applicable.)

PART V – DEMOGRAPHIC INFORMATION – (ALL APPLICANTS please complete.)

Estimate what percentage of your clientele are/will be from the following groups:

Children (0-17)	_____%	Asian-American	_____%	Disabled	_____%
Adults (18-59)	_____%	Hispanic/Latino	_____%	Veteran	_____%
Elderly (60+)	_____%	Native-American	_____%	Homeless	_____%
Female	_____%	European-American	_____%		
Male	_____%	African-American	_____%		

PART VI – ACKNOWLEDGEMENT – (ALL APPLICANTS please complete.)

How did you hear about the York County Food Bank? _____

By signing below, I agree that the information provided is complete and accurate to the best of my knowledge:

X _____ Date: _____

Name of person completing form: _____

Title: _____

Enclose with this application:

1. A photocopy of your IRS/US Department of the Treasury Letter of Determination, which states your 501(C)3 tax-exempt status. PENNSYLVANIA SALES TAX-EXEMPTION IS NOT ACCEPTABLE.
2. List of your organization’s Board of Directors or governing body
3. Any descriptive materials or pamphlets about your agency.
4. Copy of Client Registration/Eligibility Criteria Form (If program is a pantry distribution program.)
5. Signed Food Bank Member Agency Agreement (signed by agency director)
6. A copy of Food Safety Certification Certificate (date of completion within last 5 years)

Please mail to:

York County Food Bank
254 West Princess Street
York, PA 17401

York County Food Bank USDA Bonus Commodities Agreement

In order to receive USDA Bonus commodities distributed by the York County Food Bank, _____, account _____ agrees to and will comply with the following criteria:

The agency named above:

1. Will sign and abide by both the York County Food Bank's current Membership & Liability Agreement.
2. Will provide an emergency food assistance program and distribute commodities only to income eligible recipients.
3. The Distributing Agency certifies to the Food Bank that it is an eligible recipient agency as defined in 7 CFR part 250 and 251 (The Emergency Food Assistance Program), and will do the following:
 - a. Hold distributions and distribute commodities received pursuant to this agreement only to income eligible recipients, per Self Declaration of Need income guidelines provided each fiscal year by the PA Department of Agriculture.
 - b. Said commodities are not to be sold, used in preparation of items for fundraisers, traded for services, transferred, or otherwise disposed. They may not be used as gifts or prizes for volunteers.
 - c. Dispose of commodities which are found to be damaged or out of condition and are declared unfit for human consumption by federal, state or local health officials in accordance with instructions from the PA Department of Agriculture. Such items will be accounted for and reported to the York County Food Bank at the time of incident.
 - d. If the Distributing Agency improperly distributes or causes loss or damage to a commodity through its failure to provide proper storage or care in handling, the Agency agrees to pay the value of the commodity as determined by the PA Department of Agriculture.
 - e. Will properly report to the Food Bank all complaints received in connection with the distribution or use of TEFAP BONUS COMMODITIES and will assist in the investigation and correction of any irregularities.
4. The Distributing Agency agrees to indemnify and hold harmless the York County Food Bank, The PA Department of Agriculture, their respective officers, agents and employees from and against any and all suits and judgments for damages and improper distribution, or in connection with activities performed under this agreement and caused by the Distributing Agency's negligence and intentional wrongful acts.
5. Will provide a facility for proper storage and distribution of the commodities received, and comply with Food Safety Certification requirements per standard York County Food Bank Membership Agreement.
6. 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. In addition, recipients will not be required to be a member of any organization or to participate in any religious services as a condition for distribution or receipt of BONUS inventory.
7. Will provide mandatory annual Civil Rights Compliance Training to all staff/volunteers who come into

direct contact with consumers served by the program and that all self-certifications are available for review onsite at the point of distribution.

- 8. Will display prominently for all clients to be able to read the "And Justice For All" poster and USDA Consumer Complaint Forms.
- 9. Agrees to accept and incorporate any changes to existing or new guidelines/policies that may be announced or published by the York County Food Bank.
- 10. Understands that this agreement can be terminated by either the agency or the Food Bank with a 30-day written notice.

In addition, if operating a Food Pantry Program:

- 11. Will have a completed Self-Declaration of Need Form on file on each household or individual receiving USDA commodities. All records of inventory disbursement and distribution shall be available for review by York County Food Bank or PA Department of Agriculture staff.
- 12. Will have clients sign a sign-in sheet each time they receive food from the pantry.
- 13. Will change to the most current Self-Declaration of Need form each year by the established deadline which is typically July 1 of each year.
- 14. Will retain completed Eligibility forms on site for a period of three (3) years and will have all of the forms available for audit review and yearly inspections as requested by government representatives, donors and the York County Food Bank.

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