



Greetings:

Thank you for your interest in becoming a member agency of the Island Harvest, a Food Bank for Long Island.

Island Harvest Food Bank distributes donated and purchased product indirectly to clients, through our member agencies, and we offer direct service through Island Harvest Food Bank Programs; including our Kids Weekend Backpack Feeding Program. Our mission is to end hunger and reduce food waste on Long Island.

We invite you to attend our Member Agency Orientation/Safe Food Handling/Non-Discrimination Class, an informational class designed for non-profit organizations interested in becoming an Island Harvest Food Bank Member Agency. Attendance is a mandatory part of the application process. Please call our Agency Relations Department at 631-873-4775 for the most current time, locations and to register for the class.

Your Member Agency Application must be complete and include the following:

- Application Form
- A copy of your organization's Internal Revenue Service 501(c)(3) Letter of Exemption (In lieu of the IRS letter, faith-based organizations may provide a letter on church letterhead indicating an affiliation with a nationally recognized non-profit organization).
- Copy of New York Exempt certificate (Please note, a New York Sales Tax Exemption Certificate alone is not an acceptable form of non-profit status).
- Program's plan to distribute food.
- List of Board of Directors and/or Advisory Council, with contact information
- Documentation of 3 months of service to a minimum of 25 families per month prior to Island Harvest Food Bank partnership (Does not apply to meal/snack service organizations).
- A plan that explains how food from alternate sources will be obtained. (Island Harvest Food Bank food is intended to supplement the food you are seeking from other sources).
- Copies of any County Health Department permits, inspections, and/or operating licenses (if serving prepared food).
- Signed Letter of Agreement

Incomplete applications will not be accepted. Feel free to include annual reports, brochures or flyers about your program. Please email or mail completed applications to

Mail:
40 Marcus Blvd
Hauppauge, NY 11788
Attn: Agency Relations Department

Email:
agencyrelations@islandharvest.org

After your application is complete and attendances to an Island Harvest Food Bank Orientation have been confirmed, an agency relations staff member will schedule a site visit at your location. The facility in which you plan to operate your pantry or meal program must be inspection-ready. This means the storage area for food and/or food preparation must meet the minimum standards as described at the orientation. Your site visit will not be schedule until the site is ready. After your site visit, you will be notified in writing of your approval status.

The Island Harvest Food Bank board and staff are excited to partner with you. Please do not hesitate to contact me with questions. I look forward to working with you!

Sincerely,

Allison Puglia
Vice President Programs and Agency Relations
Phone 631-4775
Fax 631-873-4784



Rev. 5/2014



MEMBER AGENCY APPLICATION FORM

PARENT OR AGENCY INFORMATION

Name:		
Address:		
City:	Zip Code:	
Executive Director or Pastor:	Website:	
Phone:	Fax:	E-mail:

PROGRAM OR SITE INFORMATION (DELIVERY ADDRESS)

Name:		
Address:		
City:	Zip Code:	
Program Director:		
Phone:	Fax:	E-mail:

MAILING INFORMATION (IF DIFFERENT FROM SITE ADDRESS)

Name: Same As Parent		
Address:		
City:	Zip Code:	

VOLUNTEER COORDINATOR (PERSON RESPONSIBLE FOR RECRUITING & RETAINING VOLUNTEERS)

Name:	Cell:	Email:
PLEASE PROVIDE THE NAMES OF UP TO 2 INDIVIDUALS OR VOLUNTEERS WHO WILL BE ASSOCIATED WITH YOUR AGENCY		
Name	Affiliation	
Name	Affiliation	

WHAT TYPE OF SERVICE(S) DO YOU PROVIDE? (SEE DEFINITIONS ON THE LAST PAGE)

Check One Main Category	Check the Sub Categories that Apply
Food Pantry	<input type="checkbox"/> Emergency
	<input type="checkbox"/> Emergency Off-Site Distribution
	<input type="checkbox"/> Non- Emergency
	<input type="checkbox"/> Residential <input type="checkbox"/> Shelter <input type="checkbox"/> Rehabilitation
On-Site Meal Preparation	<input type="checkbox"/> Soup Kitchen
	<input type="checkbox"/> Child Day Care
	<input type="checkbox"/> Adult Program <input type="checkbox"/> Senior Program
	<input type="checkbox"/> Residential <input type="checkbox"/> Shelter <input type="checkbox"/> Rehabilitation
Snack Program	<input type="checkbox"/> Youth <input type="checkbox"/> Adult <input type="checkbox"/> Senior

PLEASE KEEP A COPY OF THIS APPLICATION FOR YOUR RECORDS, RETURN ORIGINAL TO THE FOOD BANK WITH A COPY OF YOUR COMPLETED SERVICE PLAN & 501(C)(3) LETTER OF EXEMPTION

I, the undersigned agency representative, attest that the information provided on this application is true to the best of my knowledge.

Signature of Executive Director:	Date:
Signature of Program Director:	Date:

For office use only: Date Received: _____ Date Contacted: _____ Contacted by: _____
Approved/ Denied Date Entered into Database: _____



Member Agency Service Plan Outline

This plan should explain: why the program you are applying for is important, how it will operate, when it will operate, etc. Your service plan helps us better understand your operation and its needs, as well as your clients' needs. We will use this information to better serve you. We will also use this information to assist you in becoming a sustainable service site, by providing best practices information and technical support based on your plan. This may also help you make decisions on issues you may not have considered yet.

Island Harvest Food Bank Member Agency Service Plan Outline:

****Please type answers on a separate piece of paper and include with application.***

I. Physical site location address and contact information for site leaders. Include a list of Board of Directors and/or Advisory Council, with contact information.

II. Program Information. Who will you serve and how; what model with what, if any, restrictions; how many families your program anticipates serving; what type of area is this. *In order to help meet the needs of the people you serve, we suggest that you allow people to receive food at least two times per month, in a client choice model and provide other community referrals.*

III. Days and hours of operation. Please take into consideration days and hours of operation of other food programs in your area and avoid duplication. For food pantries, we require that you be open for distribution a minimum of twice-a-month for a minimum of 2 hours (evening and/or weekend hours are helpful for those people who work).

IV. Financial information and plans to sustain your food program. Where does your money and resources come from and how is it used; what are your expenses; who does the accounting and reporting, and to whom; who do you/ will you collaborate with and for what purpose; how will you sustain the food storage area (i.e. contributions, food drives, partnering with other organizations, grants etc.)

V. Safe food storage area description. Explain how your food will be stored and sorted. Include the number of shelving units, refrigerators, and freezers.

VI. Food distribution process. What model will you use; how will clients actually get the food (will they fill out a form, pick from shelves with or without any limits, be given a pre-selected assortment, etc.) and what record keeping will be involved.

VII. Site staff and volunteer positions

VIII. Staff and volunteer roles and responsibilities

IX. Operations timeline. Who will do what on a daily, weekly, and/or monthly basis etc.



Non-Denomination Churches

Although churches are classified as 501(c)(3) organizations, the IRS does not require that they file for an official designation of 501(c)(3) status individually. Your church may be affiliated with a nationally recognized non-profit organization, namely your parent church. An example of “Parent Church” may include, but are not limited to: Bethel AME, the Catholic Diocese, Pentecostal Church of America, or General Council of Assemblies of God, etc. Please include a copy of the letter from the IRS with your application if available. Please check the applicable boxes below:

- Has not applied to the IRS for 501 (c)(3) status and been denied
- Has not had its 501 (c)(3) status revoked by the IRS

If your church does not belong to a larger, tax-exempt organization and cannot provide your own 501(c)(3) designation letter, you are not automatically excluded from membership with the Island Harvest Food Bank. In order for Island Harvest Food Bank to be in compliance with these provisions, appropriate documentation of a participating organization’s 501(c)(3) status, a letter on church letterhead signed by the pastor stating that your church will sponsor a food pantry or feeding program for the “ill, needy, infants”. The letter should also state that your church is unincorporated, has not applied to the IRS for 501(c)(3) status and been denied, or has not had its 501(c)(3) status revoked by the IRS. You should also include this document with the applicable blocks below checked.

The IRS uses the following 14 characteristics to determine whether an organization qualifies as a Church:

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 membership not associated with any other Church or denomination
6. A distinct religious history
7. A complete organization ordained ministers ministering to their congregations
8. Ordained ministers elected after completing prescribed courses of study
9. A literature of its own
10. Established places of worship
11. Regular congregations
12. Regular religious services
13. Sunday schools for religious instruction of the young
14. Schools for the preparations of its ministers.

Very few groups will meet all 14 criteria but, as a matter of policy, Island Harvest Food Bank distributes only to church entities that satisfy **at least 10** of the stated criteria.

Please note:

While we request a NY tax exemption certificate we do not accept this in lieu of the 501(c)(3)

Executive Director and/ or Program Director Signature

Date



Member Agency Program Definitions

The following definitions are based on how the member agency distributes/uses the food/product provided by Island Harvest Food Bank. If appropriate, you may apply for more than one category.

Emergency vs. Non-Emergency Additional Definitions:

- Emergency Food Providers (EFPs) are public charitable organizations with IRS tax exempt status (501c3) and have established ongoing food assistance programs that distribute at least monthly either bags/boxes of groceries and/or prepared meals on-site to their clients. EFPs also provide food assistance on an emergency basis to anyone in need.
- Non-Emergency Food Providers are public charitable organizations with IRS tax exempt status (501c3) programs that provide food, snacks and beverages to low income clients participating in their programming.

Food Pantries:

Emergency Food Pantry: Provides food and other supplies to families in need. This food pantry is open to all.

Emergency Off-Site Distribution: Provides food and other supplies to families in need via a mobile distribution to designated locations throughout Long Island. This food pantry is open to all.

Non-Emergency Food Pantry: A non-emergency food pantry is an add-on service located within an organization that provides case management services. Example: A mental health organization that provides case management services to its clients and wishes to have an onsite pantry for those clients. This pantry is not open to the general public. Only specialized population specific agencies providing case management will be approved as non-emergency food pantries with Island Harvest Food Bank.

Shelter/ Residential/Rehabilitation: Provides permanent or temporary housing and services that assist clients to achieve self-sufficiency. This food pantry is open only to those living in the residences.

On-Site Meal Preparation:

Soup Kitchen: Provides meals to individuals in need. Open to the public.

Emergency Shelter: Serves the homeless or individuals of domestic violence. This organization may apply with Island Harvest Food Bank to receive snacks or as a meal provider.

Shelter/ Residential/Rehabilitation: Provides permanent or temporary housing and services that assist clients to achieve self-sufficiency. The on-site meals prepared are open only to those living in the residences.

Child Day Care: A nonprofit facility that has a child population 50% and higher that qualify for free or reduced meals. The on-site meals prepared are only open to the children registered with the day care center.

Adult or Senior Program: A nonprofit facility for adults or seniors that serve a population of 50% and higher within the poverty level guidelines. The on-site meals prepared are only open to the adults or seniors registered with the program.

Snack Programs:

Youth Program: A nonprofit facility that has a youth population of 50% and higher that qualify for free or reduced meals. The snacks served are only open to the youth registered with the program.

Adult or Senior Program: A nonprofit facility for adults or seniors that serve a population of 50% and higher within the poverty level guidelines. The snacks served are only open to the adults or seniors registered with the program.