Second Harvest
Food Bank
of Northwest Pennsylvania

1507 Grimm Drive • Erie, PA 16501
(814) 459-3663 • www.nwpafoodbank.org

Serving: Cameron • Clarion • Clearfield • Crawford • Elk • Erie • Forest • Jefferson • McKean • Venango • Warren

MEMBER AGENCY APPLICATION

For current or prospective food pantries and on-site meal/snack programs that wish to become a Member Agency of Second Harvest Food Bank of NWPA (SHFB).

PART I. GENERAL ORGANIZATION INFORMATION   **Date:**_____

1. Name of Organization:_____

2. Federal Employer ID #:_____

3. Addresses (*if your Organization has multiple sites, provide addresses for each on a separate sheet of paper*)

   Mailing address: *Physical address (if different):*

   Street address:_____   Street address:_____

   City/State/Zip:_____   City/State/Zip:_____

   County:_____   County:_____

4. Chief Executive/Director/Pastor:

   Name:_____   Title:_____

   Email:_____   Phone:_____

5. Organization online presence:

   Website:_____

   Social media handles:_____

6. Organization type (check one): ☐ Nonprofit   ☐ Church

   a. If **Nonprofit**, indicate the name of the organization that holds the 501(c)(3) status for your Organization below and provide a copy of your Organization's IRS determination letter with this application.

      501(c)(3) status holder:_____

   b. If **Church**, complete Appendix A as applicable and provide a copy of your Organization's IRS determination letter with this application.

7. Beginning date of your Organization:_____

8. List sources of funding for your Organization:

   _____

9. List any services your Organization provides to clients in addition to food:

   _____

10. Which of the following services does your Organization prioritize (check all that apply)?

   ☐ Providing non-feeding related direct services focused on self-sufficiency (e.g., resume preparation, job readiness skills, case management, etc.)

   ☐ Referring clients to other resources to promote self-sufficiency (e.g., healthcare, housing, employment, government assistance programs, etc.)

   ☐ Collaborating with other social service community agencies and food programs

11. How does your Organization communicate with clients? (check all that apply)

   ☐ On-site signage about services available

   ☐ On-site signage about program hours and other program details

   ☐ Instant communication delivery method (e.g., email, social media, etc.)

   ☐ Other (please explain):_____

12. Estimate what percentage of your clientele are in the following groups:

   Children (ages 0-17)_____%   Adults (ages 18-59)_____%   Elderly (ages 60+)_____%

PART II. GENERAL FOOD PROGRAM INFORMATION

1. Primary contact for feeding program:

   Name:_____   Title:_____

   Email:_____   Phone:_____

2. Secondary contact for feeding program:

   Name:_____   Title:_____

   Email:_____   Phone:_____

3. Person authorized to order food:

   Name:_____   Title:_____

   Email:_____   Phone:_____

4. How does/will your Organization determine if a client is eligible for your feeding program?

   _____

   _____

5. What percentage of your clients use your feeding program more than four times a year? _____%

6. For churches:

   a. What percentage of food recipients are from your congregation? _____%

   b. Are clients required to work or attend services in exchange for food? ☐ Yes   ☐ No

   *If yes, please explain:*_____

7. Do/will you charge clients for your feeding program? ☐ Yes   ☐ No

   *If yes, please explain how:*_____

8. Do you request donations from clients? ☐ Yes   ☐ No

   *If yes, please explain how:*_____

9. How do people find out about your Organization and programs?

   _____

PART III. ORGANIZATIONAL CAPACITY

Section 1. DEVELOPMENT

1. What is your Organization's current annual food budget? $_____

2. Estimate the percentage of your Organization's food that will be coming from the following:

   SHFB (or SHFB partners):_____%   Other donations:_____%

   Direct purchases from retailers:_____%

3. Which of the following does your Organization use (check all that apply)?

   ☐ Operations plan/standard operating procedures   ☐ Board-approved budget

   ☐ Inventory management plan   ☐ Fundraising plan

   ☐ Vendor contact list   ☐ Crisis/disaster plan for internal operations

   ☐ Regular financial reporting system to track   ☐ Financial reserves to operate 3-6 months
   income and expenses   without additional support

Section 2. OPERATIONS

1. Indicate the number of each transportation vehicle type used by your Organization:

   Non-refrigerated box truck:_____ Refrigerated truck:_____ Pickup truck:_____

   Car:_____ Van:_____ Other (type & number):_____

2. Indicate which of the following your Organization has in order to safely transport and monitor food:

   ☐ Coolers and icepacks   ☐ Thermal blankets/pallet covers

   ☐ Handheld infrared/probe thermometer   ☐ Scale that weighs at least 100 lbs.

3. On-site cold food storage: Indicate how many of each is available at your facility.

Type of Unit	Residential Upright	Residential Chest	Commercial Upright	Commercial Chest	Walk-in
Freezer					
Refrigerator					

4. Does your Organization regularly monitor cold food storage temperatures? ☐ Yes   ☐ No

5. <u>On-site dry food storage</u>: Please describe and estimate the size of dry storage areas at your facility:

_____

_____

6. Is food stored in a locked area/cabinet? ☐ Yes ☐ No

   If yes, who has access to locked food storage areas?_____

7. List any off-site storage areas used for storing dry/refrigerated/frozen food for your Organization:

_____

_____

8. Does your Organization have a pest control program? ☐ Yes ☐ No

   If yes, please describe:_____

_____

9. Does your Organization use a pest control company? ☐ Yes ☐ No

   If yes, please provide company name:_____

10. Indicate which of the following office equipment is available for your feeding program:

   ☐ Mobile cellphone ☐ Landline phone ☐ Laptop computer/tablet

   ☐ Desktop computer ☐ Internet connection ☐ Wi-Fi

   ☐ Printer ☐ Copier ☐ Scanner

   ☐ Fax Machine ☐ Tables/desk ☐ Chairs

PART IV. FOOD DISTRIBUTION INFORMATION

Section 1. FOOD PANTRY PROGRAMS *(Complete <u>ONLY</u> if your program is a food pantry.)*

1. Indicate your current or proposed food distribution schedule with days and hours (check all that apply):

   Monday: ☐ 1st ; ☐ 2nd ; ☐ 3rd ; ☐ 4th ; ☐ all Hours: _____

   Tuesday: ☐ 1st ; ☐ 2nd ; ☐ 3rd ; ☐ 4th ; ☐ all Hours: _____

   Wednesday: ☐ 1st ; ☐ 2nd ; ☐ 3rd ; ☐ 4th ; ☐ all Hours: _____

   Thursday: ☐ 1st ; ☐ 2nd ; ☐ 3rd ; ☐ 4th ; ☐ all Hours: _____

   Friday: ☐ 1st ; ☐ 2nd ; ☐ 3rd ; ☐ 4th ; ☐ all Hours: _____

   Saturday: ☐ 1st ; ☐ 2nd ; ☐ 3rd ; ☐ 4th ; ☐ all Hours: _____

   Sunday: ☐ 1st ; ☐ 2nd ; ☐ 3rd ; ☐ 4th ; ☐ all Hours: _____

   Other (please describe):_____

2. Describe your current or proposed method of recording client information (*if possible, please attach a sample household registration form*):

_____

_____

3. Describe the current or proposed area served by your Organization (*example: 1st Street to 12th Street/Main Street to Forbes Avenue; the city of Erie; the 16501 zip code; etc.*):

_____

_____

4. How much food does/will the average client receive at a typical distribution, and how/will you determine this amount?

_____

_____

5. Can you serve emergency referral clients from SHFB? ☐ Yes   ☐ No

6. Approximately how many households do/will you serve on a typical distribution day?_____

7. How often can an individual or household receive food from your program?_____

8. What do/will you do with any perishable foods that you cannot distribute in one distribution?

_____

_____

9. If you redistribute to other organizations, please list these organizations:

_____

10. What is your client check-in method? (check all that apply)

☐ Pre-register   ☐ Appointment   ☐ Walk-up   ☐ Stand in line   ☐ Assign numbers

☐ Other (please describe):_____

11. What is your feeding program's primary distribution model? (check the option that best applies)

☐ **Standard Bag**: All clients receive the same pre-packaged bag of food. They do not have the option to choose individual items.

☐ **Standard Bag plus Swap Table**: Clients receive a standard pre-packaged bag of food but can leave items they don't want and/or pick up items that others left behind at a Swap Table.

☐ **Standard Bag plus an Unlimited Section**: Clients receive a standard pre-packaged bag of food but have the option to take a specified number of additional items from the pantry's unlimited section.

☐ **Limited Client Choice**: Food is displayed like a grocery store and clients can make selections based on what's available. There is a limit to the number of items a client can take.

☐ **Unlimited Client Choice**: Food is displayed like a grocery store and clients can make selections based on what's available. There is not a limit to the number of items a client can take.

☐ Other: _____

Section 2. ON-SITE MEAL/SNACK PROGRAMS *(Complete <u>ONLY</u> if your program serves meals/snacks on premises.)*

1. Check all descriptions that apply to your program:

   ☐ Soup Kitchen   ☐ Residential   ☐ Senior Program

   ☐ Emergency Shelter   ☐ Day Care (child or adult) ☐ Rehab

   ☐ Youth Program   ☐ Multi-service   ☐ Other:

2. Do you serve meals? ☐ Yes   ☐ No

3. Do you serve snacks? ☐ Yes   ☐ No

4. Indicate your current or proposed food distribution schedule with days and hours (check all that apply):

   Monday: ☐ 1st ; ☐ 2nd ; ☐ 3rd ; ☐ 4th ; ☐ all   Hours: _____

   Tuesday: ☐ 1st ; ☐ 2nd ; ☐ 3rd ; ☐ 4th ; ☐ all   Hours: _____

   Wednesday: ☐ 1st ; ☐ 2nd ; ☐ 3rd ; ☐ 4th ; ☐ all   Hours: _____

   Thursday: ☐ 1st ; ☐ 2nd ; ☐ 3rd ; ☐ 4th ; ☐ all   Hours: _____

   Friday: ☐ 1st ; ☐ 2nd ; ☐ 3rd ; ☐ 4th ; ☐ all   Hours: _____

   Saturday: ☐ 1st ; ☐ 2nd ; ☐ 3rd ; ☐ 4th ; ☐ all   Hours: _____

   Sunday: ☐ 1st ; ☐ 2nd ; ☐ 3rd ; ☐ 4th ; ☐ all   Hours: _____

   Other (please describe):_____

5. Describe your client intake process and consideration for acceptance into your program:

   _____

   _____

   _____

6. How many individuals do you serve per meal/snack?_____

7. Is the cost of meals/snacks included in housing cost (room & board)? ☐ Yes   ☐ No

8. What is the cost of services to clients? $_____ per day / week / month / other (circle one)

   If other, please explain:_____

9. What percent of the cost in item 8 is budgeted for purchasing food for the organization? _____%

10. Are all meals/snacks cooked by staff? ? ☐ Yes   ☐ No

11. Name and title of the individual in charge of food prep:_____

    a. Has this individual been trained in safe food handling? ☐ Yes   ☐ No

       If yes, attach copies of current ServSafe® or equivalent certificates.

12. Are staff members provided meals along with clients? ☐ Yes   ☐ No

13. For residential programs: How many beds are available for use in your facility?_____

14. What authorities inspect or license your facility?_____

15. Provide the date of your last inspection:_____

PART V. FOOD RESCUE PROGRAM

SHFB's Food Rescue Program helps to ensure acquisition, transportation, storage, and distribution of non-marketable but wholesome, perishable, and non-perishable food items from our Food Rescue donors (e.g., retail stores and restaurants, wholesalers, manufactures, and farms). Donations vary in size and type, ranging from dairy, meat, deli, bakery, produce, and shelf-stable items. Our Food Rescue network spans across 11 counties (Cameron, Clarion, Clearfield, Crawford, Elk, Erie, Forest, Jefferson, McKean, Venango, and Warren).

SHFB's Food Rescue agency partners receive capacity-building services from SHFB to cultivate and preserve positive and respectful donor relationships. Food Rescue agencies receive food donations for clients by maintaining consistent pickup schedules, communication, and flexibility with donors.

1. Does your Organization currently participate in food rescue in any capacity?

   If yes, please list the business names and addresses:

   _____

   _____

2. Are you interested in participating in SHFB's Food Rescue Program? ☐ Yes   ☐ No

   If yes, please answer questions 3-5.

3. Do you have volunteers or staff available to conduct regular Food Rescue pickups? ☐ Yes   ☐ No

4. Do you have volunteers or staff available to sort Food Rescue donations after pickup? ☐ Yes   ☐ No

5. Do you have a means for contacting clients in the event of a product recall? ☐ Yes   ☐ No

PART VI. FREE RESPONSE QUESTIONS

Answer the following questions to the best of your ability to give SHFB the most accurate picture of your Organization. Provide responses on a separate sheet of paper; be concise and limit responses to 250 words.

1. Describe your Organization's mission and vision statements. Include how they relate to SHFB's mission of alleviating hunger in Northwest PA.

2. Does your Organization collect data about client demographics such as ethnicity, age, makeup of household, etc.? If so, describe data collected and why.

3. What has been done to build your Organization's capacity over the past 6-12 months? Refer to the Key Capacity Elements descriptions on Page 8 for guidance.

4. Describe any plans to strengthen your Organization's capacity over the next 6-12 months? Refer to the Key Capacity Elements descriptions on Page 8 for guidance.

5. What are you currently doing/willing to do in order to meet the unique needs of your community (e.g., evening and weekend hours, providing additional language services, etc.)?

6. Give an example of how your Organization has impacted your community.

Key Capacity Elements

Equipment: Materials the organization needs in order to communicate and function properly.

Fundraising: The action of actively seeking to increase funds for the organization.

Technology: The organization's possession of computers and its ability to use them.

Planning: The methods and procedures that the organization uses to coordinate future goals.

Client Referrals: The organization's involvement and collaboration in other food programs in the community.

Distribution Process: The organization's system in distributing its food to clients.

Client Choice: The client's ability to choose the food they receive at the food distribution location.

Advocacy: The organization's relationship with legislators.

Nutrition: The organization's encouragement of healthy and balanced meals for its client.

Perishable/Healthy Food Distributions: Knowledge and promotion of fresh healthy items among staff and clients.

Leadership: Leading figures that guide and direct the organization.

Client Intake: The organization's efforts in seeking new clients and the requirements for clients to receive services.

Partner Scope: Programs other than food distribution that the organization provides.

The Internal Revenue Service uses 14 characteristics to determine whether an organization qualifies as a church.

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. **Please attach examples that demonstrate the 14-point criteria. Demonstration of 10 criteria is required, the first 6 are mandatory.**

MANDATORY CRITERIA	POSSIBLE SOURCES FOR DOCUMENTATION	DOCUMENTS ATTACHED?
A distinct legal existence	Articles of Incorporation filed with the state and/or Letter from IRS showing Employer ID number	
A recognized creed and form of worship	Articles of Incorporation, Bylaws, Church Bulletin	
A definite and distinct ecclesiastical Government	Articles of Incorporation, Bylaws, or Organization Chart with titles and positions	
Established places of worship	Church bulletin, Newsletter	
Regular congregations	Church bulletin, Newsletter	
Regular religious services	Church bulletin, Newsletter	
SELECTED CRITERIA (choose 4)	POSSIBLE SOURCES FOR DOCUMENTATION	DOCUMENTS ATTACHED?
A formal code of doctrine and discipline	Articles of Incorporation, Bylaws	
A membership not associated with any other church or denomination	Statement of mission, objectives and goals of the church signed by the pastor and three others	
A distinct religious history	A brief written history	
A complete organization of ordained ministers ministering to their congregations	Church bulletin or other published document listing the ministers or copy of ordination certificates	
Ordained ministers elected after completing prescribed courses of study	Copy of Ordination and diploma	
A literature of its own	Newsletter or Sunday morning program	
Sunday schools for religious instruction of the young	Church bulletin, Newsletter	
Schools for the preparation of its ministers	Copy of diploma with school name or list of school names	

As a duly authorized officer of _____ (church name), I certify that this organization meets the requirements indicated for identification as a church and has not applied to the IRS for 501(c)(3) status and been denied or has not had its 501(c)(3) status revoked by the IRS.

_____   _____
Chief Executive/Director/Pastor (Signature)   (Date)

_____
Chief Executive/Director/Pastor (Print Name)