



AGENCY PARTNERSHIP APPLICATION

Feeding South Dakota is committed to ending hunger in South Dakota through programs and partnerships that hold similar missions and values. Our values include a commitment to equitable and dignified service, an effort to improve health and nutrition, and efforts towards continuous improvement. With this focus, the application process is the first step in helping us to develop and enhance the most efficient and impactful network as well as be strategic with the use of our resources. Please note that meeting basic eligibility requirements does not guarantee acceptance as an agency partner with Feeding South Dakota.

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).
- 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.
- 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 online 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.
- Payment of invoices must be made by check by the 501(c)3 organization within 30 days of statement date. Agencies with outstanding bills will not be able to order until account is brought current.
- 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.

Additional Requirements for Food Pantries:

- Must have adequate storage for food, not in a home or place of residence.
- Must meet minimum order requirements of 500 lbs per order.
- 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 organization acknowledges that Feeding South Dakota will make the distribution information available to the public through our website and other resources.

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 that apply:

- 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)? _____

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

Individuals _____

Families _____

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:

Household refrigerator with freezer

Stand-alone freezer

Stand-alone refrigerator

Walk-out freezer

Walk-in cooler

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.):

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.):

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: _____