



Greetings:

Thank you for your interest in becoming a partner of the Treasure Coast Food Bank (TCFB).

TCFB is a clearing house for receiving food. We distribute donated and purchased product indirectly to clients, through our Partner Agencies, and we offer direct service through TCFB programs and the Mobile Food Pantry. Our mission is to alleviate hunger by obtaining and distributing food and other essentials in Indian River, Martin, Okeechobee and St. Lucie Counties.

All incoming TCFB Partner Agencies must have an active working email address.

Your Partner Agency application must be complete and include the following:

- The Partner Agency application form
- Program model outline
- Copy of 501(c) (3) non-profit organization by the IRS or be affiliated with a 501(c) (3) umbrella organization. An Agency which is a church or a program directly sponsored by a church may use the non-profit designation of the parent affiliation of that church or may affirm by written statement that it essentially meets the fourteen criteria employed by the IRS in defining a church
- You must also include the completed USDA Eligibility Questionnaire
- Copies of any Health Department permits, inspections, Food Manager's Certificate and/or Food Handler Certifications
- Signed Letter of Agreement

Incomplete applications will not be accepted. Feel free to include annual reports, brochures or flyers about your program. ****Please note, a Florida Sales Tax Exemption Certificate in not an acceptable form of non-profit status.***

After your application is complete and attendances to TCFB Orientation have been confirmed, the Agency Relations Representative will schedule a site visit. The facility in which you plan to operate your pantry or meal program must be inspection-ready. This means the storage area for food and/or food preparation must meet the minimum standards as described in the application packet. Your agency visit will not be scheduled until this is done. After your site visit, you will be notified in writing of your approval status.

The Food Bank board and staff are excited to partner with you. Please do not hesitate to contact us with questions. We look forward to working with you!

Sincerely,
Partner Relations Department
Treasure Coast Food Bank

PLEASE TYPE OR PRINT LEGIBLY



FEEDING AMERICA
A member of

PARTNER AGENCY MEMBERSHIP APPLICATION

PARENT OR AGENCY INFORMATION

Name:		
Address:		
City:	State:	ZIP Code:
Executive Director or Pastor:		Website:
Phone:	Fax:	Email:

PROGRAM OR SITE INFORMATION

Name:		
Address:		
City:	State:	ZIP Code:
Program Director:		
Phone:	Fax:	E-mail:
Does your program have a website? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, give address:		Number of computers onsite?

BILLING INFORMATION

Name:		
Address:		Phone:
City:	State:	ZIP Code:

MAILING INFORMATION (IF DIFFERENT FROM SITE OR BILLING ADDRESS)

Name:		
Address:		
City:	State:	Zip Code:

VOLUNTEER COORDINATOR (PERSON RESPONSIBLE FOR RECRUITING AND RETAINING VOLUNTEERS)

Name	Cell	Phone	Email
PLEASE PROVIDE THE NAMES OF UP TO 2 INDIVIDUALS OR VOLUNTEERS WHO WILL BE ASSOCIATED WITH YOUR AGENCY			
Name	Affiliation	Name	Affiliation

WHAT TYPE OF SERVICE(S) DO YOU PROVIDE? (CIRCLE ALL THAT APPLY)?

Food Pantry	Emergency Kitchen	Emergency Shelter	Homeless Drop In Center	Rehab Center	Snack
Residential Treatment Facility	State Licensed Group Home	Transitional Housing	Adult Services Program	Senior Program	Youth Program

Other List:	What are the days/hours of operation for your program?
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PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS, RETURN ORIGINAL TO THE FOOD BANK WITH A COPY OF YOUR COMPLETED SERVICE PLAN & 501(C)(3) LETTER OF EXEMPTION



PARTNER AGENCY MEMBERSHIP APPLICATION

I, the undersigned agency representative, attest that the information provided on this application is true to the best of my knowledge.

Signature of Executive Director:

Date:

Signature of Program Director:

Date:

Treasure Coast Food Bank Partner Agency Service Plan Outline

This plan should explain: why the program you are applying for is important, how it will operate, when it will operate, etc. Your service plan helps us better understand your operation and its needs, as well as your clients' needs. We will use this information to better serve you. We will also use this information to assist you in becoming a sustainable service site, by providing best practices information and technical support based on your plan. This may also help you make decisions on issues you may not have considered yet.

TCFB Partner Agency Service Plan Outline:

I. Physical site address and contact information for site leaders.

II. Program Information. Who will you serve and how; what model (i.e. emergency or non-emergency site): what, if any, restrictions; how many families does your program anticipate serving; what type of area is this? *In order to help meet the needs of the people you serve, we suggest that you allow people to receive food at least two times per month and provide other community referrals.*

III. Days and hours of operation. Please take into consideration days and hours of operation of other food programs in your area and avoid duplication. For pantries, we require that you be open for distribution a minimum of twice-a-month for a minimum of 2 hours (evening and/or weekend hours are helpful for those people who work).

IV. Financial information and plans to sustain your food program. Where does your money and resources come from and how is it used; what are your expenses; who does the accounting and reporting, and to whom; who do you/ will you collaborate with and for what purpose; how will you sustain the food storage area (i.e. contributions, food drives, partnering with other organizations, grants etc.)

V. Safe Food storage area description. Explain how your food will be stored and sorted and in what type of structures.

VI. Food distribution process. What model will you use; how will clients actually get the food (will they fill out a form, pick from shelves with or without any limits, be given a pre-selected assortment, etc.) and what record keeping will be involved.

VII. Site staff and volunteer positions

VIII. Staff and volunteer roles and responsibilities

IX. Operations timeline. Who will do what on a daily, weekly, and/or monthly basis etc.

If you need assistance, please call any of the following Agency Relations staff:

Name	Title	Phone	Email Address
Samantha Cruz	Compliance and Capability Coordinator	772-489-3034, Ext. 30	scruz@tcofoodbank.org

In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age or disability.

To file a complaint of discrimination, write USDA, Director, Office of Adjudication, 1400 Independence Avenue, SW, Washington, D.C., 20250-9410 or call (866)632-9992 (voice). Individuals who are hearing impaired 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.

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stophunger.org