



Thank you for your interest in Food Bank of the Rockies. We would like to learn more about your organization and how we may be able to work together to **Fight Hunger and Feed Hope** through our food distribution programs.

All applicants must currently be providing or in the process of implementing a program to provide food assistance to the ill, needy or children (under 18 years of age). The enclosed packet contains a complete description listing of Food Bank of the Rockies' hunger relief programs for your review and selection(s).

The application process, which typically takes less than 4 weeks, is outlined below.

- Completed application is reviewed and assessed by Food Bank of the Rockies Programs Outreach Manager and then forwarded to the appropriate area, based on clientele served. Please review the check list on the last page of the application for a list of requirements to complete your applications. Incomplete applications will delay the review process.
- Some service areas may have adequate coverage with existing hunger relief Partners. In such case, your application will be placed on a wait list and/or you will be contacted to discuss alternative options to assist the area with hunger relief.
  - *Food Bank of the Rockies may request your organization to assist another hunger relief Partner in the same area or request your participation in assisting with unserved seniors and children in the area.*
- Food Bank of the Rockies Staff will contact you to schedule a visit to your organization. The visit is to confirm the program information you've provided, inspect food storage/food prep areas, and offer suggestions on distribution processes. Additionally, we will review Food Bank of the Rockies procedures and compliance regulations.
- Application and completed site visit review forms will receive a final review by Programs Management for Food Bank of the Rockies Partnership approval.
- Your organization will receive a letter of acceptance or next steps.
- Prior to placing a first food order, approved Partners and designated shoppers must attend New Shopper Orientation which are held twice a month.

Thank you again for your interest, and please do not hesitate to call us, if you have any questions.

PLEASE MAIL, EMAIL OR DELIVER TO THE APPROPRIATE FOOD BANK OF THE ROCKIES LOCATION (please retain a copy):

**In Denver Metro or Eastern Counties:**

Food Bank of the Rockies  
Attn: Chris Taylor  
10700 E. 45th Avenue, Denver CO 80239  
303.375.5830  
christaylor@foodbankrockies.org

**In Western Slope:**

Western Slope Food Bank of the Rockies  
Attn: Jill Heidel  
120 North River Road, Palisade, CO 81526  
877.953.3937 ext 4210  
jheidel@foodbankrockies.org

**Wyoming organizations:**

Please access the Wyoming Food Bank of the Rockies application by visiting [wyomingfoodbank.org](http://wyomingfoodbank.org) or call 877.265.2172



## MISSION STATEMENT

**We ignite the power of community to nourish people facing hunger.**

### **The application packet includes:**

- Program Descriptions
- 501(c)3 Determination Letter - *Sample*
- Agency Support Fee (ASF) Description
- Program Budget Form\*
- Application Form\*
- Agreement

**Your completed application must include the above and below\* items with signatures. Please include the below items (when applicable):**

- Copy of your IRS / US Dept. of Treasury Letter of Determination which confirms 501 (c) 3 tax-exempt status \*
  - Religious organizations may apply under a 14-Point Criteria if a 501c3 letter is not available.
- Board Member Listing & Contact Info, if Organizations has a Board of Directors\*
- Copy of your Colorado Sales Tax Exemption Certificate \*
- Copy of Health Inspection (when applicable)
- Copy of Food Handler Certifications (if available)
- Any descriptive material or pamphlets on your organization

For more information regarding Food Bank of the Rockies, please visit [www.foodbankrockies.org](http://www.foodbankrockies.org)

Updated Dec 2020

# FOOD BANK OF THE ROCKIES' PROGRAMS

## Households - Families & Individuals (Includes Children & Seniors)

**Hunger Relief Partner Program:** Food Bank of the Rockies' warehouse is the central distribution program providing food and essentials to more than 700 hunger-relief programs in Metropolitan Denver, Northern Colorado, the Eastern Plains and Western Slope. These hunger relief programs range from small faith-based food pantries to large charities serving hundreds of clients daily. Partners may choose from a variety of available food and household items by contributing an Agency Support Fee (ASF) of \$0.14/pound. Food Bank of the Rockies does offer perishable product (produce, bread and dairy) at no fee bringing the Partner Agency's contribution average to \$0.04/pound.

**TEFAP Program:** The Emergency Food Assistance Program (TEFAP) is a USDA program to help supplement the diets of low-income individuals, by providing them with emergency food at no cost. Food Bank of the Rockies Partners are able to subsidize their food pantry and/or soup kitchen inventory with food products such as, canned fruits/vegetables, starches (rice or potatoes), juice, cereal, frozen meat and fresh produce. These items are then distributed to clients seeking food assistance in the form of food boxes and/or a prepared meal. There is no ASF assessed to the Partner for participation in this program.

## Children Only

**Kids Cafe Programs:** Kids Café is Food Bank of the Rockies' meal program designed specifically for children at risk of hunger after-school and during the summer. Free hot meals (prepared in our community kitchen), fresh vended, or shelf stable packaged meals distributed from our warehouse are provided to eligible organizations. In order to meet the needs of more children, Food Bank of the Rockies also provides healthy, USDA approved snacks to children at afterschool programs to help them focus and grow. There is no ASF assessed to the Partner for participation in this program.

**Totes of Hope™:** Totes of Hope™ was created in 2006 to assist children with nutritious kid-friendly food to sustain them over the weekend when school is not in session. Every Friday, children take home a tote filled with 7-9 pounds of nutritious food items and return the empty tote the following Monday to be refilled for the following Friday. For many of these children, the totes are their main source of food on Saturday and Sunday. There is no ASF assessed to the Partner for participation in this program.

# FOOD BANK OF THE ROCKIES' PROGRAMS

## Seniors Only

**CSFP Program:** The Commodity Supplemental Food Program (CSFP) is a USDA program designed to improve the health of low-income people at least 60 years of age, by supplementing their diets with nutritious foods. Eligible seniors receive a monthly food box consisting of non-perishable protein, milk (powdered or UHT), juice, cereal, canned or dried fruits and vegetables and refrigerated cheese. Food Bank of the Rockies has several distribution sites throughout the Metro Denver area, staffed by our team. We also utilize Partners to act as "host" sites to assist in outreach, certification, and distribution of CSFP food boxes monthly to ensure no senior goes hungry. There is no ASF assessed to the Partner for participation in this program.

For additional Program information (site and client eligibility), please visit:  
[www.foodbankoftherockies.org](http://www.foodbankoftherockies.org), click on Programs

*USDA is an equal opportunity provider and employer.*

**SAMPLE 501(C)3**

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: SEP 18 2014

Employer Identification Number:  
46-3000000  
DLN:  
26053633002454  
Contact Person:  
CUSTOMER SERVICE ID# 31954  
Contact Telephone Number:  
(877) 829-5500  
Accounting Period Ending:  
December 31  
Public Charity Status:  
170(b)(1)(A)(vi)  
Form 990/990-EZ/990-N Required:  
Yes  
Effective Date of Exemption:  
October 1, 2013  
Contribution Deductibility:  
Yes  
Addendum Applies:  
No

*Sample  
501(c)(3)*

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to [www.irs.gov/charities](http://www.irs.gov/charities). Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

Letter 5436

# FOOD BANK OF THE ROCKIES

## *Agency Support Fee*

### **WHAT IS AN AGENCY SUPPORT FEE? (ASF)**

Agency Support Fees are contributed to Food Bank of the Rockies by Partners in return for services provided to them by the Food Bank. The ASF helps cover the cost of distributing the food, such as transportation, refrigeration, warehousing, etc... not cost of the food. Food Bank of the Rockies does not sell its product to Partners. The ASF contribution helps with operational overhead. The current ASF ranges from 0 - 14¢ per pound.

Each Partner contributes for warehouse product on a per pound basis. The IRS has ruled that an ASF is permitted if charges are not passed along to end users and the fee is not based on the value of the product. However, the persons receiving the food are never charged for the food.

### **WHY ARE AGENCY SUPPORT FEES NECESSARY?**

Food Bank of the Rockies is a non-profit food distribution center with the capability of receiving, storing, and distributing dry, refrigerated, and frozen food and grocery products. These products must be handled safely and professionally. Although handling products in a professional manner is part of what causes overhead, it is also what ensures the safety of the food.

Besides safe food handling and good warehouse sanitation practices, other costs supported by the fee include transportation, record keeping and product tracing. Although the product is donated, the freight costs are not.

The Food Bank covers the rest of the expenses with donations from corporate and foundation grants, special events, and individual contributions. Food Bank of the Rockies also depends heavily on volunteers to assist with every aspect of Food Bank operation.

Agency Support Fees enable a community to operate one food distribution system, thereby saving individual charities the high cost of storage, personnel and transportation, which would be required to receive large food donations directly. The cost efficiencies achieved through the Agency support system allow agencies to spend more of their funds providing specialized services to their clients, rather than on expenses associated with food procurement.

**Our Partner Agencies support the operation of FBR with an Agency support fee ("ASF") up to the current FBR/Feeding America specified rate per pound for product received, payable at the time of pick up by check, credit card or debit card or via approved and current charge account. For more information on applying for a charge account, call 303.371.9250.**

**BUDGET FORM TO BE SUBMITTED WITH APPLICATION (Organization generated budget by also be submitted):**

<b>Program Name:</b> _____		
<b>Program Budget Form for fiscal year _____ to _____ (mo/day/yr)</b>		
<b>INCOME</b>		
<b>Support</b>	<b>Amount</b>	
Government grants	\$	
Foundations	\$	
Corporations	\$	
United Way or other federated campaigns	\$	
Individual contributions	\$	
Fundraising events and products	\$	
Membership income	\$	
In-kind support	\$	
Investment income	\$	
<b>Revenue</b>		
Government Contracts	\$	
Earned Income	\$	
Other (specify)	\$	
Other (specify)	\$	
<b>Total Income</b>	\$	
<b>EXPENSES</b>		
	<b>Amount</b>	<b>FT/PT?</b>
Salaries and wages (breakdown by individual position and indicate full- or part-time.)	\$	
	\$	
	\$	
	\$	
Insurance, benefits and other related taxes	\$	
Consultants and professional fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and copying	\$	
Telephone and fax	\$	
Postage and delivery	\$	
Rent and utilities	\$	
In-kind expenses	\$	
Depreciation	\$	
Food Expenses (for program only – do not include entertainment or travel food expenses)	\$	
Other (specify)	\$	
Other (specify)	\$	
Other (specify)	\$	
<b>Total Expense</b>	\$	
<b>DIFFERENCE (Income less Expense)</b>	\$	

# Program Application

## I. ORGANIZATION INFORMATION

Date: \_\_\_\_\_

Name of Organization: \_\_\_\_\_

Telephone: (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

Mailing/Billing Address: \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_ County \_\_\_\_\_  
(Must include last 4 digits)

Address of Food Storage/Distribution Facility:

***\*Submit separate listing of all storage and food distribution addresses, if more than one location.***

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_ County \_\_\_\_\_  
(Must include last 4 digits)

Director Name: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Director Email: \_\_\_\_\_

Federal Employer Identification Number: \_\_\_\_\_

Liability Insurance Carrier: \_\_\_\_\_

How long has your organization been in operation? \_\_\_\_\_

Have you been a past FBR Partner Agency?      Y              N  
If yes, list year(s) of past Partnership: \_\_\_\_\_

Is your organization an affiliate of a larger organization?    Y              N

If yes, list name and address of this organization. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ - \_\_\_\_\_ County \_\_\_\_\_  
(Must include last 4 digits)

Does your organization possess a 501(c)3/Public Charity Status?      Y              N

***\*If yes, submit copy of IRS Determination letter with application.***



## II. Key & Authorized Personnel

Food Program Contact Name: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_

Food Program Contact Email: \_\_\_\_\_

### FOOD PICKUP & ORDERING AUTHORIZATION

List up to 4 people who are authorized to pick up & order food product from Food Bank of the Rockies on behalf of your organization:

1	_____	_____	_____
	<b>Name</b>	<b>Email</b>	<b>Phone</b>
	_____	_____	_____
	<b>Address</b>	<b>City, State</b>	<b>Zip</b>
2	_____	_____	_____
	<b>Name</b>	<b>Email</b>	<b>Phone</b>
	_____	_____	_____
	<b>Address</b>	<b>City, State</b>	<b>Zip</b>
3	_____	_____	_____
	<b>Name</b>	<b>Email</b>	<b>Phone</b>
	_____	_____	_____
	<b>Address</b>	<b>City, State</b>	<b>Zip</b>
4	_____	_____	_____
	<b>Name</b>	<b>Email</b>	<b>Phone</b>
	_____	_____	_____
	<b>Address</b>	<b>City, State</b>	<b>Zip</b>

How many staff/volunteers help you operate your food program?

Staff \_\_\_\_\_

Volunteers \_\_\_\_\_

Staff total weekly hours: \_\_\_\_\_

Volunteers total weekly hours: \_\_\_\_\_

Does your organization have an active board?    Y                    N

If yes, how often do they hold board meetings? \_\_\_\_\_

***\*Please submit a list of Board Members and contact information, if a Board exists.***

### III. Organization Services & Client Information

Please describe your organization's purpose/mission statement:

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1. Please define any geographic area or boundaries your organization serves:

Are there restrictions on where a client resides?      Y      N  
*Example: Clients must reside in designated zip codes or street boundaries to be eligible for assistance.*

2. If a religious organization, is your food assistance program open to non-church members? Y      N

3. Who are your clients?

#### Client Demographics

\_\_\_% African American    \_\_\_% Asian    \_\_\_% Caucasian    \_\_\_% Hispanic    \_\_\_% Other  
\_\_\_% American Indian or Alaska Native    \_\_\_% Native Hawaiian or Pacific Islander

**Check Clients served by your hunger relief program.** Check only one:

- Children Only (0 – 18 years of age)       Seniors (60+ in age)  
 Households/Families (includes children & seniors)

**Are 50%+ of the clients served considered low income and/or participating in government assistance programs?**    Y      N      *\*Examples of assistance programs: WIC, SNAP, LEAP, TANF, etc.*

4. What type of food program do you have or wish to start? Check all that apply:

- Shelter     Soup Kitchen       Pantry     Other \_\_\_\_\_

5. How will your organization determine if a client is eligible for your food program?

Check all that apply:     Photo ID     Proof of Income     Proof of Address

Intake/Counseling Process     Other: \_\_\_\_\_     None of these

6. Please list non-food services your organization provides to clients - Check all that apply:

- Clothing       Rent Assistance       Medical/Prescription  
 Utility Assistance       Fuel Vouchers/Bus Tokens       After School Activities       Life Skills Classes  
 Other: \_\_\_\_\_

#### IV. FINANCES

*\*Please complete and submit the Organization/Food Program Budget form. You may submit your Organization's budget form in place of the template provided.*

1. How is your food program funded? Check all that apply:

- Donations (Congregation/Private Funders)       Events/Fundraisers  
 Grants       Organization Budget       Food Drives

Other: \_\_\_\_\_

2. Of the above funding methods, how often did you conduct/apply during your last fiscal year?

\_\_\_\_\_ # of Grants applied for

\_\_\_\_\_ # of Events/Fundraisers conducted

\_\_\_\_\_ # of Food Drives conducted

Explain how you outreach and raise awareness for private donations?

\_\_\_\_\_

\_\_\_\_\_

3. Will you charge clients for your food program? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

4. What will be your annual food budget? \$\_\_\_\_\_

5. Please break down by % your anticipated food resources to support your program:

\_\_\_\_\_ % Food Drives & Food Donations

\_\_\_\_\_ % Grocery Rescue (donated product picked up from local retailers)

\_\_\_\_\_ % Vendors (purchased from local retailers)

\_\_\_\_\_ % Food Bank of the Rockies

**100% Total of all above percentages**

#### Outreach & Media

1. How does your organization notify the public about your hunger relief program?

Check all that apply:  Signs on property       Website URL: \_\_\_\_\_

Radio       Newspaper       Social Media       Other: \_\_\_\_\_

2. Are you currently using software or a database for client tracking/ intake?       Yes       No

a. If yes, which system are you currently using? \_\_\_\_\_

b. Are you interested in hearing about our free system Link2Feed?       Yes       No



## VI. ON SITE FOOD PROGRAM

⇒ Are clients consuming meals or snacks at your facility and you wish to get food from Food Bank of the Rockies to prepare meals or snacks? If Yes, please complete this section. Otherwise, leave blank.

1. How long has your meal or snack program been in operation? \_\_\_\_\_

2. What types of meals are being consumed? Check all that apply:

Hot Meal  Cold Meal  Snack  Other: \_\_\_\_\_

3. Which days and hours will you serve meals or snacks?

	Snack	Breakfast	Lunch	Dinner	Frequency
	List Hours of Distribution				
<i>Example/Sunday:</i>			11:30-12:30		weekly
<b>Sunday</b>					
<b>Monday</b>					
<b>Tuesday</b>					
<b>Wednesday</b>					
<b>Thursday</b>					
<b>Friday</b>					
<b>Saturday</b>					

4. Are the meals served **only** seasonally or during holidays? Y N

If yes, list holidays or seasons: \_\_\_\_\_

*\*Example: Summer camps, snacks at community festivals | Thanksgiving outreach, Holiday meals\**

5. How many clients will be fed at each serving period?

\_\_\_\_Snacks \_\_\_\_Breakfast \_\_\_\_Lunch \_\_\_\_Dinner

6. Do clients contribute a fee in order to partake in the meal? Y N

If yes, please explain: \_\_\_\_\_

7. Has the Health Department inspected your facilities? Y N

If yes, date of last inspection: \_\_\_\_\_ *\*\*Please submit copy of last inspection form*

8. Name of person in charge of food preparation: \_\_\_\_\_

9. Has this person had food handling training? Y N

10. If applicable, list any food preparers who have a Food Handlers Card/certification on file?

*\*\*Please submit copies of Food Handlers certification, if available.*

Name: \_\_\_\_\_ Date expires: \_\_\_\_\_

Name: \_\_\_\_\_ Date expires: \_\_\_\_\_

## VII. FOOD PANTRY PROGRAM

⇒ Are clients receiving food products to take home for preparation and consumption? If yes, please complete this section. Otherwise, leave blank.

1. How long has the food pantry program been in operation? \_\_\_\_\_

2. Which days and hours will clients be able to receive food boxes?

	List Hours of Distribution			Frequency
	Morning	Afternoon	Evening	
<i>Example/Monday:</i>	9:00 - 12:00	1:00 - 4:00	5:00 – 7:00	<i>Every 4th week</i>
<b>Sunday</b>				
<b>Monday</b>				
<b>Tuesday</b>				
<b>Wednesday</b>				
<b>Thursday</b>				
<b>Friday</b>				
<b>Saturday</b>				

3. How many unduplicated households will be served monthly? \_\_\_\_\_

How many unduplicated individuals will be served monthly? \_\_\_\_\_

*Example: Household "A" visits your food pantry every Thursday. Household "A" is only counted one time for the month. Count the number of people in each unique household to report unduplicated individuals.*

4. How often can an individual access your food pantry? \_\_\_\_\_

5. Are the food boxes only a seasonal/holiday distribution? Y            N

If yes, list holidays or seasons: \_\_\_\_\_

*\*Example: Summer camps, snacks at community festivals | Thanksgiving outreach, Holiday meals\**

6. What is most true about your distribution method? Check only one.

Client Choice - (Clients are able to choose ALL items they receive)

Preassembled Boxes – (Clients are handed a box/bag of pre-packed food products – no choice or ability to express dietary needs)

Mix of Client Choice/Preassembled Boxes – (A combination of both styles)

Other Method: \_\_\_\_\_

**VIII. TO BE COMPLETED BY ALL APPLICANTS**

How did you hear about Food Bank of the Rockies?

Check one:

Our Website                       Social Media

Referral from another Partner:

Who? \_\_\_\_\_

Other: \_\_\_\_\_

***Did you remember to include***

- Copy of your 501c3 letter?*
- Copy of your Sales Tax Exemption Certificate?*
- Budget?*
- List of Board of Directors?*
- Required signatures?*

Please check programs your organization would be interested in. Refer to pages 3 & 4 for a description of each. Check all that apply:

- Hunger Relief Partner (Food Pantry and/or Onsite Meals)
- TEFAP     CSFP (Grocery Box for Older Adults)
- After-school and Summer Meal Programs (requires a separate application)
- Totes of Hope (requires an additional application)

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**By signing below, we agree that the information provided is complete and accurate to the best of our knowledge:**

\_\_\_\_\_  
Organization Director – Print Name    Email \_\_\_\_\_

X \_\_\_\_\_    Telephone \_\_\_\_\_  
Signature, Organization Director or equivalent

\_\_\_\_\_  
Food Program Director – Print Name    Email \_\_\_\_\_

X \_\_\_\_\_    Telephone \_\_\_\_\_  
Signature, Food Program Director or equivalent

\_\_\_\_\_  
Chairperson, Board of Directors – Print Name    Email \_\_\_\_\_

X \_\_\_\_\_    Telephone \_\_\_\_\_  
Signature, Chairperson, Board of Directors



**Agreement between Food Bank of the Rockies, which includes Western Slope Food Bank of the Rockies and Wyoming Food Bank of the Rockies, (hereinafter referred to as FOOD BANK OF THE ROCKIES) and Hunger Relief Partner (hereinafter referred to as PARTNER) named below.**

<b>FOOD BANK OF THE ROCKIES</b> <b>Use Only</b> Date Rec'd _____ by _____  Agency# _____
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<b>PARTNER Name:</b>	
<b>PARTNER Site Address (Street, City, State, Zip)</b>	<b>Area Code and Telephone Number</b>

The purpose of this agreement, and any attachments, is to define the services that will be provided to Partner by FOOD BANK OF THE ROCKIES and the duties and responsibilities of each. FOOD BANK OF THE ROCKIES' purpose is to collect and re-distribute surplus food and essential items to tax exempt, 501(c)(3) organizations as defined by Section 170(e)(3) of the Internal Revenue Code.

FOOD BANK OF THE ROCKIES's Mission is to end hunger by efficiently procuring and distributing food and essentials to people in need through our partner agencies in Northern Colorado and Wyoming. The undersigned authorized agents of the PARTNER agree to and will ensure compliance with the following criteria in order to participate in the FOOD BANK OF THE ROCKIES' distribution program.

**PARTNER agrees to:**

1. Meet IRS eligibility requirements for receipt, transfer and use of donated food under section 170(e)(3) and must have 501(c)(3) federal tax-exempt status and provide a copy of the IRS tax-exempt letter to FOOD BANK OF THE ROCKIES and notify FOOD BANK OF THE ROCKIES of any changes to their tax status. This will not apply to Government supported programs (CSFP, TEFAP, CACFP, or SFSP).
2. Notify FOOD BANK OF THE ROCKIES in writing within 15 days, when there are any changes to their food program including: location, director, contact, shoppers, and type/size of food program or additional storage or distribution sites. All changes must be approved by FOOD BANK OF THE ROCKIES staff before continuation of the services called for in this agreement. Note: New PARTNER shoppers must attend an orientation session prior to placing or picking up an order.
3. Participate in random monitoring, scheduled and unscheduled, of its food program(s) by FOOD BANK OF THE ROCKIES staff and/or volunteers appropriately trained by FOOD BANK OF THE ROCKIES, which will be conducted at a minimum of once every two (2) years and agrees to fully accommodate and allow FOOD BANK OF THE ROCKIES trained staff and volunteers full and complete access to facilities, Partner's staff, volunteers and clients for FOOD BANK OF THE ROCKIES/Feeding America research projects as requested. Monitoring may be more frequent for Government supported programs.
4. Identify their organization as a Partner of FOOD BANK OF THE ROCKIES by prominently posting a FOOD BANK OF THE ROCKIES provided poster. Additionally, PARTNER should include the words "Partner of Food Bank of the Rockies" and identify the partnership by including the Food Bank of the Rockies' logo on organization's website with a link to the Food Bank of the Rockies' website and/or pertinent Food Bank of the Rockies' webpages. PARTNER will not identify themselves as or make representations on behalf of FOOD BANK OF THE ROCKIES but will clearly identify and state they are a "partner of the Food Bank of the Rockies". Upon termination of this Partnership Agreement by either Party, the PARTNER shall cease to represent itself in any fashion as a Partner of FOOD BANK OF THE ROCKIES. Within thirty (30) calendar days of termination of agreement, PARTNER shall take all appropriate actions to remove "Partner of Food Bank of the Rockies" from all materials including digital platforms like the website and social media.
5. Not engage in discrimination, in the provision of service against a person because of race, color, religion (creed), national origin, ancestry, age, marital status, disability, sexual orientation, or military status, in any of its activities or operations. All clients will be treated with the utmost of respect and courtesy. Keep a minimum of one (1) staff person from each program Civil Rights certified at all times. Civil Rights re-certifications are required annually. Certification is available through an online course provided by First Net Learning at no charge. USDA Partners can also attend the State's Civil Rights training. This coursework is required for all Government supported programs.



- 6.** Ensure that PARTNER, its employees, its volunteers, and its clients must not sell, transfer, trade or barter any items received from FOOD BANK OF THE ROCKIES in exchange for money, property, services or otherwise allow the items to enter commercial channels.
- 7.** Not require mandatory donations or suggest the same in any manner whatsoever, require or request volunteer time or participation in any religious activity or service in order to receive food, nor show preferential treatment to clients who do participate, voluntarily donate, or volunteer their services.
- 8.** Use the products solely for charitable purposes related to PARTNER's mission. FOOD BANK OF THE ROCKIES product must not be given to staff for personal use, served for general partner or congregation use or be used for fundraising purposes, such as prizes or gifts.
- 9.** Support FOOD BANK OF THE ROCKIES and Feeding America's mission of closing the Meal Gap by receiving monthly food orders and/or allocations. PARTNER may have partnership terminated due to no activity on their accounts. In the occurrence of being inactivated, PARTNER will be required to reapply by completing and submitting the FOOD BANK OF THE ROCKIES Partner Application.
- 10.** Support the operation of FOOD BANK OF THE ROCKIES with a support fee ("ASF") up to the current FOOD BANK OF THE ROCKIES and Feeding America specified rate per pound for product received, payable at the time of pick up or via approved and current credit account. Not applicable to Government supported programs.
- 11.** Pay a service charge plus any costs or other fees incurred to collect unpaid amounts for any check used to pay the support fee that is returned to FOOD BANK OF THE ROCKIES for Insufficient Funds, Account Closed, or any reason. In addition, if costs are spent in order to collect amounts due to FOOD BANK OF THE ROCKIES, those amounts must be reimbursed to us before PARTNER can use our services again.
- 12.** Abide by the policies, procedures and record keeping requirements of FOOD BANK OF THE ROCKIES, including maintaining annual chronological records of all receipts for products received from FOOD BANK OF THE ROCKIES. This record must be made available to FOOD BANK OF THE ROCKIES during monitoring visits and kept on file for three (3) years + current year for auditing purposes.
- 13.** PARTNER is required to collect and maintain client served numbers per FOOD BANK OF THE ROCKIES direction. Selected Partners utilizing Link2Feed (L2F), a client service insights software, agrees to the MOU and EULA agreement; outlining terms of upholding the highest security and ethical standards in regards to client information. L2F is offered and available to selected Partners based on program participation and gap analysis. L2F is offered at no charge to the PARTNER.
- 14.** Serve directly to clients in the form of meals; distribute items for emergency situations and/or supplemental assistance within FOOD BANK OF THE ROCKIES' service areas in Colorado or Wyoming. Food assistance programs are offered at no cost to the clients.
- 15.** Have adequate storage space and agrees to store all food in a manner that is appropriate given the nature of the various food products to insure wholesomeness until used and/or distributed. FOOD BANK OF THE ROCKIES prefers food storage facilities to be commercial buildings. PARTNERS with residential storage/distribution facilities will be accepted at the sole discretion of FOOD BANK OF THE ROCKIES.
- 16.** Abide by local, state and federal laws regarding food handling, food safety and storage. PARTNER agrees to check FDA recall website via link on FOOD BANK OF THE ROCKIES website a minimum of once weekly. FOOD BANK OF THE ROCKIES will make every attempt to notify PARTNER via email, website and waiting area postings of any FDA recalls or safety issues related to product.
- 17.** Immediately notify FOOD BANK OF THE ROCKIES whenever it receives notice of any claim of liability with respect to food or any report of illness, which may have been caused by food provided by FOOD BANK OF THE ROCKIES.
- 18.** Keep a minimum of one (1) staff person from each program food safety certified at all times. Food Safety re-certifications are required annually. Certification is available through an online course provided by First Net Learning at no charge, or through outside sources at the PARTNER'S cost. If training takes place outside of FOOD BANK OF THE ROCKIES, PARTNER will provide proof of certification, along with the name of the training company and date of course.

**19.** Notify FOOD BANK OF THE ROCKIES personnel immediately in the event of an accident involving a designated representative of the PARTNER occurring anywhere on FOOD BANK OF THE ROCKIES premises. Report all injuries (including minor injuries), fill out and sign accident report provided by FOOD BANK OF THE ROCKIES. Authorized representatives of the PARTNER assume all risks of visiting, shopping and volunteering in an environment that includes, but is not limited to, lifting heavy boxes, working near machinery, walking on or around pallets of product, standing on cement or asphalt, or other potential dangers as exist in and around an operating warehouse/storage facility.

**20.** Support a positive work environment, free of unlawful harassment or discrimination. All PARTNER representatives while in the FOOD BANK OF THE ROCKIES Warehouse are expected to conduct themselves professionally and in a respectful manner when interacting with FOOD BANK OF THE ROCKIES staff, clients, volunteers, other Partners, vendors, and board members.

**21** Abide by FOOD BANK OF THE ROCKIES' zero tolerance policy for the following:

- Threats or violent acts directed to staff, volunteers, partner representatives or property of FOOD BANK OF THE ROCKIES: This includes, but is not limited to, threatening or hostile behaviors, physical abuse, vandalism, arson, or sabotage.
- Theft: Theft includes consuming or possessing FOOD BANK OF THE ROCKIES items meant for those eligible clients being served by the PARTNER.
- The manufacture, possession, sale or use of any controlled substance while on FOOD BANK OF THE ROCKIES premises. Violators will be asked to leave FOOD BANK OF THE ROCKIES' premises and will not be allowed to return. In addition, his/her PARTNER will be contacted and further action may be taken, including and up to possible suspension/termination of Partner status. **In the event FOOD BANK OF THE ROCKIES has reason to believe any parts of this agreement have been violated, the PARTNER understands the following procedures will be employed.** The action taken depends on the severity of the violation and could be any of the following:

- Investigation
- Letter of warning
- Probation period
- Follow up to confirm compliance
- Loss of charge account privileges
- Loss of VIP privileges
- Termination

PARTNERS suspended or terminated may plead their case with the Programs Advisory Council at the regularly scheduled monthly meeting and agree to abide by the decisions of the council and FOOD BANK OF THE ROCKIES. In the case of suspension or termination, the PARTNER agrees to return any product previously received from FOOD BANK OF THE ROCKIES still in its possession at the request of the FOOD BANK OF THE ROCKIES. This agreement can be terminated by either party, without cause, by written notice at least fifteen (15) days prior to termination.

The undersigned three people state their organization meets FOOD BANK OF THE ROCKIES' requirements for partnership and agree to abide by all the above.	
Signature, Food Program Director or equivalent	Date
Printed Name & Title	Address: Phone #:
Signature, Organization Director or equivalent	Date
Printed Name & Title	Address: Phone #:
Signature, Board of Directors Chairperson or equivalent	Date
Printed Name & Title	Address: Phone #:

**NOTICE TO PARTNER:**

**PLEASE READ CAREFULLY. THIS AGREEMENT CONTAINS DISCLAIMERS OF WARRANTIES AND A STRICT RELEASE OF LIABILITY.**

**1. AGREEMENT.** This Agreement is between Food Bank of the Rockies and

\_\_\_\_\_  
(PARTNER)

this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

During active participation in the food distribution program offered by FOOD BANK OF THE ROCKIES, the PARTNER will receive assorted foods from FOOD BANK OF THE ROCKIES.

- 2. INSPECTION.** The PARTNER agrees that it will be solely responsible for determining whether said food is fit for human consumption. It is the PARTNER’s responsibility to review postings of FDA recalls either through FOOD BANK OF THE ROCKIES’ link to the FDA site online, or through postings at the PARTNER waiting area per #16 in the Partner Agreement.
- 3. DISCLAIMER OF WARRANTIES.** The PARTNER acknowledges it accepts all food from FOOD BANK OF THE ROCKIES “as is”. FOOD BANK OF THE ROCKIES, Feeding America and the original donors expressly disclaim any implied warranties of merchantability or fitness for a particular use. There are no express warranties in relation to this gift of food. No person is authorized to give any warranties on behalf of FOOD BANK OF THE ROCKIES to assume any liability for FOOD BANK OF THE ROCKIES.
- 4. RELEASE OF LIABILITY – INDEMNIFICATION.** The PARTNER releases FOOD BANK OF THE ROCKIES, Feeding America and the original donor from any liability resulting from the condition of the donated food. The PARTNER further agrees to indemnify and hold harmless FOOD BANK OF THE ROCKIES, Feeding America and the original donor from all liabilities, damages, losses, claims, causes of action at law or at equity, or any obligation whatsoever arising out of or attributed to any action of the PARTNER or any personnel employed by the PARTNER in connection with shopping, loading, other warehouse activities, storage or use of donated food.

\_\_\_\_\_  
(HUNGER RELIEF PARTNER NAME)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Print Name and Title)