



FREESTORE FOODBANK Partnerships and Programs

Partner Agency Setup – Membership Application

Information

The mission of the Freestore Foodbank is to “provide food, products and services to help people overcome barriers to their basic survival needs and further their self-reliance.” We are responsible for equitable distribution throughout our 20-county service territory. Recognizing that donated food resources are limited, the Freestore Foodbank reserves the right to prioritize potential member agencies based on the type of services provided, the geographic location of the agency, the capacity of the agency and other criteria. The purpose of the application is to provide the Freestore Foodbank (FSFB) with the information necessary to determine your program’s eligibility for membership.

The following items must be included with the application to be eligible for review for Freestore Foodbank membership.

- \$50.00 check for the application fee. The check must be issued from the organization’s 501(c) (3) account and made payable to the Freestore Foodbank. Funds will be applied as a Shared Maintenance Fee credit to organizations approved for membership. If your organization is not approved for membership check will be voided and returned.
- FSFB application. All questions must be answered. If question(s) do not apply note “ do not apply or N/A.
- A Photocopy of your IRS final determination letter which states your 501(c)3 Federal Tax Exempt Status. Please **do not** send your tax I.D. number (employer identification number) or your state tax exempt letter.
- Churches must include either a 501(c)3 letter, and/or a letter from the denomination headquarters stating that the church applying for membership is a church in good standing with the denomination. Independent (non-denominational) churches without a 501(c)3 letter should contact the FSFB for requirements.
- The current list of the agencies’ Board of Trustees or list of the church deacons or elders, along with the telephone number and address of the board Chair.
- Annual report, marketing materials, program flyers and other printed information about the program.
- Intake/registration form(s).



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Information (Continued)

Following a review of the application, the FSFB Community Partnership Manager assigned to your location will contact your organization with our determination. If the determination is to move forward to the next step in the application process, your organization will be instructed to prepare the following before membership is approved and officially finalized:

- 1) Community Partnership Manager will contact you to schedule a site visit to tour your facility, get an overview of the food distribution program your organization provides and any other community service programs.
- 2) The contact person at your organization for your FSFB account will be required to attend a New Member Orientation workshop held at the Freestore Foodbank Distribution Center facility.
- 3) One person from your organization is required to have a ServSafe certification. A copy of the ServSafe certification will need to be received by the Freestore Foodbank when membership is approved and officially finalized.

**Mail completed applications:
Membership, Freestore Foodbank
Attention: [STAFF NAME]
1250 Tennessee Ave, Cincinnati, Ohio 45229**

Please call Capacity Development Manager at (513) 482-4532 with questions about the application process.



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Contact Information

Member Agency Name: _____

Distribution Address: _____

City: _____ State: ___ ZIP: _____ County: _____

Email Address: _____

Phone: _____ Fax: _____ Website: _____

Billing Address (If Different): _____

City: _____ State: _____ ZIP: _____ County: _____

Agency Director: _____ Point of Contact: _____

Does your organization have a computer onsite that is connected to the internet? _____

If NO, does someone at your organization have the ability to access the internet if your organization does not have a computer with internet connection? _____

Service Information

Program Type

- | | | | | | | |
|------------------|--------------------------|----------------------|--------------------------|----------------------|--------------------------|---|
| Emergency | <input type="checkbox"/> | Pantry | <input type="checkbox"/> | Soup Kitchen | <input type="checkbox"/> | Homeless Shelter |
| Youth | <input type="checkbox"/> | Day Care | <input type="checkbox"/> | After-School Program | <input type="checkbox"/> | Residential Program <input type="checkbox"/> School |
| Elderly | <input type="checkbox"/> | Day Program | <input type="checkbox"/> | Residential Program | <input type="checkbox"/> | |
| MRDD | <input type="checkbox"/> | Day Program | <input type="checkbox"/> | Residential Program | | |
| SUD Rehab | <input type="checkbox"/> | Day Program | <input type="checkbox"/> | Residential Program | | |
| | <input type="checkbox"/> | Transitional Housing | <input type="checkbox"/> | Health Clinic | <input type="checkbox"/> | Other: |

Date Program Began: _____ Geographic Service Territory: _____

Hours of Operation (Open for Clients)						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

If the program is open less than one day a week, please describe the schedule of operation:



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Financial Information

Program Annual Budget: \$ _____ Monthly Food Budget: \$ _____

Sources of Funding (Figures should equal 100%)

Donations	_____ %	
Grants/Foundations	_____ %	
Fundraising Events	_____ %	
Government	_____ %	
Program Service Fee	_____ %	Please Explain _____
Other	_____ %	Please Explain _____
	100 %	

Sources of Food

Purchased _____ % Donated _____ %
 List Retail / Wholesale Food Suppliers _____

Staffing Information

How many staff and volunteers run the program?
 _____ Full-Time Staff _____ Part-Time Staff _____ Volunteers

Collaborative Efforts

Please describe any collaboration the agency is involved in. Collaborations occur when a number of agencies and individuals make a commitment to work together and contribute resources to obtain a common, long term goal that cannot be achieved more efficiently as individual entities. Please do not list organizations that only fund the program, or organizations that refer clients to/accept referrals from your program or its' clients.



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Client Information

Primary Client Population _____

Client Restrictions (if any)

Age _____ Income _____ Gender _____ Other _____

How does your organization screen clients for eligibility? Please describe your intake process, and attach sample screening/intake forms:

Does your organization require verification and / or identification? Please Explain

Primary Programs (Emergency Food Pantry Only)

Service Data		
How many served?	Monthly	Yearly
Households		
Individuals		

How many pounds do you provide for the average household of 4 people? _____

How often may clients receive food? _____

Other services provided to clients: _____

On-Site Meal Providers (If clients eat meals at your location)

(Meals served)	Breakfast	Lunch	Dinner	Snack
Daily				
Monthly				

Does your agency prepare meals on site? Yes No

Does your agency use catered meals? Yes No



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Kitchen and Storage Area

Dry storage capacity (length, width, height) _____

Describe area (shelves, cabinets, pallets, basement, etc.) _____

Freezers (number of units)			Refrigerators (number of units)		
Domestic	Commercial	Walk-in	Domestic	Commercial	Walk-in

On-Site Meal Providers

Describe kitchen and facility area, list equipment:

Signatures

Agency Director (Name) _____ Signature _____ Date _____



FREESTORE FOODBANK Partnerships and Programs
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The undersigned authorized agents of:

(Name of Agency)

Hereby warrants that during active membership, it will receive assorted products from the Freestore Foodbank. Said agent further warrants that the above described product will be duly inspected upon delivery.

It is further agreed between the FreestoreFoodbank and

(Name of Agency)

1. The product is accepted “as is.”
2. The FreestoreFoodbank, Feeding America and the original donor expressly disclaim any implied warranties of merchantability or fitness for a particular use.
3. There have been no expressed warranties in relation to this gift.
4. Said agency releases the Freestore Foodbank, Feeding America and the original donor from any liability resulting from the condition of the donated product and further agrees to indemnify and hold the Freestore Foodbank, 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 said agency or any personnel employed by said agency in connection with its storage and use of the donated items.
5. Said agency will not sell or offer said items for sale.

Member Agency Director

Date

Member Agency Contact

Date