



AGENCY PARTNERSHIP APPLICATION

Thank you for your interest in Feeding South Dakota. We would like to learn more about your organization and how we may be able to partner together to end hunger in South Dakota through our food distribution programs.

Our Mission: Our mission is to end hunger in South Dakota.

Our Vision: A state where no person's health, well-being, or potential is hindered by availability of nutritious food.

Our Values: Serve with compassion, work with purpose, and connect with intention.

BENEFITS OF PARTNERSHIP:

When you become a partnering agency of Feeding South Dakota, you get more than access to fresh, nutritious food at low cost. You're able to access services and resources designed to help end food insecurity in our community. Partners can network with over 200 agencies in the state with the same mission of ending hunger. Agency Relations Coordinators will work closely with partners to support, guide and help accomplish the mission of ending hunger.

BASIC ELIGIBILITY CRITERIA, ALL AGENCIES:

- Must be an IRS recognized 501(c)3 non-profit organization (public charity), incorporated for the purpose of serving the ill, needy, or infants (minor children). Cannot be a private foundation
- Must distribute food free of charge, reimbursement, compensation, donation, or require services in exchange for food; food may not be used for fundraisers or events.
- A minimum of 50% of the individuals served must be low-income. You may be asked to show you claim this percentage.
- Have a mission to end hunger.
- Pass a site visit prior to approval.
- May not use product for personal feeding of staff or volunteers and product may not be distributed to outside of those listed in application.
- Must be able to place orders on-line and have a regularly used email address.
- Must provide two regular contacts including phone and email information.
- Agree to regular site visits by Feeding South Dakota staff.
- All organizations must complete food safety training every two years.
- Must demonstrate outreach beyond your own organization/congregation by providing copies of sign-in sheets, flyers, advertisements, links to websites, or other materials on an annual basis.
- Any food distribution or meals taking place on the day church services are held must be prior to the event with no requirement of attendance at service.
- Have staff/volunteers who are accountable for record keeping, inventory control, and a system for keeping track of individuals served.
- Payment of invoices* must be made by check by the 501(c)3 organization within 30 days of invoice date. Agencies with outstanding bills will not be able to order until the account is brought current.

* Some costs that an agency may see include delivery charges (if applicable), purchase product, and the Fair Share Maintenance Fee which helps cover the cost of distributing the food, such as warehousing and refrigeration, not the cost of food.

Additional Requirements for Food Pantries:

- Must have adequate storage for food, not in a home or place of residence.
- Must have a consistent distribution day and time at an identified location with access to the public.
- Food distribution must occur a minimum of one time per month, and the organization acknowledges that Feeding South Dakota will make the distribution information available to the public through our website and other resources.

Application Submission:

Feeding South Dakota accepts applications at any time. The average application processing time is approximately 4-6 weeks. Meeting eligibility requirements does not guarantee partnership. Feeding South Dakota Community Initiatives team reviews all applications to ensure agency eligibility and requirements are met. Some service areas may have adequate coverage with existing hunger relief partners. It is in your best interest to complete every applicable part of the application with as much detail as possible. Feeding South Dakota may schedule a visit to your organization to confirm information you've provided, inspect food storage/ food prep areas, and offer suggestions on distribution processes. Additionally, we will review Feeding South Dakota procedures and compliance regulations.

The following documents must be submitted with the application:

- Copy of the organization 501(c)(3) IRS letter of determination or equivalent church qualifier.
- 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 authoring use of their 501(c)(3).
- Food safety certifications (if available)
- Certificate of Exemption for sales tax (if applicable)
- Health inspection report (if available)

Thank you again for your interest, and please do not hesitate to call the Agency Relations Coordinator in your area if you have any questions.

Eastern South Dakota: 4701 N. Westport Ave. Sioux Falls, SD, 57107 605-335-0364	Central South Dakota 20562 Grace Ave, Pierre, SD, 57501 605-494-3663	Western South Dakota: 1111 N. Creek Drive Rapid City, SD, 57703 605-348-2689
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CONTACT INFORMATION (agency must have *TWO* points of contact by email and phone)

Name of Agency: _____ County: _____

Location: _____

Mailing address (if different): _____

Agency primary contact: _____ Phone: _____

Email: _____ Cell Phone: _____

Agency secondary contact: _____ Phone: _____

Email: _____ Cell Phone: _____

Do you have your own 501c3, with status as a public charity? Yes No

Do you have internet access, at site or at home? Yes No

FACILITY INFORMATION

Please check all programs that would be using food from Feeding South Dakota, if approved for partnership.

- Food Pantry Emergency Shelter
- Soup Kitchen Youth Program
- Other (describe)

Do you serve particular groups:

- General public
- General public from a limited area (describe)

- Only member or participants from your own agency/church/organization

Other (describe)

What are your posted hours for food availability? Please fill in hours on the applicable days:

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday

If hours are not weekly, please specify days/times:

How often can guests receive food?

How long have you been in operation? (mm/yy)?

Is there a second location where food is stored and/or distributed? Yes No

If so, Where?

Approximately, how many unduplicated guests do you serve monthly? _____

Individuals _____ Families _____

How do you track the number of households or individuals served through your program?

What percent of current guests are low income?

How is eligibility for food assistance/meals determined?

Do you have a website or Facebook page? If so, please share the name/web address.

How do you advertise your food assistance to the public?

Where do you currently get your food?

How is your agency funded?

Please indicate the type and number of refrigerators and freezers your program has:

- | | |
|--|---|
| <input type="checkbox"/> Household refrigerator with freezer | <input type="checkbox"/> Stand-alone freezer |
| <input type="checkbox"/> Stand-alone refrigerator | <input type="checkbox"/> Walk-out freezer |
| <input type="checkbox"/> Walk-in cooler | <input type="checkbox"/> Our agency has none of these |

Please describe your dry storage:

A: For Food Pantry/Distribution:

- Do you have a client choice pantry (guests choose their own food): Yes No
- If no, would you be willing to explore ways to move to client choice? Yes No
- Do you pack boxes for individuals and families? Yes No
- How often can guests receive food? _____

B: For Meal Providers (soup kitchens, meal sites, youth programs):

- Do you provide food for on-site consumption? Yes No
- Number served for: Breakfast _____ Lunch _____ Dinner _____ Snacks _____
- Do you charge for, or collect donations at your meals? _____
- Do you provide home-delivered meals? _____
- If yes to either, how often? Daily _____ Weekly _____ Monthly _____
- Other (specify) _____

- Is your agency willing to distribute more food? Yes No
- Is your agency willing to serve guests from a larger area? Yes No

What goals has your agency identified as priorities for the next year?

	High Priority	Low Priority
Increase # of guests served	<input type="checkbox"/>	<input type="checkbox"/>
Increase amount of food available to guests	<input type="checkbox"/>	<input type="checkbox"/>
Improve nutritious foods	<input type="checkbox"/>	<input type="checkbox"/>
Open more days or hours	<input type="checkbox"/>	<input type="checkbox"/>
Recruit more volunteers	<input type="checkbox"/>	<input type="checkbox"/>
Expand physical capacity (building, equipment, storage)	<input type="checkbox"/>	<input type="checkbox"/>

Other:

What would your agency need to increase capacity of service to those in need of food? (Equipment, volunteers, funds, etc.):

Is your location ADA accessible? If not, what is the plan to assist needed?

Does your pantry or meal service use the following? *(Check all that apply)*

- | | |
|---|--|
| <input type="checkbox"/> Budget | <input type="checkbox"/> Fundraising Plan |
| <input type="checkbox"/> Board of Directors | <input type="checkbox"/> Food Safety Training |
| <input type="checkbox"/> Volunteer Training | <input type="checkbox"/> Emergency Plan (disaster, crisis) |
| <input type="checkbox"/> Volunteer Job Descriptions | <input type="checkbox"/> Inventory Management |

What is your agency's mission?

How do you meet the unique needs of your community (hours of service, customizing resources for family size, etc.):

Does the program provide service to a specific geographic area? If yes, what is the service area:

SIGNATURE REQUIRED:

I certify that I have read the eligibility criteria and food pantry requirements, and that the information on this application is correct to the best of my knowledge. I understand that false information may be grounds to deny this application for partnership with Feeding South Dakota.

Primary Agency Contact Name (please print): _____

Title: _____ Date: _____

Primary Agency Contact Signature: _____

Application received by:

Feeding South Dakota: _____

Title: _____

Date: _____