



**CONTRACT FOR HUNGER-RELIEF PARTNERS (HRP)**

The Partner will comply with the following criteria as a recipient of services provided by the Food Bank of Delaware. Please carefully review these criteria.

The HRP agrees that it:

1. Provides goods and/or services for the needy, ill or children 18 years of age or younger.
2. Has been designated by the Internal Revenue Service as a registered 501(c)(3) tax-exempt organization or a ..... religious organization.
3. Ensures that all product donations are distributed under the guidance of the Good Samaritan Law which reads in part as follows:

Public Law number 101-610, 104 Stat. 3183 (42 United States Code, 12671-12673) (1990)TITLE IV- FOOD DONATIONS SEC. 402. MODEL GOOD SAMARITAN FOOD DONATION ACT section (3) which states:

**(3) DONATE.—The term "donate" means to give without requiring anything of monetary value from the recipient, except that the term shall include giving by a nonprofit organization to another nonprofit organization, notwithstanding that the donor organization has charged a nominal fee to the donee organization, if the ultimate recipient or user is not required anything of monetary value.**

4. Meets the IRS eligibility requirements for receipt, transfer, and use of donated food under section 170 (e) (3).
5. Will not sell, **transfer, barter or offer for sale** the items supplied by the Food Bank of Delaware in exchange for money, property or services, or otherwise allow the items to re-enter commercial channels.
6. Will not require recipients to attend church service or activity in order to receive food.
7. Will agree to inspections by the Food Bank of Delaware representatives of food distributions and any food storage facilities maintained by the agency.
8. Will not deny access to donated product provided by the Food Bank of Delaware on the basis of race, creed, national origin, religious affiliation, sex, sexual preference, age or handicap.
9. Accepts responsibility to inform the Food Bank of Delaware in a timely manner of any organizational or staff changes related to food distribution.
10. Has adequate food preparation and storage capabilities to ensure the wholesomeness of the product provided to the agency by the Food Bank of Delaware until consumed and/or distributed.
11. Will abide by the guidelines of each program, including site visits.
12. Will pay any and all charges or fees incurred by the agency at time of product pick up or delivery with a partner check. Neither cash nor personal checks will be accepted.

\_\_\_\_\_  
**Hunger-Relief Partner Name & Account #**

\_\_\_\_\_  
**Primary Telephone #**

\_\_\_\_\_  
**Partner Director Name (Please Print)**

\_\_\_\_\_  
**City & Zip Code**

\_\_\_\_\_  
**Partner Director Signature**

\_\_\_\_\_  
**Date**



### **Partner Guidelines for Partnership**

1. Please complete **ALL** appropriate sections of this application. Incomplete applications will not be accepted.
2. The Partner Director must sign the enclosed contract.
3. Please include the following with your contract & application:
  - a. A photocopy of your agency's IRS/US Department of Treasury Letter of Determination for 501©3 Status/ or the IRS Church Qualifier form (enclosed) with a church brochure/ or bulletin.
  - b. Current Liability Insurance Certificate, for each address of the program.
  - c. Show 6 months documentation of actively running a food program.
  - d. Your most recent financial statement/audit or annual report.
  - e. Pay \$100 membership fee, Partner check made out to "Food Bank of Delaware".
  - f. Attend a Food Bank Orientation and Pass a site visit conducted by Hunger-Relief staff.
4. please return the Contract and Application to:

The Food Bank of Delaware  
 14 Garfield Way  
 Newark DE 19713  
 Attention: Partner Relations Department

You will be notified when your application has been processed.

5. Once the application is complete, a site visit will be scheduled. No partnership can be finalized until a site visit is complete.

**PLEASE NOTE:** Completion of this application does **NOT** guarantee partnership. We reserve the right to refuse partnership to programs not meeting our criteria.



**APPLICATION FOR PARTNERSHIP**  
**ORGANIZATION INFORMATION**

Organization Name: \_\_\_\_\_

Program Name: \_\_\_\_\_

Organization Web Site: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
Street Address or P.O. Box # City Zip Code

Physical Location: \_\_\_\_\_  
Street Address City Zip Code

Primary Contact Person: \_\_\_\_\_  
Name Title

Do you have more than one physical location for distribution? yes\_\_\_\_\_ No\_\_\_\_\_

*If yes, please list the additional locations in the comments section below.*

Primary Telephone #: \_\_\_\_\_ Primary Fax #: \_\_\_\_\_

Primary Contact's Email Address: \_\_\_\_\_

Secondary Contact Person: \_\_\_\_\_  
Name Title

Secondary Telephone #: \_\_\_\_\_ Secondary Fax #: \_\_\_\_\_

Secondary Contact's Email Address: \_\_\_\_\_

Organization Director / Pastor: \_\_\_\_\_  
[if different from Primary or Secondary Contact Person(s)] Name Title

**Please use the space below to briefly describe the program(s) and service(s) your organization currently provides to the community:**

*Please attach to this application your organization's general brochure.*



**FOOD PROGRAM INFORMATION**

Please fill out the appropriate section(s) of this document, based on the food program(s) your organization provides to the community, listed below. Please carefully read through each program definition to determine which program type truly defines your organization’s food program(s). Then, complete the appropriate sections for **each** program.

PROGRAM TYPE	
<p><b>Congregate Meal Program (Group Meal)</b> – We <u>prepare and serve meals</u> to walk-in guests, or serve meals to clients off-site. We <u>do not provide shelter</u> to clients through this program.  <b>Health Inspection &amp; ServSafe Certification required.</b>  <i>Examples: soup kitchen, child &amp; senior daycare</i></p>	<p>→ <b>Complete the information on Page 5.</b></p>
<p><b>Emergency Food Pantry</b> – We provide direct food assistance to the community. We <u>store food on-site</u> and have <u>set weekly hours</u> when this food assistance is available to the public. We have <u>set criteria</u> for individuals to receive food assistance. <i>This type of program is added to the Delaware Helpline Food Pantry referral list.</i>  <b>Food Handling/ServSafe required</b>  <i>Examples: food pantry, food closet</i></p>	<p>→ <b>Complete the information on Page 6.</b></p>
<p><b>Hope (Helping Ordinary People Endure)</b> – We make more food available to clients so resources can be used on other necessities, we also provide information, such as parenting classes &amp; finance information. <b>Food Handling Certificate required</b>  <i>Previously known as the "Brown Bag" program</i></p>	<p>→ <b>Complete the information on Page 7.</b></p>
<p><b>Mobile Pantry Distribution Program</b> – We provide food services in <u>mass distribution</u>. We do not provide ongoing case management for those who receive food from us. There are <u>limited or no criteria</u> for participation. <b>Food Handling Certificate required</b>  <i>Examples: mass distribution/ mobile pantry/ fields of hope</i></p>	<p>→ <b>Complete the information on the top half of Page 8.</b></p>
<p><b>Residential Program</b> – We prepare and <u>serve meals</u> to clients to whom we also <u>provide shelter</u>.  <b>Health Inspection &amp; ServSafe Certification required.</b>  <i>Examples: Temporary or domestic violence shelter, rehab home, group home</i></p>	<p>→ <b>Complete the information on the bottom half of Page 8.</b></p>
<p><b>Commodity Supplemental Food Program (CSFP)</b> –We participate in this USDA-provided monthly food box program, sponsored by the Food Bank to elderly, low income DE Residents age 60+.</p>	<p>→ <b>Complete the information on the top half of Page 9.</b></p>
<p><b>The Emergency Food Assistance Program (TEFAP)</b> – We receive USDA-provided commodities through this program for low-income households at 185% or less of the federal poverty level.  <b>Food Handling Certificate required.</b></p>	<p>→ <b>Complete the information on the bottom half of Page 9.</b></p>
<p><b>Children’s Nutrition Programs (CACFP, SFSP, Backpacks)</b> - We provide nutritious meals &amp; snacks to after- school &amp; summer community based enrichment programs.  <b>Health Inspection/Food Handling Certification required</b>  <i>Examples: Day care, schools, senior day care</i></p>	<p>→ <b>Complete the information on Page 10.</b></p>



**~ CONGREGATE MEAL (Group Meal) PROGRAM ~**

Which meal(s) does your organization provide?

Breakfast     Lunch     Dinner     Snack

What **day(s)** and **time(s)** does your organization serve congregate meals?

	<b>Breakfast</b>	<b>Lunch</b>	<b>Dinner</b>	<b>Snack</b>
<b>Sunday</b>	Time: _____	Time: _____	Time: _____	Time: _____
<b>Monday</b>	Time: _____	Time: _____	Time: _____	Time: _____
<b>Tuesday</b>	Time: _____	Time: _____	Time: _____	Time: _____
<b>Wednesday</b>	Time: _____	Time: _____	Time: _____	Time: _____
<b>Thursday</b>	Time: _____	Time: _____	Time: _____	Time: _____
<b>Friday</b>	Time: _____	Time: _____	Time: _____	Time: _____
<b>Saturday</b>	Time: _____	Time: _____	Time: _____	Time: _____

On average, how many individuals are served:

\_\_\_\_\_ At breakfast?    \_\_\_\_\_ At lunch?    \_\_\_\_\_ At dinner?    \_\_\_\_\_ During the snack?

Does your organization charge a fee for its meals?     Yes     No

Does your organization ask for donations in return for a meal?     Yes     No

*Are meals cooked on site?*     Yes     No

Does your organization have a certificate from the local Health Department, licensing you to serve meals to the public?     Yes     No

*If yes, please list the certificate # & expiration date:* \_\_\_\_\_

*Are meals served off-site as well?*     Yes     No

What type(s) of equipment does your organization have on-site to prepare these meals?

Household oven     Household refrigerator     Household freezer     Microwave  
 Commercial oven     Commercial refrigerator     Commercial freezer

What is / are your organization's present source(s) of food?

- Supermarkets, or grocery stores     Warehouse clubs (Sam's Club, Costco)  
 Discount stores (Wal\*Mart, KMart)     Farmers market(s)  
 Community / Church donations     Another food bank: \_\_\_\_\_  
 Other: \_\_\_\_\_

Who is in charge of meal preparation? \_\_\_\_\_

*If yes, please list their name(s) & expiration date:* \_\_\_\_\_

Does he/she have a Food Handler (aka Food Worker) card?     Yes     No

Does he/she have Food Manager (aka ServSafe®) certification?     Yes     No

What is the expiration date? \_\_\_\_\_



**~ EMERGENCY FOOD PANTRY ~**

Contact person(s) for your pantry: \_\_\_\_\_

What **day(s)** and **hours(s)** is your organization's pantry open to assist people?

	<b>HOURS</b>		<b>HOURS</b>
<b>Sunday</b>	Time: _____	<b>Thursday</b>	Time: _____
<b>Monday</b>	Time: _____	<b>Friday</b>	Time: _____
<b>Tuesday</b>	Time: _____	<b>Saturday</b>	Time: _____
<b>Wednesday</b>	Time: _____		

Do you have an emergency number for off hour? If yes, what is the number and how is it managed? \_\_\_\_\_

On average, how many individuals or families does your pantry serve per month? \_\_\_\_\_

What geographic area(s) do you serve? \_\_\_\_\_

Are your services limited to this/these geographic area(s)?     Yes     No

Do you accept walk-ins to your pantry?     Yes     No

Do you accept referrals?     Yes     No

*If yes, from what sources?* \_\_\_\_\_

What type(s) of equipment does your pantry have on-site?

Refrigerator(s)     Freezer(s)     Loading dock(s)     Forklift(s)     Pallet jack(s)

What is / are your organization's present source(s) of food?

- |  |   |
|--|---|
| <input type="checkbox"/> Supermarkets, or grocery stores   | <input type="checkbox"/> Warehouse clubs (Sam's Club, Costco) |
| <input type="checkbox"/> Discount stores (Wal*Mart, KMart) | <input type="checkbox"/> Farmers market(s)                    |
| <input type="checkbox"/> Community / Church donations      | <input type="checkbox"/> Another food bank: _____             |
| <input type="checkbox"/> Other: _____                      |   |

Does any of your staff or volunteers currently have Food Handler (aka Food Service Worker) certification?     Yes     No

*If yes, please list their name(s) & expiration date:* \_\_\_\_\_

Does any of your staff or volunteers currently have Food Manager or Restaurant Managers (aka ServSafe®) certification?     Yes     No

*If yes, please list their name(s) & expiration date:* \_\_\_\_\_



**~ Hope (Helping Ordinary People Endure) ~**

Contact person(s) for your Hope Program: \_\_\_\_\_

What **day(s)** and **time(s)** does your organization's Hope program meet?

	<b>HOURS</b>		<b>HOURS</b>
<b>Sunday</b>	Time: _____	<b>Thursday</b>	Time: _____
<b>Monday</b>	Time: _____	<b>Friday</b>	Time: _____
<b>Tuesday</b>	Time: _____	<b>Saturday</b>	Time: _____
<b>Wednesday</b>	Time: _____		

How many individuals (families) are currently enrolled in the program? \_\_\_\_\_

What geographic area(s) do you serve? \_\_\_\_\_

Are other services provided with this program?       Yes       No

If yes, what type of services/classes? \_\_\_\_\_

Do you have a waiting list?     Yes     No

*If yes, how many on the list?* \_\_\_\_\_

How are individuals moved off the waiting list? \_\_\_\_\_

Does your organization require a donation to join the program?

*If yes, how much?* \_\_\_\_\_ *Is the donation one time or monthly?* \_\_\_\_\_

What is / are your organization's present source(s) of food?

- Supermarkets, or grocery stores
- Discount stores (Wal\*Mart, KMart)
- Community / Church donations
- Other: \_\_\_\_\_
- Warehouse clubs (Sam's Club, Costco)
- Farmers market(s)
- Another food bank: \_\_\_\_\_

Does any of your staff or volunteers currently have Food Handler (aka Food Service Worker) certification?       Yes       No

*If yes, please list their name(s) & expiration date:* \_\_\_\_\_

Does any of your staff or volunteers currently have Food Manager or Restaurant Managers (aka ServSafe®) certification?       Yes       No

*If yes, please list their name(s) & expiration date:* \_\_\_\_\_



**~ MOBILE PANTRY/ MASS DISTRIBUTION PROGRAM ~**

What is the type(s) of distribution does your organization provide?

- Mass Distribution                       Fresh Produce                       Senior Mobile Pantry  
 Other: \_\_\_\_\_

Indicate in the appropriate space(s) in the table below, the **HOURS** of your food distribution(s).

WEEKS OF THE MONTH	DAYS OF THE WEEK						
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>1<sup>st</sup></b>	Time:	Time:	Time:	Time:	Time:	Time:	Time:
<b>2<sup>nd</sup></b>	Time:	Time:	Time:	Time:	Time:	Time:	Time:
<b>3<sup>rd</sup></b>	Time:	Time:	Time:	Time:	Time:	Time:	Time:
<b>4<sup>th</sup></b>	Time:	Time:	Time:	Time:	Time:	Time:	Time:

How many individuals do you serve, on average, during the distribution? \_\_\_\_\_

What geographic area(s) do you serve? \_\_\_\_\_

Are your services limited to this/these geographic area(s)?     Yes     No

Is your distribution address different than your organization's physical address?     Yes     No

*If yes, please provide the distribution address:* \_\_\_\_\_

**~ RESIDENTIAL PROGRAM ~**

How many individuals are currently living at the facility? \_\_\_\_\_

Who currently lives at the facility?     Men     Women     Both men & women     Children

Does your organization charge a program fee to residents?     Yes     No

What type(s) of equipment does your organization have on-site to prepare meals?

- Household oven                       Household refrigerator                       Household freezer                       Microwave  
 Commercial oven                       Commercial refrigerator                       Commercial freezer                       Steamer

What is / are your organization's present source(s) of food?

- Supermarkets, or grocery stores                       Warehouse clubs (Sam's Club, Costco)  
 Discount stores (Wal\*Mart, KMart)                       Farmers market(s)  
 Community / Church donations                       Another food bank: \_\_\_\_\_  
 Other: \_\_\_\_\_

Who is in charge of meal preparation? \_\_\_\_\_

Does he/she have Food Manager (aka ServSafe®) certification?                       Yes     No

If yes, list their name(s) & expiration date: \_\_\_\_\_

Does he/she have Food Manager (aka ServSafe®) certification?                       Yes     No

If yes, list their name(s) & expiration date: \_\_\_\_\_





**~ COMMODITY SUPPLEMENTAL FOOD PROGRAM (CSFP) ~**

Contact person(s) for your CSFP distribution: \_\_\_\_\_

Indicate in the appropriate space(s) in the table below, the **HOURS** of your Food distribution.

WEEKS OF THE MONTH	DAYS OF THE WEEK						
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>1<sup>st</sup></b>	Time:	Time:	Time:	Time:	Time:	Time:	Time:
<b>2<sup>nd</sup></b>	Time:	Time:	Time:	Time:	Time:	Time:	Time:
<b>3<sup>rd</sup></b>	Time:	Time:	Time:	Time:	Time:	Time:	Time:
<b>4<sup>th</sup></b>	Time:	Time:	Time:	Time:	Time:	Time:	Time:

How many individuals do you serve, on average, during the distribution? \_\_\_\_\_

What geographic area(s) do you serve? \_\_\_\_\_

Are your services limited to this/these geographic area(s)?     Yes     No

Is your distribution address different than your organization's physical address?     Yes     No

*If yes, please provide the distribution address:* \_\_\_\_\_

**~ THE EMERGENCY FOOD ASSISTANCE PROGRAM (TEFAP) ~**

Contact person(s) for your TEFAP distribution: \_\_\_\_\_

Indicate in the appropriate space(s) in the table below, the **HOURS** of your TEFAP distribution.

WEEKS OF THE MONTH	DAYS OF THE WEEK						
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>1<sup>st</sup></b>	Time:	Time:	Time:	Time:	Time:	Time:	Time:
<b>2<sup>nd</sup></b>	Time:	Time:	Time:	Time:	Time:	Time:	Time:
<b>3<sup>rd</sup></b>	Time:	Time:	Time:	Time:	Time:	Time:	Time:
<b>4<sup>th</sup></b>	Time:	Time:	Time:	Time:	Time:	Time:	Time:

How many individuals do you serve, on average, during the distribution? \_\_\_\_\_

What geographic area(s) do you serve? \_\_\_\_\_

Are your services limited to this/these geographic area(s)?     Yes     No

Is your distribution address different than your organization's physical address?     Yes     No

*If yes, please provide the distribution address:* \_\_\_\_\_



**~ Children’s Nutrition Programs (CACFP, SFSP, Backpacks) ~**

*After School Feeding program/ Summer Feeding program*

Program Name: \_\_\_\_\_

What are the **hours(s)** of the program?

	<b>HOURS</b>		<b>HOURS</b>
<b>January</b>	Time: _____	<b>July</b>	Time: _____
<b>February</b>	Time: _____	<b>August</b>	Time: _____
<b>March</b>	Time: _____	<b>September</b>	Time: _____
<b>April</b>	Time: _____	<b>October</b>	Time: _____
<b>May</b>	Time: _____	<b>November</b>	Time: _____
<b>June</b>	Time: _____	<b>December</b>	Time: _____

Site Type: \_\_\_\_\_ Non Profit \_\_\_\_\_ Profit \_\_\_\_\_ Military

Child Care License#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ License Capacity: \_\_\_\_\_

Has the site had a Health Inspection?     Yes         No

*If yes, expiration date:* \_\_\_\_\_

Does any of your staff or volunteers currently have Safe Food Handling or ServSafe® certification?     Yes     No

*If yes, please list their name(s) & expiration date:* \_\_\_\_\_

School District: \_\_\_\_\_

List of Public Schools in the attendance zone of program: \_\_\_\_\_

Activities: \_\_\_\_\_ Educational    \_\_\_\_\_ Enrichment

Other: \_\_\_\_\_

*Backpack Program/ Weekend Feeding- How do you identify your participants?*

Noticed behavior demonstrating food insecurity?     Yes     No

*If yes, describe:* \_\_\_\_\_

School performance issues?         Yes     No

*If yes, describe:* \_\_\_\_\_

Physical Appearance indicators?     Yes     No

*If yes, describe:* \_\_\_\_\_



~Comments~

Please use this area for any other information your about your program we may need to know:

Lined area for providing additional information.