APPLICATION FOR PARTNERSHIP

(Please Print)

SITE INFORMATION

Organization’s Name
Organization’s Email
Organization’s Phone ( )
Organization’s Fax ( )
Website
Physical Address
Mailing Address
County

Agency Director and Title

Telephone # ( ) E-Mail Address:

Other Authorized Contact Persons: (Name, Title, Phone #, E-mail Address)
1) __________________________ __________________________
2) __________________________ __________________________
3) __________________________ __________________________

Is your organization a United Way Agency? 
Does your organization serve Needy, Ill, or Infants? 
Has your organization been a partner with Dare to Care in the past? 

DESCRIPTION OF PROGRAM

Mission Statement:

Description of Services Provided:

Reason for Interest in Partnership:

What type of program best fits your organization? (Please Circle One)
Food Pantry  Community Kitchen  Shelter  Other _____________________

What are the qualifications for eligibility in your agency’s program?

Dare to Care receives and reviews applications
March 1 – August 31 of each year.

Revised 02/18
What are your agency’s funding sources?

____________________________________________________________________________________

Present Sources of Food: ________________________________________________________________

Description of Present Food Storage Capacity: ____________________________________________

Number of Refrigerators _____ Number of Freezers _____

What type of vehicle will your agency use to pick up food? (check one)
Personal Truck/SUV/Van_____ Church Van/ Bus_____ Commercial Vehicle _____

What geographical area (by street /miles in radius/zip code) does your agency serve? Is willing to serve?
____________________________________________________________________________________

# of Staff Available to Support Feeding Program: _____
# of Volunteers Available to Support Feeding Program: _____
Might any Volunteers at your agency also be clients of your agency? _____Yes _____No

_______________________________________________________

Does your agency currently use a record keeping system? _____ Yes _____ No

If your agency is currently operating as a feeding program:
Number of persons fed daily ________________________________
Meals Served: Breakfast Lunch Snack Dinner (circle all that apply)

If your agency is currently operating as a food pantry:
Number families served monthly _____

Is there a charge to your clients for your agency’s service? _____Yes _____No
(If yes, please describe)
____________________________________________________________________________________

What days/hours is your agency currently serving food?

Sun. __________________________________________
Mon. __________________________________________
Tues. __________________________________________
Wed. __________________________________________
Thurs. _________________________________________
Fri. ____________________________________________
Sat. ____________________________________________

No food service at present, but if approved for Dare to Care partnership, we plan to serve on the following days / times: ______________________________________

Agency Director (Print Name) ________________________________
Agency Director (Signature) ________________________________ Date _____/_____/______
APPLICATION CHECKLIST
Complete applications should be mailed to: Dare to Care Food Bank, 5803 Fern Valley Road, Louisville, KY 40228, Attn: Partner Development Manager. Before returning your agency’s application, please ensure that it is complete and includes the following information:

- Completed Agency Application, signed by Director

- Copy of 501(c)3 Determination Letter on IRS Letterhead
  - OR
- Group 501(c)3 Determination Letter with public listing
  - OR
- IRS Church Qualifier Form with supporting documentation

- $50.00 Application Fee, non-refundable (For application fees, Dare to Care will only accept a check written from your organization’s account; we do not accept cash, money orders, credit cards, or checks written from personal accounts.)

- Agency brochure OR brief summary of your agency’s programs

- List of Board of Directors OR List of Agency Leadership Team

- Health Department Certification (if a feeding site)

- Food Handlers Certification (if a feeding site)

- Signed “Food Receipt and Inspection” AND “Criteria for Participation” Understandings (see following pages)

Please note: Once application has been submitted, applicants are asked to notify Dare to Care ASAP if there has been a change in any information included in the application documents or in the status of key personnel referenced in the application. Thank you!
FOOD RECEIPT AND INSPECTION

The undersigned, authorized agent of ____________________________, hereby assures Dare to Care that all product received from the Food Bank will be inspected in a timely and proper manner upon delivery to your organization. If product is found unfit for human consumption, your organization shall notify Food Bank immediately for corrective action.

It is further agreed between your non-profit 501(c)(3) organization, and Dare to Care Food Bank that:

1. All product is received "as is."

2. Dare to Care and the original donor expressly disclaim any warranties of marketability or fitness for any particular use.

3. There have not been, nor are there at any time, any express warranties in relation to donations of product.

4. We release both the original donor and Dare to Care from any liability resulting from the use of Food Bank product.

5. We agree to indemnify and hold the original donor and Dare to Care free from any and all liabilities, damages, losses, claims, and causes of action and suits of law or in equity or any obligation whatsoever arising out of or attributed to any action of our organization or any personnel employed in connection with its storage and use of donated product.

6. If any product acquired from the Food Bank is found to be used unlawfully or for any type of profit making endeavor, said organization will be immediately and unconditionally removed from the food bank rolls. Further, Dare To Care is required to notify proper authorities in the event of unlawful use of donated product.

I have read and understood the above rules and regulations as well as the penalties for violations of such. I state that I am an authorized agent of the aforementioned non-profit 501(c)(3) organization and state that said organization and its agents, employees and volunteers will comply with Dare to Care Food Bank policies concerning Food Bank product.

__________________  __________________
(initials)          (date)
CRITERIA FOR PARTICIPATION

__________________________________________ (Name of non-profit 501(c)(3) Organization)
agrees to and will comply with the following criteria listed by Dare to Care, Inc.

51% or more of the clients being served must be in poverty/low income bracket according to the USDA income scale.

Be an established organization for at least one year, serving a minimum of 25 people.

Be an organization that serves the needy, ill, or infants.

Provide product to clients free of charge. No exchange may be made for Food Bank product by monies, barter or compensation to its staff, volunteers, or clients.

Provide transportation to pick up product from the Food Bank in one trip.

Have adequate, securable, storage space for product received.

Will not take more product than can be distributed within a six week cycle.

Possess a current letter stating that the organization qualifies as a non-profit organization under section 501(c)(3) of the United States Tax Code.

Comply with Dare to Care guidelines and agree to scheduled and/or unannounced monitoring by Dare to Care staff. Understands on-site photos may be taken at any point in time.

Notify Dare to Care, by letter, of any changes in organization personnel who deal with Food Bank, organization name & or address, within 30 days.

Serve food directly to its clients in the form of meals or distribute packaged for pantry distribution

Maintain a file of all food bank documents according to the “Retention Guidelines.”

Will not deny access to donated product on the basis of race, creed, national origin, religious affiliations, sex, sexual preference, age, or handicap.

Utilize the food bank one time per month minimum. Will restrict distribution to a single household to one time per month.

Restrict distribution to the designated service area of agency and/or food bank.

__________________________________________  __________________________________________  ______
DIRECTOR’S SIGNATURE                  PROGRAM COORDINATOR                        DATE

Revised 02/18