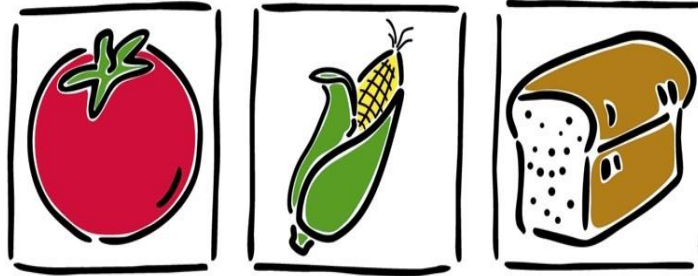


FOOD BANK



OF SIOUXLAND INC.

Agency Application

UPDATED NOVEMBER 2022

1313 11th Street
Sioux City, IA 51102
PO Box 985
Phone: 712-255-9741
Fax: 712-255-3116
www.siouxlandfoodbank.org

Executive Director: jacob@siouxlandfoodbank.org
Agency Relations Manager: jakes@siouxlandfoodbank.org

FOOD BANK



OF SIOUXLAND INC.

Dear Prospective Food Bank of Siouxland partner:

Thank you for your interest in becoming an agency partner of the Food Bank of Siouxland. We are excited to work with organizations that help feed the hungry. Enclosed is an application packet that will walk you through the steps necessary to becoming an agency partner.

Partnership is achieved by the following:

- Read through the application packet for a brief overview of the Food Bank of Siouxland
- Complete the pre-application checklist to determine whether to proceed with the application process
- Fill out the enclosed partnership application and agreement forms and return to the Food Bank of Siouxland
- Provide the Food Bank of Siouxland with a copy of your 501(c)3 IRS tax exemption letter or the IRS church qualifier form (enclosed)
- Pass a site visit conducted by the Food Bank of Siouxland
- Complete food safety training

Once the application is received and reviewed, I will contact you to discuss your application and to schedule a site inspection. Please feel free to contact me with any questions. We look forward to working with you in the future.

Sincerely,

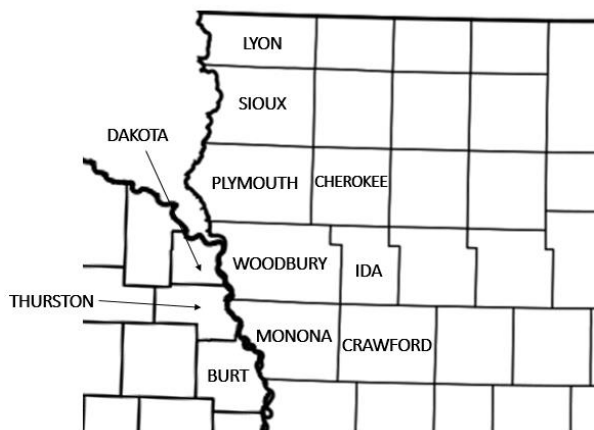


Jake Schoening
Agency Relations Manager
Food Bank of Siouxland Inc.

INTRODUCTION TO FOOD BANK OF SIOUXLAND, INC.

This manual is intended to inform you about the Food Bank of Siouxland and your rights and responsibilities should you become a member of our food bank.

The Food Bank of Siouxland is a nonprofit organization committed to soliciting food and distributing these donations to community charities with feeding programs for the needy. We are a year round, centralized, stable food source for Siouxland nonprofit organizations that have feeding programs on site or food pantries. With a staff of only eleven employees, we distribute over three million pounds of food each year to nearly 100 charities in an 11 county area. Nonprofits of all types utilize the Food Bank of Siouxland – food pantries, homeless shelters, soup kitchens, residential facilities, senior centers, day care facilities, and many more. By utilizing the Food Bank, agencies can reduce their food costs and dedicate their funds to the programs which support those in need, the ill, the elderly, and children in our community.



The Food Bank of Siouxland is a Partner Distribution Organization of Feeding America, and affiliated with the Food Bank for the Heartland in Omaha. We receive food in a variety of ways, including from the Food Bank for the Heartland and other food banks, USDA commodities through the Iowa and Nebraska Departments of Human Services, and we solicit and receive food donations from local food manufacturers and retail stores. We also partner with various companies, organizations, and schools throughout the year for food drives.

You are invited to schedule a time to visit and tour the Food Bank. I look forward to working with you in your mission of feeding the hungry in Siouxland.

Jake Schoening
Agency Relations Manager

DESCRIPTION OF A FOOD BANK AND THE TYPES OF AGENCIES IT SERVES:

Food Bank	FOOD BANKS, as a general rule, provide a year-round source of food to nonprofit charities with feeding programs for the needy. The Food Bank of Siouxland has nearly 100 member agencies in 11Siouxland counties.
Food Pantry	A PANTRY provides bags or boxes of food to people to consume off premises. Pantries are encouraged to provide a 5-day supply of food for an individual or family, scaling the distribution to the size of the household.
On-Site Feeding Program	An ON-SITE FEEDING PROGRAM provides meals to people in need for consumption at the site where the food is prepared. On-site meal programs include shelters or residential facilities, soup kitchens, homeless shelters which provide meals to individuals who are not residents of the facility, senior nutrition sites, and residential treatment centers.
Supplemental Feeding	A SUPPLEMENTAL FEEDING SITE is an agency that serves snacks on-site versus a meal.
Mobile Pantry Program	MOBILE PANTRY PROGRAMS were designed to send a truckload of food for those in underserved communities and hard to reach areas, to be consumed off premises. The Food Bank of Siouxland's <i>Mobile Pantry Program: Food for You</i> began in 2010.
BackPack Program	BACKPACK PROGRAMS are a type of take-home food program for children. The purpose of the program is to provide a weekly backpack of shelf-stable food to get students through the weekend when school meals are not available to provide nutrition. The sacks are handed out at week's end and contain products full of protein, fruits, calcium, vitamins and grains. The Food Bank of Siouxland's BackPack Program: <i>Food for Kids</i> currently serves ten area schools.

BENEFITS OF PARTNERSHIP

Being an agency partner of Food Bank of Siouxland offers many benefits:

- We are a partner to help you accomplish your mission of feeding the hungry
- We offer a variety of food
- You have a choice of pick-up or delivery of product
- You have access to our agency off the shelf shopping area
- You can order products online
- You are a member of a network working to reduce hunger in northwestern Iowa and eastern Nebraska.

MEMBER AGENCY HANDBOOK

Every program, upon approval of partnership, will receive an agency manual that outlines many of the policies and procedures for being an agency partner of Food Bank of Siouxland.

GUIDELINES FOR MEMBERSHIP

1. Agencies should avoid the use of food or non-food items (hand soap, toilet paper, cleaning supplies) provided by the Food Bank for agency upkeep or in support of the agency's food distribution program.
2. Agencies may not pull donated items from inventory for on-site consumption by agency volunteers or staff. Agencies may not “thank” volunteers with Food Bank product. Staff or volunteers must meet the same standards of need as all other persons coming to the agency for assistance. Those who qualify as in need must follow the same procedures in obtaining assistance.
3. Agencies may not use donated goods as refreshments for business meetings, trainings or funeral/church dinner when intent is not to feed those in need.
4. All efforts to become more familiar with product, advise clients as to a product’s use, discover new ways a product can be used, and/or test a product’s fitness for consumption should be done on site in an area deemed fit for food preparation by a health department inspection.
5. Agencies may not sell, barter, or trade product received from the Food Bank. Product may not be used for fundraising either as prepared food (dinners or bake sales) or prizes.
Examples include, but are not limited to the following...
Selling: using flour from the Food Bank to make cookies to sell at a bake sale, or charging a fee or expecting a donation at a dinner
Bartering: requiring an individual to do community service in exchange for goods
Trading: requiring an individual to switch their excess of green beans for meat from your pantry
6. Agencies set their own client eligibility guidelines; however, criteria must be posted at your pantry/feeding site. All agencies must provide food for an underserved population including those that are ill, in need, or children.
7. Home based services (such as foster care homes or family-based day care) are excluded from Food Bank membership.
8. Agencies which provide a comprehensive care service, with food being a part of that service, may charge a fee for their services, but the fee cannot include the cost of food.
9. Agencies may not solicit donations from individuals seeking help. Agencies may accept contributions from clients, but the service cannot be denied because of inability to contribute. All contributions from clients must be truly voluntary and made anonymously.
10. Food Bank product must be available to all that are eligible, whether ill, in need, or children, without regard to race, sex, national origin, disability status or religious preference. Food recipients may not be required to listen to preaching, profess a faith, attend church services or receive inequitable treatment on the basis of their faith.

11. Agencies must utilize a tracking system, such as a sign-in sheet, to obtain information about individuals served. This data will be used to complete and submit monthly numbers served reports to the Food Bank of Siouxland in a timely manner. While obtaining this information, agencies may not, however, ask individuals to provide social security numbers as proof of residency or members in household. Furthermore, clients should not have to provide income documentation to validate their need.

12. All agencies must submit individuals served statistical reports on a monthly basis. The monthly reports are due by the 15th of the next month (January's numbers are due by February 15). For more information on how to complete these reports, please follow this link:
<https://www.siouxlandfoodbank.org/network-partners>

13. All agencies who distribute USDA/TEFAP product must agree to use The Emergency Food Assistance Program (TEFAP) Eligibility: To Take Food Home sheet when distributing USDA food. Each client should sign this sheet once (and only once) per year. All agencies should keep track of a client's additional use of USDA food for take home purposes. Agencies must agree to operate TEFAP in accordance with the requirements of Part 251 and, as applicable, Part 250.

14. Either party in this agreement must notify the other in writing 30 days before the termination of TEFAP product distribution, if the agency agrees to distribute TEFAP food product. The Food Bank and the Agency will sign an agreement. This agreement may be modified as deemed needed by the Food Bank of Siouxland. At any time, this agreement can be canceled by either party, with a 30 day written notice.

TERMINATION OF MEMBERSHIP

If you violate the above guidelines, you may receive a warning or have your agency membership terminated. The following are additional causes for termination of membership:

- Lack of activity
- Delinquent account
- Stealing from the Food Bank
- Demise of food service program
- Agency ceased to exist
- Status of 501(c) 3 changes
- Incurable infestation problem
- Lack of cooperation with the Food Bank staff (site visits, reports, etc.)

WHAT IS A 501(C)3?

- It is a federal IRS document, not a state tax exempt form
- Your agency is eligible to become a partner by one of the following:
 - Having a 501(c)3
 - Being part of an umbrella-owned and operated parent organization who has a 501(c)3 status
 - Completing the IRS Church Qualifier form

IRS CHURCH QUALIFIER

Churches who do not have a 501(c)3 designation from the IRS can apply under the church entity. Nine examples of the following items should accompany the application. 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 13 criteria employed by the IRS in defining a church (listed below).

1. A distinct legal existence
2. A recognized creed and form of worship
3. A definite and distinct ecclesiastical government
4. A formal code of doctrine and discipline
5. A distinct religious history
6. A membership not associated with any (other) church or denomination
7. A complete organization of ordained ministers ministering to their congregations
8. Ordained ministers elected after completing prescribed courses of study
9. A literature of its own (newsletter or Sunday morning program)
10. Established places of worship
11. Regular religious services
12. Religious instruction for the young
13. Schools for the preparation of its ministers

SITE INSPECTIONS

Food Bank of Siouxland 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 a site inspection?

- Pantry hours are posted
- Pantry eligibility/requirements are posted
- Food and non-food household items are stored in separate areas
- A clean storage area
- Practice “First In, First Out” food distribution
- All food is stored 6 inches off the floor and 4 inches away from walls
- Have clean equipment
- Have working thermometers
 - 32 – 41 degrees for a refrigerator and zero (0) degrees and below for freezer

PRE-APPLICATION CHECKLIST

The following is a checklist to determine whether you should proceed with the application process. You should be able to check all of the boxes below.

- You are a 501(c)3 not-for-profit or complete the IRS Church Qualifier
- You are providing service to an undeserved population
- You have secured a location for your facility and it is not located in person's home
- You have proper and adequate physical storage space
- You have determined your hours of operation and days of service. It is desirable if your agency would operate with regularly scheduled hours and be open at least twice a month for a minimum of two hours each time.
- You have personnel who are accountable for record keeping and inventory control
- You utilize sign-in sheets or another tracking system to keep track of the individuals served
- You have the ability and willingness to access and submit information via the internet
- You are willing to adhere to food safety guidelines and to complete Food Safety Training
- You have regular pest control services performed at your facility
- Clients will receive food free of charge with absolutely no conditions imposed, implied, or exchanged

IRS CHURCH QUALIFIER FORM

Churches who do not have a 501(c)3 designation from the IRS can apply under the church entity. Nine examples of the following items should accompany the application. 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 (listed below).

- A distinct legal existence
- A recognized creed and form of worship
- A definite and distinct ecclesiastical government
- A formal code of doctrine and discipline
- A distinct religious history
- A membership not associated with any (other) church or denomination
- A complete organization of ordained ministers ministering to their congregations
- Ordained ministers elected after completing prescribed courses of study
- A literature of its own (newsletter or Sunday morning program)
- Established places of worship
- Regular religious services
- Religious instruction for the young
- Schools for the preparation of its ministers

I certify that this organization meets the requirements indicated for identification as a church.

Signature of Pastor

Date

FOOD BANK



OF SIOUXLAND INC.

1313 11th Street
 P.O. Box 985
 Sioux City, IA 51102
 Phone: 712- 255-9741
 Fax: 712-255-3116
www.siouxlandfoodbank.org

AGENCY APPLICATION

Agency Name		
Address		
County		
Mailing Address (if different)		
Parent Organization (if any)		
IRS 501(c)3/EIN #		
Phone		
Fax		
Website		
E-mail		
Program staff (circle contact persons)		

PART I: GENERAL QUESTIONS/OBSERVATIONS

1. How do the services you provide, or your intended use of food bank food, align with the mission of the Food Bank of Siouxland, which is to distribute food to food pantries and feeding programs for those in need?	
2. What percentage of patrons you expect to serve do you anticipate will be below the poverty guidelines? <i>Please note that all agencies will be required to gather and report this data monthly.</i>	
3. Sources of food other than the Food Bank: Food on hand (by observation)	
4. Anticipated schedule for pick up or delivery of Food Bank items:	<input type="checkbox"/> weekly <input type="checkbox"/> bi-monthly <input type="checkbox"/> monthly <input type="checkbox"/> occasional/seasonal
5. Do you currently have a key staff/volunteer certified in food safety?	<input type="checkbox"/> Yes <input type="checkbox"/> No <ul style="list-style-type: none"> • <i>If yes, please submit documentation with this application.</i>

- If no, please know that you will need to complete this training within 30 days of your application's approval.

PART II: TYPE OF SERVICES PROVIDED

Fill out section A and/or B depending on type of service(s) you intend to provide. For more information on what types of agency your program falls under, please refer to this packet:

SECTION A: FOOD PANTRY, MOBILE PANTRY, BACKPACK PROGRAM

1. Do you have regularly scheduled hours?	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 30%;">Sunday:</td><td style="width: 30%;"></td><td style="width: 40%;"></td></tr> <tr><td>Monday:</td><td></td><td></td></tr> <tr><td>Tuesday:</td><td></td><td></td></tr> <tr><td>Wednesday:</td><td></td><td></td></tr> <tr><td>Thursday:</td><td></td><td></td></tr> <tr><td>Friday:</td><td></td><td></td></tr> <tr><td>Saturday:</td><td></td><td></td></tr> </table>	Sunday:			Monday:			Tuesday:			Wednesday:			Thursday:			Friday:			Saturday:		
Sunday:																						
Monday:																						
Tuesday:																						
Wednesday:																						
Thursday:																						
Friday:																						
Saturday:																						
2. What are your funding sources for the program?																						
3. Do you request/require donations from the people you serve?	___ Yes ___ No																					
If yes, how is the amount determined?																						
4. Do you have any eligibility requirements?	___ Yes ___ No																					
If yes, please list:																						
Is this criteria posted?	___ Yes ___ No																					
5. Are people required to do community service or attend services (if a church) in exchange for food?	___ No ___ Yes Explain:																					
6. Do you require referrals?	___ Yes ___ No																					
If yes, from what agencies?																						
Do you require appointments?	___ Yes ___ No																					
7. Who can someone in need of assistance call for help?	Phone number (_____) _____ When? _____																					
8. Which items do (would) you distribute? (check all that apply):	___ dry goods (cans, boxes, bottles) ___ fresh fruits/vegetables																					

	___ dairy products ___ frozen foods
9. How many individuals do you serve each month? (average)	
Would you serve more if resources were available?	___ Yes ___ No
10. If already operating, what percent of your clients are "regulars" (receiving food more than four times per year)?	
If a church, what percent of your clients are from your own congregation?	
11. Is your service limited by any of the following?	___ storage space (dry/frozen) ___ availability of staff/volunteers to run pantry ___ funding ___ ability to get to food bank
12. Do you feel your program is meeting the demand in your area?	___ Yes ___ No
How do people find out about your program?	
13. Do you deliver food?	___ Yes ___ No
14. Where are you storing excess food that does not get distributed?	

SECTION B: ON-SITE OR SUPPLEMENTAL FEEDING PROGRAM

1. Describe program:			
Who is your intended population?			
2. Meals served:	___ breakfast	___ snack	
	___ lunch	___ dinner	
Days operating:	Sunday:		
	Monday:		
	Tuesday:		
	Wednesday:		
	Thursday:		
	Friday:		

	Saturday:		
3. What are your funding sources for this program?			
Do you request/require a donation from the people you serve?		___ Yes ___ No	
If yes, how is the amount determined?			
4. Do you have a tuition/program fee?		___ Yes ___ No	
If yes, amount?			
Do you exclude food costs from this fee?		___ Yes ___ No	
5. Do you have any eligibility requirements		___ Yes ___ No	
If yes, please list:			
Is this criteria posted?		___ Yes ___ No	
6. How many are served at each meal (average)?			
7. Are any of your meals catered?		___ Yes ___ No	
By whom?			
Which meals?			
8. Do you have a Health Certificate from the local Dept. of Public Health?		___ Yes ___ No	
List license/inspection #			
9. Are people required to do community service or attend services (if a church) in exchange for meal?		___ Yes ___ No	
Explain:			

PART III: STORAGE FACILITIES/KITCHEN AREA

1. Do you have:	___ freezers (size: _____ cubic ft.) ___ refrigerator (size: _____ cubic ft.) ___ dry storage area (describe):	
2. Is food stored in a locked area/cabinet?	___ Yes ___ No	
Is there limited access to the food storage area?	___ Yes ___ No	
3. Is food stored at least six inches off the floor?	___ Yes ___ No	
Any evidence of rodents/insects?	___ Yes ___ No	
4. Do you contract with a professional exterminator?	___ Yes ___ No	
What Firm & Frequency?		

Note: Food Bank of Siouxland agencies must have professional extermination services a minimum of once/yr.

PART IV: RECORDS

The following records should be maintained by your agency, depending on the type of services provided. The Food Bank requires each agency to submit monthly reports which can be found on the Agency section of our website. You will need to utilize sign-in sheets or another tracking system to keep track of the individuals served. Keeping the following information will help you complete the monthly report form.

<p style="text-align: center;">FOOD PANTRY/MOBILE:</p> <ol style="list-style-type: none"> ___ Record of persons receiving food to include: <ul style="list-style-type: none"> • dates • name(s) • number in household • whether individual/family falls below <i>poverty guidelines</i>* ___ File of Food Bank of Siouxland paperwork to include: <ul style="list-style-type: none"> • Agency Manual with copy of your Application, Liability Release and Agency Agreement for future reference • monthly reports • warehouse releases • invoices and statements • extermination records 	<p style="text-align: center;">ON-SITE FEEDING:</p> <ol style="list-style-type: none"> ___ Record of persons served meals/snacks to include: <ul style="list-style-type: none"> • dates • meal/snack served • number of persons served • whether individual/family falls below <i>poverty guidelines</i>* ___ File of Food Bank of Siouxland paperwork to include: <ul style="list-style-type: none"> • Agency Manual with copy of your Application, Liability Release and Agency Agreement for future reference • monthly reports • warehouse releases • invoices and statements
--	--

<ul style="list-style-type: none"> • current food safety training certificate(s) 	<ul style="list-style-type: none"> • extermination records • current food safety training certificate(s)
---	--

Please use your best judgment regarding the validity of the client's answers. You **cannot ask for a person's social security numbers or require income proof in order to verify information for eligibility!!*

PART V: AUTHORIZED SIGNATURE

Your agency's authorized representative's signatures below indicate authorization in the name of and on behalf of the applying agency, to execute and deliver on any and all written contracts to which your agency may be or become a party.

_____ x _____
 Authorized Agency Rep. PRINTED Authorized Agency Rep. SIGNATURE Date

_____ x _____
 Board/Chair Person PRINTED Board/Chair Person SIGNATURE Date



FOOD BANK OF SIOUXLAND STAFF USE ONLY:

Date: _____

Food Bank of Siouxland Authorized Signature: _____

Director of Food Bank noting acceptance of application

Other Notes: _____
