



APPLICATION FOR PARTNERSHIP - PARTNER AGENCY- FOOD PANTRIES

Thank you for your interest in partnering with El Pasoans Fighting Hunger Food Bank (EPFH). EPFH is the only foodbank serving El Paso, Hudspeth and Culberson counties. EPFH relies on more than 132 partnerships with agencies in our community to distribute food and ensure access to all who need emergency food assistance. Community support is vital in our mission to combat the hunger crisis in our region by strategically procuring and distributing nutritious food through community partners...because no one should go hungry.

We pursue partnerships with those organization that exhibit thoughtful and organized intentions that align with our mission to end hunger in our region. The Partner Agency Program is truly a volunteer program. Not only are you volunteering for this you must find volunteers to help you coordinate, distribute and contribute to making your agency successful. Please read and complete this application packet in its entirety before submitting your application. Here you will find contact information for our Agency Relations staff, a checklist for documents that are required, an explanation of operations requirements, and general information about El Pasoans Fighting Hunger Food Bank.

We will be more than happy to help you with the process and will be available if you have questions about the application process. We look forward to learning more about the work you do in the community and the ways that we can work together to increase food access.

Cordially,

Gloria J Siller
Partner Agency Manager

What You Need to Know to Become a Partner Agency

If your organization is located in **El Paso, Hudspeth, or Culberson counties** please contact

Gloria J Siller Agency Relations Manager, at (915) 224-1271 or by email gsiller@epfgfb.org

or

Karmela Galicia Director of Programs, at (915)229-4738 or by email kgalicia@epfhfb.org

Applications can be submitted anytime; new partner onboarding trainings are scheduled throughout the year. Please allow three (3) weeks to process your application before the next onboarding scheduled.

We realize that not all programs are exactly the same. Please do not hesitate to contact us if you have any questions after reading attached information.

Please note: Completion of the application does not guarantee partnership. Partners are selected based on a variety of factors, including frequency of distribution, location, etc. Applications may be placed on a waiting list if there are no openings in your geographical area at the time of application.

El Pasoans Fighting Hunger Food Bank *does not* partner with organizations for one-time events or special occasions.



The following documents **MUST** be submitted with your Application

- Copy of your 501c3 letter of determination – This must be the organization’s 501c3. If you operate under an umbrella organization, please include a letter from this organization (on their letterhead) authorizing you to use their 501c3.
- EIN – If your organization’s 501c3 does not list your Employee Identification Number, or if you are operating under another organization’s 501c3, please provide this information.
- Type of distribution, and tentative schedule for days and time of distribution. (included in application)
- ServSafe Texas Food Handler Online Certificate - This class can be found online at servsafe.com, costs \$15 payable by credit card and lasts for three years. If you have any trouble with registration or the test, please contact **ServSafe**. We are not affiliated with this provider and cannot assist you in registration or answering questions. This certification covers the person taking the class, not the organization. If the certificate holder leaves the organization, a new certificate must be submitted.

This certificate is not needed for the application process but is required prior to starting as a partner.

Types of Agencies We Serve

- **Emergency Pantry:** A pantry is where individuals visit the program site and receive food items to prepare at home. The groceries could also be delivered to the clients.
- **Meal Provider:** A meal provider is any Partner Agency that prepares, serves or delivers prepared meals or snacks to individuals in need. All meal programs are held to Department of Health standards.
 - **Residential Program:** A type of meal program that serves permanent or temporary residents of a program.
- **Commodity Supplemental Food Program:** A site that where individuals over 60 years of age meeting income guidelines visit to receive a box of non-perishable food items to prepare at home and to be used by the individual enrolled in CSFP. This program is distributed only once a month. It is required to manage this program with the Link2Feed software, which will be provided by the food bank.

Operational Requirements for Partnership

The following items are the minimum operational requirements to become a partner of El Pasoans Fighting Hunger Food Bank. P

- An organization receiving food from EPFH Food Bank cannot be run out of a person's home.
- You must have responsible personnel who are accountable for record keeping, reporting, distribution, food safety and inventory control.
- You must have proper and adequate physical storage space, not applicable if you will receive and distribute the food the same day.
- You must operate regularly scheduled hours and be open at least once a month for a minimum of two hours each time.
- Your site must pass a site inspection prior to approval and at least once a year after that.
- You must have the ability and willingness to access and submit service numbers via the internet.
- You will need to use Link2Feed software system to keep track of the individuals enrolled and served. L2F access and training is provided to your organization by EPFH at no cost but the site must have web-enabled devices and internet access.
- You must follow eligibility criteria for the individuals you serve; This is provided by the Texas Department of Agriculture and audited by EPFH Food Bank.
- You are required to adhere to food safety guidelines at all times.
- Agencies are non-profit organizations or churches that distribute to individuals and families
Product cannot be redistributed to other non-profit or for-profit entities.

Initial Site Inspection

El Pasoans Fighting Hunger 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.

What do we look for in an initial site inspection?

- Food and non-food household items are stored separately.
- Store area is clean, proper temperature and a secure room.
- All food will be stored 6 inches off the floor, 2 inches from the ceiling, 4 inches from the wall

- All cold storage units must have thermometer and temperature log maintained.
- Cold Storage Units must be maintained at 32 – 41 degrees for a refrigerator and Zero (0) degrees and below for freezer. (for sites that will be storing food)
- Dry Storage must be maintained at 70-80 degrees. Dry storage room must be temperature controlled to prevent temperatures above 80 degrees or below 50 degrees.

Scheduling for agency pick -up or delivery.

Partners must have their own transportation to pick up food during their scheduled time. Agencies will be able to schedule their pick-up times through our online calendar. We will provide your organization with the link once your agency has completed the onboarding session. There is no cost for food to your agency. Limited delivery may be available if the distribution is held on a weekly basis or your agency is in an area identified as high-need.

New Partner Agency Onboarding

Every agency, upon approval of partnership, must attend the New Partner Agency Onboarding which will provide the policies and procedures for being a Partner Agency. If your food distribution is managed by someone other than the aforementioned representatives, please plan on them attending the training, as well. The onboarding will take place at the food bank unless there are prior arrangements made to provide this on site. Please contact Gloria at gjsiller@epfhfb.org for upcoming Onboarding Session dates.



Partner Agency Application

SECTION 1: General Information

1. NAME OF AGENCY/ORGANIZATION: _____
2. ADDRESS OF AGENCY: _____
3. CITY/STATE: _____ ZIP _____
4. MAILING ADDRESS: (if different) _____
5. CERTIFYING OFFICIAL/DIRECTOR: _____
6. PERSON COMPLETING THIS APPLICATION/CONTACT PERSON:

7. Phone: _____ Emergency: _____
E-Mail: _____ Website: _____

Briefly state the purpose (mission) of your agency/organization.

How long has your organization been in business?

- Less than 1 year
- 1 – 3 years
- 3-5 years
- 5-10 years
- More than 10 years

What are your principle sources of funds?

- General Revenue's ____% Grants ____% Government Contracts ____%
- Corporate Donations ____% Individual Donations ____%

Describe services currently provided by your organization:

Indicate a breakdown of age groups served by your program.

0-5 6-18 19-40 41-60 OVER 60

Do you currently purchase food for distribution? Yes No

IF YES:

How much do you spend monthly (on average)?

How many people access that food currently per month (on average)?

SECTION 2: Partnership Criteria

Does your agency have 501c3 non-profit status? Yes No

If yes, attach a copy of IRS Letter of Determination.

If no, Is your organization a public entity? Yes No

If Neither:

The agency may be under the umbrella of a parent organization which holds a 501 (c) 3 exemption. Submit the parent organization 501c3 and a letter authorizing the arrangement signed by authorized representative of the parent organization.

OR

Churches may attach a completed Church Qualifier Letter on church stationery, which is signed by Minister or authorized Church Representative.

SECTION 3: Food Program Profile

Check all that best describes the food program you want to start:

- Emergency Food Pantry** - Provides groceries to those in need of food assistance
- Meal Program** - Cooking and serving meals to registered clientele: including Day Care, Rehabilitation, Half-Way Homes, Group Homes, Day Activity Programs
- Soup Kitchen** - Cooking and serving meals to walk-in guests on a regular basis

In order for your clients to receive meal/services, will your organization ask for a fee/donation?

- Yes No

In order for your clients to receive food, will they have to complete any requirements?

- Attend church services or another unrelated event
- Receive prayer
- Volunteer
- Sign up for another service
- None
- Other (please describe):

If you become a partner agency, how often will you distribute food?

- Several Times a week
- Once a week
- Once a Month
- Other (be specific)

What Day/Days and times do you expect to distribute food?

Days	Mon. <input type="checkbox"/>	Tues. <input type="checkbox"/>	Wed. <input type="checkbox"/>	Thurs. <input type="checkbox"/>	Fri. <input type="checkbox"/>	Sat. <input type="checkbox"/>	Sun. <input type="checkbox"/>
Time							

What percentage of clients you will serve are

Low Income _____% In need of Emergency food assistance _____%

How will you inform the community about your food distribution program?

How will you determine who will receive food from your program?

How many people do you anticipate serving?

Per Distribution: _____

Per Week: _____

Per Month: _____

How many **staff** will help with distributions?

How many **volunteers** will help with the distributions?

May we refer individuals who contact the El Pasoans Fighting Hunger Food Bank for food to your program and post you information on our website referral listing?

Yes No

Please note: Applications are evaluated based on area need and frequency of distribution. Priority for partnership will be given to agencies serving areas with few emergency food distribution locations, and those that will have distribution hours available weekly.

SECTION 4: Food Storage/Handling and Facility Information

1. Do you have a refrigerator/freezer to use for food storage? Yes No
Please list current temperature and dimensions of each unit that will be used for food program.

2. Do you have a secure area to store dry food products? Yes No

3. Can you accept pallets of food? Yes No

4. Do you have equipment available to use?
Please all that apply. Truck/Van Refrigerated Truck Pallet Truck

5. If applicable, is the food storage separate from living quarters? Yes No

Please note: Part of the application process is a site visit that includes a food-safety evaluation of the facility.

SECTION 5: Signature

I CERTIFY THAT TO THE BEST OF MY KNOWLEDGE AND BELIEF ALL OF THE STATEMENTS CONTAINED HEREIN AND ON ANY ATTACHMENTS ARE TRUE, CORRECT, AND COMPLETE AND MADE IN GOOD FAITH.

Name of Representative filling out this application

Signature of Authorized Agency Representative

Date

For EPFH use only

Application received by the EPFH Food Bank _____
Date

Application: Approved for Site Visit Evaluation Not Approved

Signature of El Pasoans Fighting Hunger Personnel

Date