



Checklist for Agency Membership Approval

Foodbank of Santa Barbara County
 490 W. Foster Road
 Santa Maria, CA 93455
 Phone: (805) 937-3422 / Fax: (805) 937-8750

Agency Name: _____

Program Name: _____

Name of Contact: _____ Phone #: _____

Requirement	Date Received	Initials
1. Agency Membership Application		
2. Agency Agreement Form		
3. Agency Release Form		
4. Food Storage Policy		
5. Agency Suspension & Termination Policy		
6. Warehouse Procedures		
7. Handling Fees		
8. Agency Copy of IRS Letter of Determination Classification_____ Dated_____		
9. County Health Certificate (if applicable)		
10. Copy of Liability Insurance Certificate		
11. Membership Fee - \$25.00		
12. Date of Site Monitoring Visit _____		
13. Date of Orientation _____		



Agency Membership Application

GENERAL INFORMATION

Agency Name: _____

Program Name (if different from above): _____

Mailing Address: _____

City: _____ State: _____ Zip Code: _____

Site Address (if different from above): _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____ Email: _____

Executive Director _____

Phone# _____ E-mail Address: _____

Food Coordinator _____

Phone# _____ E-mail Address: _____

Days / Hours of Food Distribution: _____

Web Address: _____

Liability Insurance Carrier: _____

Please check the category that best describes your agency's food program:

- Food Pantry Residential Rehabilitation Center Daycare Youth
 Homeless Shelter Senior Program Soup Kitchen

TYPE OF DISTRIBUTION

Please give us a brief description of your food distribution:

Does your agency prepare meals for your clients: Yes No

POPULATION SERVED

Average number of **HOUSEHOLDS** served per month: _____

Average number of **INDIVIDUALS** served per month: _____

How many of your clients are: 0-17 years old: _____ 18-59 years old: _____ 60+: _____

Please give brief description of clients served:

Geographic Area Served _____

How does your agency determine that recipients are needy?

Which of the following does your agency require for income verification?

_____ Pay Stubs (work, SDI, SSI, etc.)

_____ AFDC or WIC Identification Cards

_____ Other, please describe: _____

_____ No verification is required

STORAGE FACILITIES AND TRANSPORTATION

Size of dry storage area _____ Number of freezers _____ Number of refrigerators _____

What transportation will you use for food pick up? _____

List all persons authorized to make food pick ups on behalf of your agency:

1. _____ 3. _____

2. _____ 4. _____

I _____, certify that the above information is correct to the best

Agency Director

of my knowledge.

Signature

Date

APPROVED BY:

Kathy Hayes, Director of Operations
Foodbank of Santa Barbara County

Date



Agency Agreement Form

Foodbank of Santa Barbara County

The Agency agrees to, and will comply with, the following criteria for membership in the Foodbank of Santa Barbara County:

1. Must be a 501(c)3 non profit organization or be sponsored by a 501(c)3 organization.
2. Must be an agency that serves the needy, ill, low income, or infants as defined by IRS Code Section 501(c)3. Distribution and/or feeding of food to low income persons in Santa Barbara County is an ongoing part of its program.
3. Must have liability insurance covering the giving of food for human consumption.
4. Must have adequate refrigeration and storage facilities for the safekeeping of food.
5. Must have recordkeeping procedures on persons served.
6. Must give food directly to clients.
7. Must not directly, or indirectly, sell or charge for any food obtained through the Foodbank. Foodbank food cannot be used for fundraising purposes.
8. Must agree to pay handling fees on all non-USDA products. (See enclosed sheet on handling fees.) Agency will pay fees within thirty days after the end of the month in which food was picked up.
9. Must agree to on-site visit by Foodbank representative on an annual basis or as necessary.
10. Must adhere to pickup schedule established by the Foodbank and provide transportation to pick up food at the Foodbank warehouse.
11. Must agree to complete Quarterly Reports in a timely and accurate manner.

The above is acknowledged and accepted by the Agency Director.

Signature _____ Date _____

Agency _____



Agency Release Form
Foodbank of Santa Barbara County

The undersigned authorized agent of _____
Name of 501(c)3 Agency

(“Donee”) hereby warrants that said Charitable Organization or Donee will receive assorted foods from the Foodbank of Santa Barbara County. Said Agency further warrants that this food will be duly inspected upon receipt and be found fit for human consumption. Donee hereby warrants, represents and guarantees as follows:

1. That it has been awarded the status of a 501(c)3 or 501(c)3 charity and is tax exempt.
2. That the food is accepted “as is”.
3. That the Foodbank of Santa Barbara County, Inc. and the original Donor expressly disclaim any implied warranties of merchantability or fitness for any particular use.
4. That there has been no express warranties in relation to this food or service.
5. That Donee releases the Foodbank of Santa Barbara County, Inc. and the original Donor from any and all liability resulting from the condition of the donated food or the procedure through which it is donated and further agrees to indemnify and hold harmless the Foodbank of Santa Barbara County, Inc. and the original Donor against any and all liabilities, damages, losses, claims, causes of action and suits of law or equity or any obligation whatever arising out or attributed to any action of said charity or any personnel employed by or action as a Volunteer for said charity in connection with its storage, transportation and use of donated food.
6. That Donee will use food items only in a use related to its tax exempt purposes and solely for the feeding of the ill, the needy, or infants.
7. That Donee will neither offer for sale, sell, transfer nor barter the food items supplied by the Foodbank of Santa Barbara County in exchange for money, property, or services.

The undersigned hereby warrants that s/he is a legally warranted and authorized agent of Donee, whose name appears below, and by his/her signature does hereby bind Donee to the terms, conditions, and limitations of this document of release.

Signature _____

Date _____

Name of Agency (“Donee”) _____



Food Storage Policy

Foodbank of Santa Barbara County

The Foodbank of Santa Barbara County’s Food Storage Policy for member agencies is as follows:

- Perishable foods may not be left outside of a refrigerated environment for more than two hours at any given time. Perishable foods held between 40 and 140 degrees F for more than two hours, are at risk for containing significant levels of disease-causing bacteria and should not be eaten or distributed.
- Refrigerator temperatures should be maintained between 32 and 35 degrees F. It is recommended that a temperature log be kept on a daily basis, if one is not already required of your agency by the County Health Department.
- Freezer temperatures should be maintained at, or below, 0 degrees F.
- Dry, packaged and canned foods should be stored in a cool, dry area. To prolong shelf life, these items should be stored between 50 and 70 degrees F, and not above 100 degrees. Temperatures above 100 degrees F seriously compromise the taste, appearance, safety and nutritional quality of packaged and canned foods.
- **ALL** foods must be stored in a locked, secured area when not being used or distributed.
- Stored foods should be rotated so those items “first in” are “first out.”
- Food must be stored at least four inches off the ground and six inches away from the wall. The Foodbank can assist agencies by providing pallets if necessary.
- Chemicals and cleaners must be stored away from food in another storage area.

The Food Storage Policy is intended to prevent recipients from receiving donated food whose quality and safety have been compromised. If your agency experiences any obstacles in meeting the above requirements, the Foodbank may be able to provide assistance.

Signature _____ Date _____

Name of Agency _____



Agency Suspension and Termination Policy

Foodbank of Santa Barbara County

Foodbank of Santa Barbara County supplies food and non-food items from its warehouses to member agencies. Foodbank may suspend or terminate an agency found in violation of Foodbank's policies related to the donated food or other products and their distribution.

A. Violations

The following is a list of violations, offered as examples, which subject an agency to suspension or termination.

1. Exchanging or selling Foodbank provided food or other products for money, property, or services.
2. Removing Foodbank provided food or other products from an on-site program for private use.
3. Using Foodbank provided food or other products in a manner that is not related to the exempt purposes of the Foodbank and Second Harvest National Food Bank Network, of which Foodbank is a member.
4. Failing to make or repeated delinquency in reimbursement of handling costs.
5. Improperly stockpiling and/or storing Foodbank provided food or other products.
6. Failing to complete required reporting documents in a timely fashion.
7. Violating the Basic Agreement between the Foodbank and the agency.

B. Investigation

Foodbank will immediately investigate allegations that an agency has engaged in conduct which could subject it to suspension or termination. A written report will be prepared after the investigation where a violation has been found. The Executive Director of Foodbank is authorized to take remedial action short of suspension or termination.

C. Procedure

The following procedure will be followed when suspension or termination is considered.

1. An agency shall be given 15 calendar days written notice that it may be subject to suspension or termination at the end of that period. The agency will also be informed in writing of the reasons for the proposed action.
2. To appeal the proposed action, the agency must contact the Executive Director of Foodbank in writing within 7 calendar days. Otherwise, the proposed action becomes final.
3. Once the agency commences an appeal, it will be given the opportunity to provide written statements and make an oral presentation to Board Members and the Executive Director of Foodbank. Time for the presentation shall be scheduled at least five days before the effective date of the proposed action.
4. The decision of the Board Members on the appeal is final.

D. Emergency Procedure

With the concurrence of the President or Vice-President of the Board of Directors, the Executive Director of the Foodbank has the authority to immediately suspend or limit participation of any agency, if the agency's violation is so serious as to warrant immediate suspension. To appeal the action, the agency must notify the Executive Director in writing within 7 calendar days, and a hearing date will be set within the next seven calendar days from receipt of the agency's appeal.

I have received and read a copy of the Foodbank of Santa Barbara County Agency Suspension and termination policies.

Signature _____ Date _____

Name of Agency _____



**FOODBANK OF SANTA BARBARA COUNTY
WAREHOUSE PROCEDURES – 2008**

**Warehouse Hours – 7am – 3:30pm
Shopping Hours – 7:00am - noon**

1. Please try and schedule your shopping appointment 24 hours in advance. This helps us prepare for your needs and provide adequate time for everyone else.
2. Shopping at the Foodbank is for authorized agency representatives only. Placing an ordering or making a food pick up is for authorized agency representatives only.
3. If you are unable to keep your scheduled appointment please notify the Foodbank as soon as possible.
4. Please arrive on time for your scheduled appointment. The Foodbank is obligated to first serve those agencies that keep their scheduled appointment.
5. If you arrive late, you may be asked to reschedule your appointment for another day.
6. Agencies arriving early for their appointments will be served at their scheduled time.
7. Agency personnel are not permitted in the warehouse unless accompanied by a Foodbank employee. For safety reasons no more than two agency representatives are allowed in the warehouse. If additional people accompany your agency to the Foodbank they will be expected to wait in the agency waiting area or in their vehicle. No loitering will be allowed in the warehouse and parking lot.
8. Please do not enter cooler or freezer unless accompanied by Foodbank employee.
9. Loading of your agency vehicle is the responsibility of the agency. Please bring appropriate number of vehicles and personnel needed to load and transport your product.
10. Although we strive to provide error free paperwork, occasionally there are discrepancies. Please review your invoice before signing it.
11. Children are not allowed in the warehouse.
12. **Please return your banana boxes, crates and pallets to designated area in a neat and orderly manner.**

The Foodbank is here to support your food program efforts. Please call with your questions and concerns.

Thank You!

Warehouse Manager 937-3422 ext 102

Program Services Coordinator 937-3422 ext 103

www.foodbanksbc.org



Handling Fee Schedule 2008

Foodbank of Santa Barbara County

Purpose: The handling fee allows participating agencies to help share the expense incurred by the Foodbank in transporting, storing, and distributing product in a safe and equitable manner. Without a handling fee, the Foodbank would not be able to acquire the quantity and variety of foods we need to have on hand for distribution to our member agencies.

Description: The handling fee is not a charge for the product itself, but a fee for handling the products. This is in accordance with IRS tax specifications, under the 170(e)3 regulation. Such a fee can be charged to agencies, but cannot be passed along to the end user of services as determined by the charitable purpose of that agency. That is, charges incurred by the agency receiving food cannot be passed on to the consumer of the products.

Billing: Agencies will be billed on a monthly basis for handling fees incurred the previous month, payable upon receipt. Please **retain all of your distribution invoices** so that you can confirm and reconcile your account.

Fee

Schedule: Handling fee: **\$.18 per pound.**

Purchased Product: **Fees vary**, please see posted prices in warehouse.

Fresh produce: **Free of charge.**

Dairy: **\$.03 per pound.**

Bread and pastries: **\$.06 per pound.**

Food Drives: **No charge. Food drive product will be allocated based on the size of the agency and at the sole discretion of the Foodbank.**

The handling fee may be lowered or raised at the discretion of the Foodbank's Board of Directors. If it is raised this is due to the Foodbank incurring a greater expense to bring product into our distribution area.

The above is acknowledged and accepted by the agency director:

Signature: _____ **Date:** _____

Agency: _____

Program: _____