



PARTNER CHARITY APPLICATION

PARTNER CHARITY APPLICATION



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Please visit the Partner Charity Zone of the Second Harvest Food Bank Website for further guidance on completing this application:

www.secondharvestfoodbank.org/partners

PARTNER CHARITY APPLICATION



Introduction

Dear Potential Partner Charity,

Thank you for inquiring about becoming a member of the Second Harvest Food Bank of North Central Ohio. Second Harvest is committed to ending hunger in Crawford, Erie, Huron and Lorain counties.

Please read the attached Partner Charity Storage Requirements (page 4) before filling out the application. If you do not meet or cannot operate within the intent of our policies and procedures, it is not necessary to fill out the application.

When you have completed the application, please submit it along with the following documents:

- Proof of existence for at least 6 months;
- A current list of your board members and/or trustees;
- A copy of your IRS Letter of Determination or equivalent documentation;
- A signed Partner Charity Letter of Agreement and;
- A signed copy of our TEFAP/USDA & OFPACP Letter of Agreement.

The completed application and necessary documentation should be returned to the Program and Membership Department, Second Harvest Food Bank of North Central Ohio, 5510 Baumhart Rd., Lorain, OH 44053-1982.

Once your application and necessary documents have been reviewed and found in order, a site visit to your partner charity will be arranged. Upon a satisfactory site inspection, you will be notified of your acceptance and you will be required to complete an orientation and food safety training at Second Harvest with your program personnel.

Applications are processed in the order in which they are received. Completion of this application does not guarantee membership. The Second Harvest Food Bank of North Central Ohio reserves the right to refuse membership to Partner Charities or programs that do not meet our criteria.

Again, thank you for your interest in becoming a member of Second Harvest. If you have questions while completing this application, please contact us at 440-225-2265.

Sincerely,

A handwritten signature in black ink that reads "Juliana".

Juliana Chase-Morefield
President & CEO

A handwritten signature in black ink that reads "Samantha M. Flores".

Samantha Flores
Director of Program & Partner Services

PARTNER CHARITY APPLICATION



Storage Requirements

Your program must meet the following requirements to become a Partner Charity of the Second Harvest Food Bank of North Central Ohio:

- A working thermometer in each storage area including dry storage, refrigerators & freezers.

Storage Type	Range	Thermometer
Dry Storage	Between 50° F - 70° F	Use indoor/outdoor thermometer
Refrigerated Storage	Between 33° F - 41° F	Use refrigerator/freezer thermometer
Frozen Storage	-10° F - 0° F	Use refrigerator/freezer thermometer

- All food must be at least four (4) inches (pallet height) off the floor and at least four (4) inches from walls and eighteen (18) inches below the ceiling. Pallets and/or shelving may be used. This includes walk-in coolers and freezers as well as dry storage areas. This includes any items for human consumption (i.e., vitamins, etc.)
- Product cases must be dated with the month and year of receipt date for proper rotation. Use first in, first out (FIFO) for inventory rotation.
- Maintain a temperature log for each storage area including dry, freezer and cooler. Logs must be completed for each day the program is in operation, or a minimum of once per week.
- ALL** storage areas are to be checked regularly for signs of spoiled product, bug and/or rodent infestation and must be cleaned regularly.
- Non-food items, which may include soap, shampoo, cleaning supplies, etc. must be stored separately from food items to avoid contamination.
- All paper work including temperature logs, Eligibility to Take Food Home (ETTFH) forms, monthly statistics reports and Second Harvest invoices must be retained for five (5) years, plus current year if your program receives federal or state food commodities (USDA, OFP & OACP). To relinquish the last five (5) years ETTFH forms to Second Harvest in the event that: A). your Partner Charity is no longer a member of Second Harvest, or B). your program ceases to operate.

PARTNER CHARITY APPLICATION



Part I: General Information

Partner Charity Name: _____

Partner Charity Contact: The executive director/president of the organization or senior pastor of the church.

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____)____-____

Fax: (____)____-____

E-mail: _____

Billing Contact: The person who should receive invoices and statements and is also the person Second Harvest should contact regarding your account. **Invoices and statements will be e-mailed to this contact.**

Name: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____)____-____

Fax: (____)____-____

E-mail: _____

EIN#: _____ Not Applicable

DUNS#: _____

1st PROGRAM: _____

TYPE OF PROGRAM: Food Pantry Hot Meal Residential, Shelter or On-Site

Primary Contact: The program coordinator and typically the person who places orders for the program. **Second Harvest newsletters and correspondence regarding events and conferences will be mailed to this contact.**

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____)____-____

Fax: (____)____-____

E-mail: _____

PARTNER CHARITY APPLICATION



Site Contact: The person who is at the site. Same as 1st program contact.

Name: _____

Site Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____)____-____

Fax: (____)____-____

E-mail: _____

2nd PROGRAM: _____

TYPE OF PROGRAM: Food Pantry Hot Meal Residential, Shelter or On-Site

Primary Contact: The program coordinator and typically the person who places orders for the program.
Second Harvest newsletters and correspondence regarding events and conferences will be mailed to this contact.

Name: _____

Site Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____)____-____

Fax: (____)____-____

e-Mail: _____

Site Contact: The person who is at the site. Same as 2nd program contact.

Name: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____)____-____

Fax: (____)____-____

E-Mail: _____

FOR OFFICE USE ONLY						
Partner Charity ID	1 st Program ID	Credit Limit	2 nd Program ID	Credit Limit	Ceres (Int. & Date)	ACT (Int. & Date)

PARTNER CHARITY APPLICATION



Part II: Program Information

FUNDING SOURCES

Sources:

% of Revenue

EFSP (Emergency Food & Shelter Funds)

United Way / United Fund

General Donations

Other (Please List): _____

Other (Please List): _____

CHECK THE CATEGORY DESCRIBING YOUR PROGRAM(S):

- Food Pantry (providing groceries to community member that will be prepared at their home)

Go to Page 8 – Complete Section A

- Meal Sites: Hot Meal / Kids Cafe / Summer Food Program (SFSP)
(Cooking and serving meals to walk-in guests on a regular basis.)

Go to Page 9 – Complete Section B

- Shelter
(Providing shelter and meals for the homeless.)

Go to Page 10 – Complete Section C

- Residential or on-site program
(Cooking and serving meals to a registered community members including day care, rehabilitation, halfway house, group home, etc.)

Go to Page 10 – Complete Section C

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Part II, Section A: Emergency Food Pantry

Days and Hours of Operation

<u>Week of Month</u> (Check all that apply)				<u>Day</u>	<u>Hours of Distribution</u> (Indicate AM/PM)	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Monday	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Tuesday	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Wednesday	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Thursday	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Friday	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Saturday	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Sunday	<input type="checkbox"/> a.m.	<input type="checkbox"/> p.m.

Please describe your program: _____

Do you have regular office hours? Yes No If yes, what times? _____

Approximately how many people do you serve each month? _____

How long has your food pantry been in operation? _____

How many days' supply of food does a household receive? _____

Have you refused service to anyone in the past six months? Yes No

If yes, please explain: _____

What geographic area do you serve? (i.e., city, township, zip code, etc.) _____

Has your staff or volunteers been certified in food safety? Yes No

If yes, please indicate who and when they were certified. _____

Has your staff or volunteers completed civil rights training? Yes No

If yes, please indicate which course and provide documentation. _____

May we refer individuals to your food program? Yes No

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Part II, Section B: Hot Meal

Days and Hours of Operation

<u>Week of Month</u> (Check all that apply)				<u>Day</u>	<u>Meals Served</u>		
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Monday	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Thursday	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Friday	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Saturday	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Sunday	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner

Please describe your program: _____

Do you have regular office hours? Yes No If yes, what times? _____

Approximately how many people do you serve each month? _____

How long has your hot meal program been in operation? _____

Have you refused service to anyone in the past six months? Yes No

If yes, please explain: _____

What geographic area do you serve? (i.e., city, township, zip code, etc.) _____

Do you have a food service license? Yes No

If yes, who was it issued by and when? _____

Has your staff or volunteers been certified in food safety? Yes No

If yes, please indicate who and when they were certified. Name: _____

Date: _____

Has your staff or volunteers completed civil rights training? Yes No

If yes, please indicate which course and provide documentation. _____

May we refer individuals to your food program? Yes No

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Part II, Section C: Residential, Shelter or On-Site Programs

Days and Hours of Operation

<u>Week of Month</u> (Check all that apply)				<u>Day</u>	<u>Meals Served</u>			
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Monday	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Tuesday	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Wednesday	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Thursday	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Friday	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Saturday	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> Sunday	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch	<input type="checkbox"/> Dinner	

Please describe your program: _____

Do you have regular office hours? Yes No If yes, what times? _____

Approximately how many people do you serve each month? _____

How long has your hot meal program been in operation? _____

Have you refused service to anyone in the past six months? Yes No

If yes, please explain: _____

What geographic area do you serve? (i.e., city, township, zip code, etc.) _____

Do you have a food service license? Yes No

If yes, who was it issued by and when? Issued By: _____

Date: _____

Has your staff or volunteers been certified in food safety? Yes No

If yes, please indicate who and when they were certified. Name: _____

Date: _____

Has your staff or volunteers completed civil rights training? Yes No

If yes, please indicate which course and provide documentation. _____

May we refer individuals to your food program? Yes No

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PARTNER CHARITY LETTER OF AGREEMENT

As an authorized representative of the undersigned partner charity (hereafter referred to as 'Partner Charity'), the Partner Charity and all current and future registered programs of said Partner Charity agree to and will comply with the following criteria as a recipient Partner Charity of Second Harvest Food Bank of North Central Ohio (hereafter referred to as 'Second Harvest'). The Partner will receive surplus foods and grocery products from Second Harvest. Said Partner Charity further warrants that the above described food and grocery products will be duly inspected upon delivery and found fit for human consumption.

The Partner Charity agrees to:

1. Maintain current status as a 501(c)(3) with the IRS and provide Second Harvest with a copy of the IRS Determination Letter or required documentation to be considered a church under the IRS;
2. Ensure no items received from Second Harvest are sold, bartered, transferred or offered for sale in exchange for money, property or services or otherwise allowed to re-enter commercial channels;
3. Serve the ill, needy and/or infants;
4. Not engage in discrimination in the provision of service, against any person because of race, color, citizenship, religion, gender, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity or expression, unfavorable discharge from the military or status as a protected veteran;
5. Serve items received from Second Harvest only at sites and programs which are registered and approved by Second Harvest;
6. Serve food directly to clients in the form of meals, and/or distribute packaged food for home use;
7. Provide adequate refrigeration and storage space to ensure the wholesomeness of food until prepared or distributed;
8. Ensure the safe and proper handling of donated product, which conforms to all local, state and Federal regulations;
9. Adhere to additional donor stipulations, if applicable;
10. Be licensed and/or approved by the appropriate health department as a food service establishment according to the service the program provides, if applicable;
11. Provide transportation of items from Second Harvest's distribution center meeting food safety requirements and/or arrange delivery with Second Harvest;
12. Have a **minimum** of one person who is active in your program trained in Food Safety a minimum of once every three (3) years. This point person will be responsible for training the other staff and/or volunteers at your program, or you may have additional staff and/or volunteers participate in training through Second Harvest;
13. Keep a record of internal Food Safety trainings, this record to be made available upon the request of Second Harvest;
14. Have a minimum of one person who is onsite at your program trained in Civil Rights annually. This point person will be responsible for training the other staff and/or volunteers at your program or you may have additional staff and/or volunteers participate in Civil Rights training through Second Harvest;
15. Keep a record of internal Civil Rights trainings, this record to be made available upon the request of Second Harvest;
16. Maintain a file of receipts for Second Harvest AND a record of distribution for a period of five (5) years plus the current year;
17. Submit to monitoring by Second Harvest a minimum of every two years to assure compliance with this agreement upon 24 (twenty-four) hour verbal notice;
18. Acknowledge Second Harvest reserves the right to assess a monitoring fee and increase the frequency of monitoring visits as deemed necessary;

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19. Abide by the policies, procedures, and record keeping requirements of Second Harvest;
20. Support the operation of Second Harvest with a Shared Maintenance Fee Contribution, or other agreed to fees such as Delivery and VAP fees, based on the items received by the Partner Charity;
21. Ensure timely submission of required statistical reports by no later than the 15th of the month following service;
22. Ensure timely payment of invoices to Second Harvest by no later than the 30th of the month following receipt;
23. Acknowledge the surplus food and grocery products are accepted "as is";
24. Release the original Donor, Second Harvest and Feeding America from any liabilities resulting from the donated Product;
25. Hold harmless the original Donor, Second Harvest and Feeding America from any claims or obligations in regard to the Partner Charity or the donated Product;
26. Acknowledge the original Donor, the Second Harvest, and Feeding America offer no express warranties in relation to the Product; and
27. Acknowledge that Second Harvest reserves the right to terminate this agreement at any time.

Partner Charity Name: _____

Partner Charity #: _____ **Program #(s):** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

PARTNER CHARITY:

SECOND HARVEST:

**Name of Lead Pastor / Executive Director
(printed)**

Title

**Signature of Lead Pastor /
Executive Director**

Date

**Juliana Chase-Morefield
President & CEO**

Date

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TEFAP/USDA & OFPACP LETTER OF AGREEMENT

The undersigned Partner Charity (hereafter referred to as 'Partner Charity') hereby warrants that in order to receive product through The Emergency Food Assistance Program (TEFAP) of the United States Department of Agriculture (USDA), the Ohio Food Program and Agricultural Clearance Program (OFPACP) and distributed by Second Harvest Food Bank of North Central Ohio (hereafter referred to as 'Second Harvest') agrees:

1. To receive TEFAP/USDA and OFPACP foods, our emergency food program must be available to clients a minimum of once per month. Emergency food programs may serve more often and are encouraged to do so, if feasible;
2. To prominently display the "And Justice for All" poster in a place where clients can view it;
3. To prominently display the Written Notice of TEFAP Applicant and Recipient Rights at programs run by faith-based organizations;
4. To have a **minimum** of one person who is onsite at your program trained in Civil Rights annually. This point person will be responsible for training the other staff and/or volunteers at your program or you may have additional staff and/or volunteers participate in Civil Rights training through Second Harvest;
5. To keep a record of internal Civil Rights trainings, this record to be made available upon the request of Second Harvest;
6. To accept and incorporate the requirements set out in the Food Programs Manual published by the Ohio Department of Job and Family Services and any further guidelines or changes to existing guidelines that may be pronounced or published by the Ohio Department of Job & Family Services (ODJFS).

ADDITIONAL REQUIREMENTS FOR PANTRY & FARMERS MARKET PROGRAMS

1. To prominently display the current Ohio Department of Job and Family Services (ODJFS) Income Eligibility Guidelines provided by Second Harvest;
2. To honor client eligibility criteria as established by the Ohio Department of Job & Family Services (ODJFS) including: A) current household annual income guidelines, and B) self-certification of need;
3. To utilize current Ohio Department of Job & Family Services (ODJFS) Household Income eligibility Guidelines and Eligibility To Take Food Home (ETTFH) form provided by Second Harvest in paper form or use PantryTrak's Eligibility To Take Food Home (ETTFH) E-signature form for each client to sign who is served through a Food Pantry or Farmer's Market program each and every time the client is served;
4. To ensure that the Eligibility To Take Food Home (ETTFH) forms are filled out completely and accurately, within the guidelines established by ODJFS;

PARTNER CHARITY APPLICATION



5. To maintain Eligibility To Take Food Home (ETTFH) forms for a period of five (5) years, plus the current year; and
6. To relinquish the last five (5) years of Eligibility To Take Food Home (ETTFH) forms signed by clients to Second Harvest in the event that: A) your Partner Charity is no longer a member of Second Harvest, or B) your program ceases to operate.

Partner Charity Name: _____

Partner Charity AGEN- #: _____ **Program #(s):** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

PARTNER CHARITY:

SECOND HARVEST:

**Name of Lead Pastor / Executive Director
(printed)**

Title

**Signature of Lead Pastor /
Executive Director**

Date

**Juliana Chase-Morefield
President & CEO**

Date

PARTNER CHARITY APPLICATION



Disaster Services Information

Partner Charity Name: _____

Site Address: _____

City: _____ **State:** _____ **Zip:** _____

Emergency Contact: _____ **Emergency Phone:** (____)____-____

Email: _____

In case of a disaster, natural or otherwise, would your organization be willing and/or be able to provide any of the following services:

1. Would you be willing to provide a hot meal at your site? Yes No
If yes, how many people could you feed: 0-50 50-100 100-200 200+
2. Would you be able to prepare a hot meal and transport it to another site: Yes No
If yes, how many people? 0-50 50-100 100-200 200+
3. Would you be able to set-up a temporary shelter with help from another partner charity? Yes No
If yes, how many people could you fit? 0-50 50-100 100-200 200+
4. If yes, do you have the facilities to serve meals? Yes No
5. If yes, would there be easy access to rest rooms? Yes No
6. Is your facility handicap accessible? Yes No
7. Do we have permission to share this information with other disaster relief organizations? Yes No

Comments:

PARTNER CHARITY APPLICATION



Application Checklist & Disclaimer

Please include the following in your application:

- A Completed Application
- A Signed General Letter of Agreement
- A Signed USDA, OFP & OACP Letter of Agreement
- A Copy of your IRS Letter of Determination or equivalent documentation.
Please contact the program and member services department if your organization is a church without a letter of determination.
- DUNS number included on Page 5 of the Application or other DUNS documentation
- Current list of your board members, trustees and/or deacons
- Proof of existence for a minimum of six months
- A current annual budget of your program, including expenses and income (see below for example)

Application Disclaimer

As a representative of:

_____ **Partner Charity Name**

I certify that all the information contained in this partner charity application is true and complete to the best of my knowledge and belief. I understand that any misrepresentations or falsifications may result in the partner charity's removal from consideration or termination of my status as a member of Second Harvest Food Bank of North Central Ohio.

_____ **Name of Lead Pastor / Executive Director (printed)**

_____ **Title**

_____ **Signature of Lead Pastor / Executive Director**

_____ **Date**

PARTNER CHARITY APPLICATION



Sample Budget

Thank you for applying to be a Partner Charity with Second Harvest Food Bank of North Central Ohio! As part of the application process, we require all new programs to submit a budget to ensure fiscal responsibility of our partners. It can be a very simple budget, so don't be intimidated. If you do not have a formal budget, estimate costs to the best of your ability.

Below is an example of what a simple budget might look like. Your program may or may not have some of these expenses. Your program may or may not have these forms of income. The idea is to submit a budget document that gives us a general idea of how much money you spend per year to run your program.

Program Name

Annual Budget

Expenses

Food: \$XXX

Paper Products: \$XXX (maybe you buy napkins, paper coffee cups, etc. for your hot meal or to serve guests waiting in line at your pantry)

Equipment: \$XXX (you needed to buy a new pot and some utensils last year; or you may have needed to purchase shelves, a cart, a dolly, etc. to move or store things in your pantry or kitchen)

Rent: \$XXX (may or may not need to pay these costs)

Utilities: \$XXX

Van Expenses/Gasoline and/or Delivery Fees: \$XXX

Miscellaneous Expenses: \$XXX (printing flyers, copy paper, cleaning products, whatever else you spend money on that you want to put in this category)

Total Annual Expenses: \$XXX

Income

Donations: \$XXX

Grants: \$XXX

Fundraisers: \$XXX

Misc. Program Income: \$XXX

Billionaire Who Loves Our Program and Decided to Give Us Money Because We're Awesome: \$XXX

(Please also list Billionaire's name, email, address and telephone number. Thanks!)

Total Annual Income: \$XXX

Note: Expense and Income totals should be the same in a budget.