**Mid-Nebraska Food Bank**



**APPLICATION PACKET**

2015

Contact:

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402.905.4817

# Dear Prospective Mid-Nebraska Food Bank Partner:

# Thank you for your interest in becoming an agency partner of Mid-Nebraska Food Bank. We are excited to work with organizations that help feed the hungry. Enclosed is an application packet that will walk you through the steps necessary to becoming an agency partner.

Partnership is achieved by the following:

* Read through the application packet for a brief overview of Mid-Nebraska Food Bank
* Complete the pre-application checklist to determine whether to proceed with the Application process
* Fill out the enclosed partnership application and agreement forms and return to Mid-Nebraska Food Bank
* Provide Mid-Nebraska Food Bank with a copy of your 501(c)3 IRS tax exemption letter or the IRS Church Qualifier form (enclosed)
* Service area is reviewed for unmet needs by Mid-Nebraska Food Bank and request for partnership proceeds to the next step if the area is underserved
* Pass a site visit conducted by Mid-Nebraska Food Bank
* Complete food safety training
* Complete civil rights training (if receiving USDA)

Once the application is received and reviewed, I will contact you to discuss your application and to schedule a site inspection. Please feel free to contact me with any questions. We look forward to working with you in the future.

Sincerely,

Raelynn Johnson

Food Bank Coordinator

114 East 11th Street

PO Box 2288

Kearney, NE 68848-2288

Phone: 308-865-5683

Fax: 308-865-5684

Email: rjohnson@mnca.net

Website:  [www.communityactionmidne.com](http://www.communityactionmidne.com/)

About Mid-Nebraska Food Bank

Accountability:

Mid-Nebraska Food Bank is a partner of Food Bank for the Heartland. Food Bank for the Heartland is a member of Feeding America – The Nation’s Food Bank Network. For more information on Feeding America’s standards and expectations, please visit [www.feedingamerica.org](http://www.feedingamerica.org). For more information on Food Bank for the Heartland please visit [www.foodbankheartland.org](http://www.foodbankheartland.org).

What we do:

Mid-Nebraska Food Bank exists to equitably serve agency partners who distribute food to the area’s men, women and children facing hunger on a daily basis. We are a distribution organization helping move food from donors to agency partners. We serve a variety of programs including pantries and meal providers.

Types of agency partners we serve:

**Pantries:** A pantry is where individuals visit the program site and receive bags of groceries to prepare at home. The groceries could also be delivered to the clients.

**Meal Provider:** A meal provider is any agency partner that prepares, serves or delivers prepared meals or snacks to individuals in need.

How We Help Each Other

Being an agency partner of Mid-Nebraska Food Bank offers many benefits.

* We are a partner to help you accomplish your mission of feeding the hungry
* We offer a wide variety of food and household products in one place
* You can pick up the product
* You have access to our agency store, where you can shop for product
* Lower cost to you; receive product for a small shared maintenance fee
* We offer trainings and materials to help you improve your skills and efficiency
* You are a member of a network helping reduce hunger in Nebraska
* You help us distribute more food to more people. We need you!

Criteria for Membership

Agencies are non-profit organizations or churches that do not redistribute product to other non-profit entities. Agencies do provide direct service to the hungry.

The following items are the minimum requirements to become a partner of Mid-Nebraska Food Bank**.** All agency partners must provide food for an underprivileged or underserved population.

* You must be a 501(c)3 not-for-profit or meet the IRS Church Qualifier
* You must be located in the state of Nebraska
* An organization cannot be run out of a person’s home
* You must have responsible personnel who are accountable for record keeping and inventory control
* You must have proper and adequate physical storage space
* You must operate regularly scheduled hours and be open at least twice a month for a minimum of two hours each time
* Your site must pass a site inspection prior to approval and once a year after that
* You must have the ability and willingness to access and submit information via the internet
* You must be willing to pay shared maintenance handling fees and delivery fees at prevailing rates
* You need to utilize sign-in sheets or another tracking system to keep track of the individuals served
* You must establish your own criteria for the individuals you serve; however, criteria must be consistent and be posted at your pantry/feeding site
* You are required to adhere to food safety guidelines.
* You must have one agency staff member or volunteer complete Food Safety Training

What is a 501(c)3?

* It is a federal IRS document, not a state tax exempt form
* Your agency is eligible to become a partner by one of the following:
  + Having a 501(c)3
  + Being part of an Umbrella-Owned and Operated parent organization who has a 501(c)3 status
  + Completing the IRS Church Qualifier form

Site Visits

Mid-Nebraska Food Bank and Feeding America require that before an agency can be approved for partnership, it must pass a site inspection. After approval, the site will continue to be inspected every year by a Mid-Nebraska Food Bank representative.

**What do we look for in a site visit?**

* Food and non-food household items are stored in separate areas
* You have a clean storage area
* You practice “First In, First Out” food distribution
* All food is stored 6 inches off the floor
* You have clean equipment
* You have working thermometers and use temperature logs
* 32 – 41 degrees for a refrigerator and 0 (zero) degrees and below for freezer

Policy Do’s and Don’ts

All agency partners will be required to adhere to the following policies:

Do’s:

* Provide direct service to the hungry, low income, or underserved population
* Distribute food for use by the needy, ill, children and seniors
* Serve all clients as respected guests
* Distribute food to clients free of charge with absolutely no conditions levied, implied, or exchanged
* Refer clients to other programs or United Way (by 211) when they have a need you cannot meet

Don’ts:

* Do not redistribute product to other non-profit entities including pantries or meal providers
* Sell or use product from Mid-Nebraska Food Bank in exchange for money, property, or services (including volunteers receiving food).
* Use product from Mid-Nebraska Food Bank for fundraising
* Make it difficult or embarrassing for individuals who are seeking help
* Solicit donations of any kind from your clients

Pre-Application Checklist

The following is a checklist to determine whether you should proceed with the application process. You should be able to check all of the boxes below.

* You are a 501(c)3 not-for-profit or complete the IRS Church Qualifier
* You are providing service to an undeserved population
* You have secured a location for your facility and it is not located in a person’s home
* You must have proper and adequate physical storage space
* You have determined your hours of operation and days of service. You must operate regularly scheduled hours and be open at least twice a month for a minimum of two hours each time
* You must have personnel who are accountable for record keeping and inventory control
* You can utilize sign-in sheets or another tracking system to keep track of the individuals served
* You should have the ability and willingness to access and submit information via the internet
* You must be willing to pay shared maintenance handling fees and delivery fees at prevailing rates
* You are willing to adhere to food safety guidelines and to complete Food Safety Training
* You have regular pest control services performed at your facility
* Clients will receive food free of charge with absolutely no conditions levied, implied, or exchanged

Mid-Nebraska Food Bank   
114 East 11th  
Kearney, NE 68847

Application for Partnership

|  |  |  |  |
| --- | --- | --- | --- |
| Agency Information | | | |
|  | Agency Partner Name: | | |
|  | Dba: | | |
|  | Billing Address: | | |
|  | Physical Address: | | |
|  | City/State, Zip, County: | | |
|  | Phone: | | |
|  | Website: | | |
| Contact Information | | | |
|  | Contact Person: | | |
|  | Title/Role with Agency: | | |
|  | Phone: | | |
|  | Email: | | |
| Hours of Operation (please include hours of service if different) | | | |
|  | Sunday: | Do you have any requirements for individuals who use your services (i.e. must live in X County or be of a certain age?) | |
|  | Monday: |
|  | Tuesday: |
|  | Wednesday: |
|  | Thursday: |
|  | Friday: |
|  | Saturday: |
|  |  | |
| Agency Background | | | |
|  | Type of Agency:  Pantry  Meal Provider | | |
|  | Does your agency have non-profit status?  YES  NO | | |
|  | Federal IRS Tax Exempt Number 501(c)3:  **Please attach a copy of your IRS Tax Exempt Designation Letter** | | |
|  | Is your agency licensed by the state to serve a specific number of clients? Please explain: | | |
| Services | | | |
|  | Please describe the type of services provided by your agency/program. Please include all services, event those that are not food related. | | |
|  | Please explain how food from Mid-Nebraska Food Bank will be utilized: | | |
|  | Please describe the people cared for by your agency. Include age, income level, physical or mental disabilities. | | |
|  | Does your agency provide meals on your premises?  YES  NO | | |
|  | If YES, how often?  Daily  Weekly  Monthly  Other | | |
|  | Number of people served at each meal:  Breakfast       Lunch       Dinner       Snacks | | |
|  | Does your agency provide home delivered meals?  YES  NO | | |
|  | Does your agency distribute food packages for emergency assistance to individuals or families?  YES  NO | | |
|  | If yes, what is included in the food package? | | |
|  | What is the average number of individuals served each month? | | |
|  | What is the average number of food packages distributed each month? | | |
|  | How do you determine if your clients who receive food lack the necessities of life as a result of poverty or temporary distress? | | |
|  | What percentage of your clients are low income? | | |
|  | Does your agency provide food to anyone other than clients directly under your care?    YES  NO | | |

|  |  |  |
| --- | --- | --- |
| Corporate Officers | | |
|  | President: | |
|  | Vice-President: | |
|  | Secretary: | |
|  | Treasurer: | |
| Funding | | |
|  | Do you charge your clients for services offered?  YES  NO | |
|  | If YES, please explain: | |
|  | Is your organization reimbursed by the government for services for client care?   YES  NO | |
|  | Per client reimbursement? | |
|  | Per client actual cost? | |
|  | Do the people receiving food from your organization pay money or contribute any property or service for the food?  YES  NO If so, explain: | |
|  |
| Food Storage | | |
|  | What type of storage space do you have available? | |
|  | Dry Storage – please provide actual square footage | |
|  | Do you have any backup storage? | |
|  | Refrigeration Volume: Number Total Cubic Feet | |
|  | Freezer Volume: Number Total Cubic Feet | |
|  | Should your agency obtain food which is later recalled for health reasons by the FDA, could you trace how that food was used and what individuals received it?   YES  NO Please explain: | |
|  | Please explain how your food tracking and record keeping works. | |
|  | What kind of food does your agency need most often? | |
| Authorized Signature | | |
|  | **By signing below, you are agreeing to adhere to the policies and guidelines set forth by Mid-Nebraska Food Bank.** | |
|  | Contact Name: | |
|  | Signature: | Date: |

IRS Church Qualifier form

Churches who do not have a 501(c)3 designation from the IRS can apply under the church entity. Nine examples of the following items should accompany the application. All applicants applying as a church should provide a letter from the church on its letterhead. It should be signed by its chief executive officer affirming that the organization is, in fact, a church and essentially meets the spirit of the 14 criteria employed by the IRS in defining a church (listed below).

Please have a pastor initial by the criteria that your church meets.

\_\_\_\_\_\_ A distinct legal existence

\_\_\_\_\_\_ A recognized creed and form of worship

\_\_\_\_\_\_ A definite and distinct ecclesiastical government

\_\_\_\_\_\_ A formal code of doctrine and discipline

\_\_\_\_\_\_ A distinct religious history

\_\_\_\_\_\_ A membership not associated with any (other) church or denomination

\_\_\_\_\_\_ A complete organization of ordained ministers ministering to their congregations

\_\_\_\_\_\_Ordained ministers elected after completing prescribed courses of study

\_\_\_\_\_\_ A literature of its own (newsletter or Sunday morning program)

\_\_\_\_\_\_ Established places of worship

\_\_\_\_\_\_ Regular religious services

\_\_\_\_\_\_ Religious instruction for the young

\_\_\_\_\_\_ Schools for the preparation of its ministers

I certify that that this organization meets the requirements indicated for identification as a church.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Pastor Date

Partnership Terms and Conditions Agreement

114 East 11th Kearney, NE 68847  
Phone: 308- 865-5683  
Web: <http://www.mnca.net/foodbank.html>

**Date: Agency Partner#:**

**Agency Partner Name:**

**Contact Name:**

**Mailing Address:**

**Distribution Address:**

**Terms and Conditions of Membership**This document is an agreement between \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ referred to as “agency” and Mid-Nebraska Food Bank referred to as “Mid-NE”.

The Terms and Conditions of agency membership govern an agency’s membership in The Food Bank network. An agency must be willing and able to adhere to the Terms and Conditions in order to become a member and to maintain membership. The Terms and Conditions are designed to protect the interest of those who donate to our network and to ensure the integrity of the emergency food distribution network.

All information contained in the Agency Partner manual is part of Mid-Nebraska Food Bank’s expectations for Terms and Conditions of Membership.

The following items are the criteria for being an Agency Partner of Mid-Nebraska Food Bank. The Agency:

* Must provide food for an underprivileged or underserved population
* Must be a 501(c)3 not-for-profit organization or qualify under the IRS Church Qualifier
* Will not sell, transfer, barter, or offer for sale the items supplied by Mid-NE in exchange for money, property, or services
* Agrees that it meets and will meet the IRS eligibility requirements for receipt, transfer and use of donated food under section 170(e)(3).
* Will not use product from Mid-NE for personal use of agency staff or volunteers
* Will not store, prepare, or distribute product from Mid-NE at a location not authorized by FBFH
* Will not distribute or store product out of a person’s home
* Must have responsible personnel who are accountable for record keeping and inventory control
* Must keep records of food from Mid-NE at the site of distribution for a period of three years
* Must have proper and adequate physical storage space
* Must agree to distribute to individuals directly and not to another organization.
* Must operate regularly scheduled hours and be open at least twice a month for a minimum of two hours each time
* Must pass a site inspection prior to approval and once a year after that
* Must have the ability and willingness to access and submit information via the internet
* Must be willing to pay shared maintenance handling fees at prevailing rates
* Inform the Food Bank in writing of any changes in contact name, address, phone numbers or services provided and other relevant information
* Confirm that a representative will attend all mandatory meetings
* Must utilize sign-in sheets or another tracking system to keep track of the individuals served
* Must establish your own criteria for the individuals you serve; however, criteria must consistent and be posted at your pantry/feeding site
* The Agency agrees to safely and properly handle the donated goods, which conforms to all Local, State and Federal regulations
* Must have one agency staff member or volunteer complete Food Safety Training
* Agrees to adhere to additional donor stipulations
* Agrees that it will not engage in discrimination, in the provision of service against an 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
* Must submit quarterly reports to Mid-Nebraska Food Bank by the 15th of the month following each quarter

**Agreement of Indemnity**

* Agency agrees to accept all items in “as is” condition
* Mid-Nebraska Food Bank, Feeding America, and the original donor have specifically disclaimed any warranties or representations, expressed or implied, as to the purity of fitness for consumption of any or all donated items.
* Agency hereby releases the original donor, Feeding America, and Mid-Nebraska Food Bank from any liability resulting from the donated food/products and holds them harmless from any and all liabilities, claims, losses, causes of action, suites of law or iniquity, or any obligations in regard to the agency partner or the donated goods.

**Non-compliance**If an agency does not comply with the Membership Terms and Conditions and the contents of the Agency Manual, Mid-Nebraska Food Bank may interrupt service to the agency temporarily or suspend the agency entirely, depending upon the severity of the violation. We recognize that these consequences may adversely impact your clients. While our goal is to ensure that clients have access to the food they need, we must maintain the integrity of our network in order to ensure its long-term viability. Any actions taken to suspend or remove an agency for membership will receive written notification. Mid-Nebraska Food Bank reserves the right to suspend or terminate any participating program/agency due to complaints of questionable activity or procedures.

The following list provides examples of a range of violations:

* Agency is delinquent in payment of the handling fees
* Proper records are not maintained at the program site
* Donated food or other products are improperly stored, refrigerated, or transported
* Donated food is used in a manner that is not consistent with this Agreement
* Donated food or other products are exchanged for money, property, or services
* Donated food or other products are removed from the program site for private use by program staff or volunteers

**Grievance Policy**If for any reason you are unsatisfied or have a grievance with Mid-Nebraska Food Bank, please contact the following:

Raelynn Johnson

Food Bank Coordinator

[rjohnson@mnca.net](mailto:rjohnson@mnca.net)

Phone: 308-865-5683

This agreement may be modified as deemed needed by Mid-Nebraska Food Bank. Your agency’s authorized representative’s signature below indicates acceptance of this agreement between your agency and Mid-Nebraska Food Bank.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Agency Representative, Print Name Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Agency Representative, Signature

Mid-Nebraska Food Bank Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Director of Agency Relations

Mid-Nebraska Food Bank will provide a complete copy for your agency files.