

Dear Applicant,

Thank you for expressing interest in partnership with the Great Plains Food Bank (GPFB). Great Plains Food Bank is a private, nonprofit organization that collects, secures, and distributes over 1 million pounds of food per month to nearly 200 food pantries and meal programs who serve the ill, needy and/or children across the state of North Dakota and Clay County Minnesota. Our partners are a vital part of the emergency food chain. GPFB provides food assistance partners access to low- and no-cost food to distribute to clients. We also provide technical assistance and training while we ensure your program meets food safety standards and provides fair and equitable service to clients.

Please read the following documents carefully. In this packet, you will find general information about GPFB, a checklist for documents that must be included in the application, and an explanation of operational requirements.

We understand that every organization is unique and you may have questions about the way certain parts of the application should be completed. Our Program and Agency Services Team is happy to help with this process and will be available by phone and email. Additionally, if you feel additional information is needed before applying, you are welcome to contact any of our representatives.

Great Plains Food Bank accepts applications at any time. The average application processing time is 4-6 weeks; however, during October- January the process can take longer. Meeting eligibility requirements does not guarantee partnership. GPFB reviews all applications to ensure new partners are not duplicating services, but filling a gap within the community. We strongly consider partnerships with those that exhibit thoughtful and organized intentions that align with our mission to end hunger in North Dakota and Clay County Minnesota and fill a current gap in service. It is in your best interest to complete every applicable part of the application with as much detail as possible. We look forward to hearing more from you about how together we can END hunger!

Best regards,

Agency Services Team

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GREAT PLAINS FOOD BANK PARTNER APPLICATION: FOOD ASSISTANCE

Our Mission: End hunger through community partnerships.

Our Vision: A hunger-free North Dakota and western Minnesota.

Our Values: We do all things in the spirit of passion, service and innovation.

BENEFITS OF PARTNERSHIP

Partnership with GPFB offers many benefits:

- We work hand in hand with partners to support, guide and help accomplish the mission of feeding the hungry.
- Food assistance partners will have opportunities to access low- and no cost foods from the GPFB warehouse that are both donated and purchased. Partners will also have opportunities to participate in programming such as: The Emergency Food Assistance Program (TEFAP), Senior Food Pack, BackPacks, and Mobile Food Pantry.
- Partners will have access to best practices, innovative ideas and resources.
- Partners will have access to networking with nearly 200 hunger fighting organizations.

OPERATIONAL REQUIREMENTS

The following items are the minimum operational requirements to become a partner of GPFB.

- Be recognized by the Internal Revenue Service as a 501(c)(3) not-for-profit, charitable organization, or be sponsored by a 501(c)(3) organization who serves the ill, needy and/or children.
- Cannot be a private foundation.
- Be located in North Dakota or Clay County, Minnesota.
- Have a mission to end hunger.
- Distribute food free of charge directly to the ill, needy, and/or children without requirement.
- Pass a site visit prior to approval.
- Serve a minimum of 50% low income individuals.
- Have a facility able to safely handle and distribute food to participants in a dignified way.
- Distribute food at least once per month for a minimum of 90 minutes via appointments, walk-ins, and/or mass distribution. Cannot be an on-call pantry only.
- Develop a thoughtful and organized plan for the food assistance program.
- Have responsible personnel who are accountable for record keeping, billing and inventory control as well as have individual(s) with the ability and willingness to access and submit information via the internet and receive communication via email.
- Have the ability to pay shared handling, delivery and annual partnership fees.
- Establish criteria for the individuals who are eligible for service; Criteria are not required; however, they must be consistent and posted onsite and in advertising.

SITE VISIT / ORIENTATION

Prior to approval GPFB requires an applicant to participate in an onsite visit. Great Plains Food Bank staff will look for safe food storage and practices such as:

- A clean storage and prep area, proper temperature and a secure room.
- Food and non-food household items are stored separately.
- “First In, First Out” food distribution practices.
- All food is stored 6 inches off the floor, 10 inches from the ceiling, and 2 inches from the wall.
- Working thermometers and use of temperature logs.
- Safe storage of frozen, refrigerated and shelf stable food.

Following an approved site visit, a partnership orientation will take place to outline the guidelines of partnership with GPFB. Orientation may be scheduled the same day as the site visit or be scheduled on a subsequent day. Site visit and orientation may take several hours and all program decision makers are encouraged to attend.

APPLICATION SUBMISSION

Upon receiving and reviewing these documents, GPFB staff will contact applicants within 10 business days to complete the application process.

The following documents MUST be submitted with the application:

- Copy of the organizations 501(c)(3) IRS letter of determination.
- Partners who do not have their own 501(c)(3) can operate under a fiscal and legal sponsor and must submit an affiliation letter from the umbrella organization (on their letterhead) authorizing use of their 501(c)(3).
- Food distribution records or intake form if program is already operation.
- Food safety certifications (if available).

PART I: SERVICE INFORMATION

Type of food program applying (please check all that apply):

Food Pantry Soup Kitchen Shelter Other _____

Program Name: _____

Physical Address: _____ City: _____ State: _____ Zip: _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Program Phone #: _____ Email: _____

Website URL: _____

Facebook Page Name: _____

Sponsor organization (if different from program name): _____

Sponsor Organization or Board President Contact: _____

Phone # _____ Email: _____

Program Contact: _____

Phone #: _____ Email: _____

Y N Does the program have access to Wi-Fi on-site?

Y N Does the program have a computer or tablet on-site?

Y N In accordance with IRS Code, Sec. 170(e) product must be provided to ill, needy, or children (under 18 years of age) at no charge. Is the program in compliance with this regulation?

When was the food program established? _____

What is the mission of the food program?

What percentage of current clients are low income? _____%

If the program is church based, what percentage of clients are congregation members? _____%

Average number of individuals and/or families served each month: _____

How are clients tracked? _____

Y N Is the program reimbursed for food/meals in any way or form?

If yes, explain: _____

Y N Does the program have a second location where food is stored and/or distributed?

Y N Does the program have paid staff?

Y N Does the program utilize volunteers?

Y N Does the program have a functioning Board?

If yes, how often do they meet? _____

If yes, who is it comprised of? _____

If no, who and how are decisions made for the program? _____

Describe additional services or resources provided. _____

PART II: ACCESS

Hours of Operation

Sunday – Hours: _____ Monday – Hours: _____

Tuesday – Hours: _____ Wednesday – Hours: _____

Thursday – Hours: _____ Friday – Hours: _____

Saturday – Hours: _____

Y N In the last 6 months has the program expanded hours to better serve clients?

Y N Are the days/hours of operations posted and visible to clients?

How would someone in need find out about the program? _____

Y N Does the program have a Facebook page?

Y N If yes, is the page active?

Y N Is the program listed on the First Link resource database (if applicable)?

Y N Is the program listed on the city and/or county's website (if applicable)?

Y N Is anything provided as a reminder of the hours (magnets, brochures)?

If yes, what is it and where is it available? _____

How often can a client access food? _____

Y N Is any form of delivery available for clients?

If yes, explain: _____

Y N Does the agency have a mobile food program?

If yes, how is food transported and what areas/towns are served? _____

Y N Does the program work with another organization to distribute food?

If yes, what organization? _____

Y N Is the facility handicap accessible?

Y N If no, is there a plan to assist clients as needed?

Y N Does the program provide service to a specific geographic area?

Y N If yes, what is the service area: _____

PART III: PROGRAM PROCEDURES

Y N Is food distributed to all who are eligible regardless of race, creed, national origin, religious affiliation, sex, sexual preference, age or handicap?

Y N Are clients able to communicate their information in a confidential manner?

Y N Are appointments required?

How is eligibility for food assistance/meals determined? _____

Y N Are there eligibility requirements to receive food? Check all that apply.

Drivers' license or ID

Proof of address

Proof of income

Basic intake form

Social security numbers

Proof of household members (birth certificates)

Referrals - from who? _____

Other _____

If checked, explain: _____

Are clients required to (check all that apply):

Attend Church

Pray

Work

Volunteer

Pay

Donate

If checked, explain: _____

Y N Are referrals made to other services or programs?

If yes, explain: _____

Y N Are any other resources provided to clients? Check all that apply.

SNAP

Heating Assistance

WIC

Senior Commodity Applications Other: _____

Y N Is there a grievance policy posted for clients?

If not, explain how complaints are handled:

PART IV: ADDITIONAL INFORMATION

How will a Great Plains Food Bank partnership support the program's mission to end hunger?

Is there any additional information you would like to share?

By signing below you attest that the above information is accurate to the best of your knowledge.

Signature of Main Contact

Date

Signature of Program's Sponsor or Board President

Date

Great Plains Food Bank Use Only:

Date Received: ____/____/____

Approve Deny Waitlist

Approved by: _____

Category: _____

Notes:
