

## INTRODUCTION

Congratulations on taking the first step toward partnership with Second Harvest Food Bank of Greater New Orleans and Acadiana (SHFB). Please keep in mind that completing this Request for Partnership (RFP) does not guarantee partnership. We look forward to receiving your completed application.

## GUIDELINES

### Purpose:

SHFB is committed to building a hunger-free and healthy South Louisiana through innovative programs and collaborative partnerships. We partner with organizations that hold similar values and a similar vision for South Louisiana. These values include our commitments to equitable and dignified service, health and nutrition, innovation, and continuous improvement. This RFP process will allow SHFB to take a closer look at our distribution network, strategically allocate our services to the community to make the largest impact, and ensure that we are able to effectively support our agency network with high quality services and food. It is also a unique opportunity for applicants to showcase the innovative steps they are taking to end hunger in South Louisiana.

### How to Apply:

Submit completed RFP and all supporting documents to your region's program coordinator with "Request for Partnership" in the subject line – only complete applications will be reviewed. Your region's Program Coordinator will contact you within 60 days with a determination. All applicants reserve the right to view the evaluation of their application. Program Coordinators:

Name	Parish	Email
<b>Charles Pierre</b>	<a href="mailto:cpierre@no-hunger.org">cpierre@no-hunger.org</a>	Orleans and St. Bernard
<b>Margie McGowen</b>	<a href="mailto:mmcgowen@no-hunger.org">mmcgowen@no-hunger.org</a>	Jefferson, Plaquemines, Terrebonne, Lafourche
<b>Marcus Vise</b>	<a href="mailto:mwise@no-hunger.org">mwise@no-hunger.org</a>	St. Tammany, Washington, Tangipahoa, St. Charles, St. John
<b>Lemel Jones</b>	<a href="mailto:lejones@no-hunger.org">lejones@no-hunger.org</a>	Lafayette, Iberia, St. Landry, St. Martin, St. Mary, and Vermillion Parish
<b>Alyssa Frank</b>	<a href="mailto:afrank@no-hunger.org">afrank@no-hunger.org</a>	Calcasieu, Cameron, Acadia, Jeff Davis, Beauregard, Evangeline

**Partner Evaluation:** Partners are evaluated on a yearly basis through an annual monitoring review using both federal food distribution requirements and with an adapted client-centered evaluation tool, More Than Food.

### Basic Eligibility Criteria

To be considered eligible for partnership with SHFB, an agency must, *at a minimum*:

- Be a non-profit organization incorporated as a 501(c)(3).
- Be incorporated for the purpose of serving the needy, ill, or infants (minor children).

- Operate from a commercial location (not a home), unless the agency is a transitional living facility, group home, shelter, or a similar/qualifying operation.
- Not charge monies, be reimbursed, be compensated, or require services in exchange for food.

## **Evaluation of RFP**

Through Feeding America's most recent Map the Meal gap study, we've learned that 393,620 people in South Louisiana are food insecure. That equates to about 16% of the residents in our service area not knowing where their next meal is coming from. The annual meal gap for SHFB's service area was 70,582,900 meals in 2015 and SHFB, in collaboration with all of our distribution partners, is committed to closing that gap. SHFB believes in a comprehensive approach to hunger relief. We also understand that pounds distributed and numbers served do not exclusively indicate our ability to end hunger and support our communities to lead successful and healthy lives. Our network efforts include a multifaceted response to ending hunger, and provide opportunities for food distribution partners to host wrap-around resources for clients, including nutrition education, skill-based training, social services, etc.

Applications will be evaluated based on community need, partner agency capacity, and the partner agency's commitment to serving low-income and vulnerable populations. Agencies may be eligible for Grocery Rescue, have access to equipment grants and nutrition resources, and have the opportunity to host SNAP assistance interns to provide capacity support.

All Requests for Partnership will be reviewed by SHFB's impact department staff. In the interest of full transparency, applicants will have the right to receive individualized reports of their evaluation and the opportunity to discuss the decision further with SHFB staff as desired. During the partnership period, SHFB reserves the right to evaluate and adjust partnership categories and service levels if needed (see Program Types, p. 5), and partner agencies will have the right to submit an appeal for re-evaluation at least once during the partnership period. To appeal a partnership decision or evaluation of existing partners, applicants may submit their objections in email to the Program Coordinator over their service area. The applicant reserves the right to schedule an in-person meeting at Second Harvest with the Program Coordinator and the Director of Programs and Partnerships to review the decision and present their objections. A final decision will be provided to the applicant in writing, or the applicant may be placed on a waitlist if no capacity to receive new partners is available.

**Partnership Benefits:** As a partner agency of SHFB, you will have customized access to online shopping for reduced-cost healthy and diverse food items, nutrition and SNAP resources, capacity building workshops and staff technical assistance and support, and a diverse network of strong organizations to learn from and collaborate with. You may also be eligible to participate in Grocery Rescue assignments through our affiliations with grocery stores and retailers.

## MEMBERSHIP APPLICATION

### OUTLINE

- I. Supporting Document Checklist (p3)
- II. Site Information (p4)
- III. Agency Capacity Survey (p7)
- IV. RFP Narrative (p10)
- V. Attachments (p11)

### I. SUPPORTING DOCUMENT CHECKLIST

- ✓ **501(c)3 Verification Attachments (check only one)**
  - A copy of 501(c)3 letter
  - A formal document connecting the Member Agency to the larger organization
  - Church Qualifier form (See Attachment A for this form)
  - An unincorporated church may submit a letter on its organization letterhead and signed by the Chief Executive Officer. The letter has some very specific items that must be addressed. The letter must state that the organization is a church. It must also include the history of the church's 501(c)3 status; if it does not have current 501(c)3 status, then the letter must show either a) it has applied for a 501(c)3 determination and it was denied or b) it does not have current 501(c)3 status (meaning not revoked) but it essentially meets the 14 criteria used by the IRS in defining a church. Supporting documentation must be presented for each of the criteria.
- ✓ Retail Health Permit along with recent Retail Health Inspection report– anyone applying to prepare hot meals
- ✓ A roster of the governing Board of the organization, giving names, addresses and telephone numbers
- ✓ A copy of your organizational budget to show what has been allotted for food assistance program
- ✓ A copy of your organization's by-laws
- ✓ Safe Food Handling Certification of at least one current staff member
- ✓ Copy of general liability insurance
- ✓ Other material such as a news article, newsletter or annual report if available

## II. SITE INFORMATION

Date: \_\_\_\_\_

**Main Office:**

Member Agency Name: \_\_\_\_\_

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

Billing/Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Delivery Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Parish: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Website Address: \_\_\_\_\_ Email: \_\_\_\_\_

**Contact Information:**

Agency Director: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Food Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

Billing Contact: \_\_\_\_\_ Email Address: \_\_\_\_\_

Business Number: \_\_\_\_\_ Cell Number: \_\_\_\_\_

**Program Site Information:** (please indicate if physical address is confidential)  Yes  No

**Site 1:** Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Program Type: \_\_\_\_\_ Date Program Created: \_\_\_\_\_

**Site 2:** Name: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Program Type: \_\_\_\_\_ Date Program Created: \_\_\_\_\_

What days and hours will the Member Agency distribute food?

**(Specific hours of operation are required. If two sites, please note times for each location.)**

	SUN	MON	TUES	WED	THURS	FRI	SAT
OPEN							

<b>CLOSE</b>							
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What is your taxpayer identification number (TIN)? \_\_\_\_\_

How long has your organization been in existence? \_\_\_\_\_

Do you charge a fee or require membership? \_\_\_\_\_ If yes, explain:

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Has your organization distributed food in the past? \_\_\_\_\_ When? \_\_\_\_\_

Are you distributing food at the present time? \_\_\_\_\_

If yes:

How long has the Member Agency been distributing food? \_\_\_\_\_

On average, how many individuals do you serve each month? \_\_\_\_\_

How will you finance your feeding program?

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Program type you are applying to operate? (See Attachment A for a Glossary of program types)

\_\_\_\_\_ Pantry

\_\_\_\_\_ Soup Kitchen

\_\_\_\_\_ Shelter

\_\_\_\_\_ Snack ONLY: With pre approval only

\_\_\_\_\_ Mobile Pantry

\_\_\_\_\_ Redistribution Organization (RDO)

What is your health permit #? \_\_\_\_ - \_\_\_\_ expiration date \_\_\_\_/\_\_\_\_/\_\_\_\_

Date of sanitarian's last inspection: \_\_\_\_\_

Special notes:

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Individuals picking up product from SHFB must be authorized and present a valid Driver's License or State ID at the dock. Please list authorized personnel. If there should be any changes to the Member Agency's authorized personnel, please submit this information in writing on letterhead.

<b>Name</b>	<b>Phone</b>	<b>ID #</b>

### III. AGENCY CAPACITY SURVEY

Does your organization have at least one freezer? **Y / N**

Please indicate the number and size (for each type): \_\_\_\_\_

Type:

- Walk In Freezer
- Single Door Stand Alone Freezer
- Double Door Stand Alone Freezer
- Chest Freezer
- Side By Side Freezer
- Freezer/Fridge Combo (Side/Side or Top/Bottom)

Indicate number and size (for each type): \_\_\_\_\_

Does your organization have at least one refrigerator? **Y / N**

Please indicate the type and number of refrigerators your food pantry program has:

Type:

- Walk-In Refrigerator
- Single-Door Stand-Alone Refrigerator
- Double-Door Stand-Alone Refrigerator
- Side-By-Side Refrigerator
- Refrigerator/Freezer Combo (Side/Side or Top/Bottom)

Indicate number and size (for each type): \_\_\_\_\_

Does your organization have storage for non-perishable dry goods? **Y / N**

Please indicate the type of non-perishable dry storage that your food pantry has:

- Climate-Controlled Room (e.g. storeroom, garage, etc.)
- Climate-Controlled Trailer/Shipping Container
- Non-Climature-Controlled Room (e.g. storeroom, garage, etc.)
- Non-Climature-Controlled Trailer/Shipping Container
- Non-Sheltered, Exposed Storage Space

Does your organization have transportation equipment? **Y / N**

Please indicate the number and size (for each type): \_\_\_\_\_

Type:

- Car
- Van
- Truck
- Pickup Truck
- Refrigerated Truck
- Non-Refrigerated Truck
- Other \_\_\_\_\_

Does your organization have staff to operate a food pantry? **Y / N**

Please indicate the number and hourly commitment (for each): \_\_\_\_\_

Type:



- Leadership
- Paid staff
- Volunteers
- Board of Directors

Is your organization financially secure? **Y / N**  
(Check all that apply)

- Our agency does not have stable funding
- Our agency has stable funding
- Our agency has enough funding for expansion

Does your organization fundraise? **Y / N**

Please indicate the types of fundraising strategies used regularly: (Check all that apply)

- Individual donation solicitation
- Grantwriting
- Fundraisers
- Special church offering
- Other: \_\_\_\_\_

Does your organization network with social service organizations? **Y / N**

Please indicate the types of networking: (Check all that apply)

- Our agency is familiar with social service organizations in the area
- Our agency refers clients to social service organizations in the area
- Our agency belongs to a network or coalition
- Our agency shares social service resource materials with clients
- Our location is shared with other social service organizations
- Other: \_\_\_\_\_

How does your organization communicate to the public? (Check all that apply)

- Website
- Social Media
- Blog
- Newsletter
- Television
- Radio
- Newspaper
- Email listservs
- Other: \_\_\_\_\_

Please indicate the type of office equipment your food pantry program has access to: (Check all that apply)

- Phone
- Laptop Computer
- Desktop Computer
- Internet
- WiFi
- Printer
- Copier
- Fax
- Tables/Desks
- Chairs

Which of the following planning methods does your organization use? (Check all that apply)

- Operations plan / SOPs (Standard Operating Procedures)
- Board-approved budget
- Regular financial reporting system that tracks income and expenses
- Financial reserves to operate 3-6 months without additional support
- Inventory management system
- Fundraising plan
- Job descriptions
- Emergency plan for internal operations during crisis/disaster (e.g., fire drill, power outage, natural disaster, etc.)
- Zero waste / waste reduction policy
- Vendor contact list
- Other (Please Describe) \_\_\_\_\_

Which of the following activities does your food pantry perform? (Check all that apply)

- Pre-screen clients to determine eligibility for SNAP
- Provide SNAP application assistance
- Refer to a community-based organization (CBO) or Parish office that provides SNAP assistance
- Conduct SNAP activity in partnership with food bank(s) (e.g., workshops, SNAP intern, etc.)
- Other (Please Describe) \_\_\_\_\_

In which of the following ways does your food pantry program communicate with the legislators and government officials? (Check all that apply)

- General updates and communications (via newsletters, emails, etc.)
- Media interviews and/or publications.
- "Call to action" efforts (i.e., written letter, in-person meeting, phone calls, etc.)
- Hunger Action Day
- Informal conversations
- Other (Please Describe) \_\_\_\_\_

#### **IV. RFP Narrative**

1. What are your agency's mission and vision statements? How do they relate to SHFB's mission of ending hunger through healthy food, education, advocacy, and vision of a hunger-free and healthy South Louisiana? [up to 1 page]
  
2. Describe the community you serve, including its needs, the setting, and the people. How does your agency specifically address the needs of your community? How will the pantry address these needs? What is unique about the services you are providing compared to other similar social service organizations or food distribution centers? What needed social and food assistance services are missing from your community? [up to 1 page]

## **V. Attachments**

- A. Donated Product Usage Form
- B. IRS Tax Exempt Status Information
- C. Church Qualifier form
- D. Application Fee Agreement

**ATTACHMENT A**

**DONATED PRODUCT USAGE FORM**

1. The Member Agency shall not sell or require or receive an interchange of money, property or services whatsoever for the transfer or use of food or other products supplied through GNOA.
2. In accordance with IRS ruling 170(e), donated product cannot be sold, bartered or exchanged for services.
3. Donated product obtained from GNOA shall not be used for fund raising activities, administrative meetings, banquets or administrative related dinners. These actions constitute a misuse of product.
4. According to the Special Rule For The Deduction Of Charitable Contributions (IRS publication):

"The use of the donated property must be related to the purpose or function constituting the grounds for exemption under section 501(c) (3) of the organization to which the contribution is made. The property may not be used in connection with any activity which gives rise to unrelated trade or business income. . . . The property must be used for the care of the ill, the needy, or infants. . . ."

5. The Member Agency shall distribute the product received from GNOA only to the needy, the ill and infants (children under the age of 18). It shall not exclude individuals based on race, religious status, sex, national origin, age, disability or sexual preference within their own program guidelines for determining client eligibility for the receipt of product.

\_\_\_\_\_  
Agency's President/CEO (printed)

\_\_\_\_\_  
Food Coordinator (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

Date \_\_\_\_\_

**ATTACHMENT B**

## IRS TAX EXEMPT STATUS INFORMATION

All agencies receiving food or non-food product from Second Harvest Food Bank must be a tax exempt 501(c) (3) organization (private, non-profit) as designated by section 170(e) of the Internal Revenue Tax Code **OR** must fit the IRS description of a church. Second Harvest Food Bank does not serve private foundations.

All agencies must provide one of the following documents with this application to verify their 501(c) (3) status. Unincorporated churches must submit Attachment C, in the event they have not filed for their 501(c) (3) status.

Check appropriate box and submit a copy of the supporting documentation.

- IRS TAX EXEMPTION LETTER** - An agency may submit a determination letter from the IRS. An updated copy of your tax exemption letter may be requested from the IRS at: IRS, CSU Room 817, P.O. Box 13163, Baltimore, MD 21203. Include your organization's name, address, and employer identification number (if available). The letter must be signed by an officer of the organization. The IRS phone number is (800) 829-3676.
  
- IRS LISTING** - An agency may submit its listing in the current edition of the IRS Cumulative List of Organizations
  
- GROUP EXEMPTIONS** - An agency, which is a subsidiary of a larger 501(c) (3) organization, may submit a copy of the larger organization's status. Include the phone number where membership can be verified.
  
- ATTACHMENT C** – Must be submitted by Houses of Worship without 501(c) (3) designation.

**Certification: I certify that all the information provided is correct to the best of my knowledge. I also certify that I am an authorized agent of the organization named above. Any changes to the facts and information contained in this document must be provided in writing to Second Harvest Food Bank as soon as is reasonable prior to or after the changes occur. False information contained in the application, or failure to abide by the agency requirements may result in suspension or denial of Second Harvest Food Bank product, or both.**

\_\_\_\_\_  
Agency's President/CEO (printed)

\_\_\_\_\_  
Food Coordinator (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

Date \_\_\_\_\_

**ATTACHMENT C**

**UNINCORPORATED CHURCHES**

**HOUSES OF WORSHIP WITHOUT A 501(c) (3) DESIGNATION**

The following 14 criteria must be met in spirit in order to qualify as a church or house of worship. A letter (on letterhead stationary) must be sent by the Chief Executive Officer of the church / house of worship affirming that the organization meets these requirements.

The organization must:

- Have a distinct legal existence.
- Have a recognized form of worship.
- Have a definite and distinct ecclesiastical government.
- Have a formal code of doctrine and discipline.
- Have a distinct religious history.
- Have a membership not associated with any (other) church or denomination.
- Have a complete organization of ordained ministers ministering to their congregations.
- Have ordained ministers elected after completing prescribed courses of study.
- Have a literature of its own.
- Have established places of worship.
- Have regular religious services. Have Sunday schools for religious instruction of the young.
- Have schools for the preparation of its ministers.

Certification: I certify that the all information provided is correct to the best of my knowledge. I also certify that I am an authorized agent of the organization named above. Any changes to the facts and information contained in this document must be provided in writing to Second Harvest Food Bank as soon as is reasonable after the changes occur. False information contained in the packet, or failure to abide by the agency requirements may result in suspension or denial of Second Harvest Food Bank product or both.

\_\_\_\_\_  
Agency's President/CEO/Pastor (printed)

\_\_\_\_\_  
Food Coordinator (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

Date \_\_\_\_\_

Date \_\_\_\_\_

**ATTACHMENT D**  
**APPLICATION FEE AGREEMENT**

**Agency Name** \_\_\_\_\_

**Please read and initial in each space provided.**

\_\_\_\_\_ I understand that there is a \$325.00 non-refundable fee (\$175.00 application fee and an annual 150.00 membership fee of which both are non-refundable – (new member agencies only)

\_\_\_\_\_ I understand that there is a \$250.00 non-refundable fee (\$175.00 application fee and an annual 75.00 membership fee if any agency joins the second half of the fiscal year both of which are non-refundable – (new member agencies only)

\_\_\_\_\_ I understand that there is an annual \$150.00 non-refundable membership fee.  
(Due Net 30) (July 31st- each year) – continuing member agencies

\_\_\_\_\_ I understand that there is a \$50 fee for each delivery.

\_\_\_\_\_ I understand that delivery of orders is not guaranteed and is dependent upon availability and other logistical constraints.

\_\_\_\_\_ Payment must be made by agency check, money order, or credit cards. No personal checks will be accepted.

The following conditions apply.

\_\_\_\_\_ All storage areas must be prepared to store food at the time of the initial inspection.  
Storage area requirements are listed in the Member Agency Handbook.

\_\_\_\_\_ The Member Agency must place its first order within one month of approval.

I understand and agree to the terms stated above.

\_\_\_\_\_  
Member Agency's President/CEO (printed)

\_\_\_\_\_  
Food Coordinator (printed)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date



## E. Glossary of program types

- Pantry - A program that distributes groceries (non-prepared foods) and other basic supplies for off-site use, usually for preparation in the client's residence.
- Soup Kitchen - A program that provides prepared meals on-site to clients in need who do not reside on the agency's premises.
- Shelter - A program that provides prepared meals on-site to clients in need who reside on the agency's premises.
- Snack - A program that provides food items to be consumed on site to clients in need who do not reside on the agency's premises.
- Harvest Market - A "farmers market" pop-up style food distribution program in which perishable and nonperishable food items are delivered to a designated location for immediate distribution to those in need (formerly called Mobile Pantry).
- Redistribution Organization (RDO) - A 501(c)(3) organization or a wholly owned subsidiary of a 501(c)(3) organization that a member contracts with for the purpose of the logistical transfer of food and grocery product which will include one or more, but not all, of the following primary member functions: Product Distribution Management, Agency Relations Management, Food Solicitation, Fundraising for hunger related activities, Media and Community Relations for hunger related activities. The sum total of the services provided by the RDO and the member, in the defined RDO service area, will meet the contractual obligations of the member as outlined in the Member Contract. RDO facilities must be physically located within the officially designated area.