



Dear Sir/Madam:

We thank you for your interest in becoming a partner of the Capital Area Food Bank (CAFB). Our mission is to feed those who suffer from hunger in the Washington, D.C. Metropolitan Area by acquiring food and distributing it through our network of community feeding programs; to educate and enlighten the community about the issues of hunger and nutrition.

The Food Bank is a privately owned non-profit warehouse that distributes food and other related products to food assistance programs located in the Metropolitan area. The Food Bank has been in operation for 30 years and distributes approximately 30 million pounds of food to 700 partner agencies.

**We invite you to attend Partnership 101, an information session designed specifically for non profit organizations interested in becoming a CAFB partner agency. Executive Directors or Pastors of all agencies applying for partnership are required to attend a Partnership 101 before your agency is approved.** Partnership 101 sessions are will be held at each branch on the following dates:

Monday, January 9 & 23  
Monday, February 13 & 27  
Monday, March 5 & 19  
Monday, April 9 & 23

\*Monday, May 7 & 21  
Monday, June 11 & 25  
Monday, July 9 & 23  
Monday, August 13 & 27

Monday, September 10 & 24  
Monday, October 1 & 15  
Monday, November 5  
Monday, December 3

**Partnerships 101 sessions begin promptly at 10 am.**

*\*Anticipated date of move to our new facility, please visit our website to confirm location of these sessions.*

Please complete the application along with a copy of your organization's Internal Revenue Service 501 ( c ) 3 Letter of Exemption and your program's business plan. A \$75 application fee must be accompanied by your application. Please note the application fee is non-refundable.

The next step in becoming a partner agency is to schedule a site visit with the Partner Relations Coordinator assigned to your county or ward. **The following additional documentation is required and can be given to the Partner Relations Coordinator at your site visit:** 1) Proof of Occupancy, 2) Board of Directors/Trustees phone & address listing and 3) two letters of community support. Feel free to include annual reports, brochures or flyers about your program. If your site is approved, your shoppers will be required to attend Shopping 101 where the ordering process will be explained. If not approved, we will explain the reason.

The Board and staff of the Food Bank are eager to serve your program. If you would like a tour of the Capital Area Food Bank or a speaker to come to your program, please let me know. Also, let me know if there is anyway I can help you with the application process.

Sincerely,

Marian Barton Peele  
Director of Partner Relations  
Phone 202.526.5344 ext. 223  
Fax 202.529.1767  
[mpeelee@cfoodbank.org](mailto:mpeelee@cfoodbank.org)

DC Location 645 Taylor St NE Washington, DC 20017-2063 202.526.5344 FAX 202.529.1767  
NOVA Branch 6833 Hill Park Drive Lorton, Virginia 22079 703.541.3063 FAX 703.541.0179  
[www.CapitalAreaFoodBank.org](http://www.CapitalAreaFoodBank.org)



## Partnership Application

**ALL INFORMATION ON THE FORM MUST BE TYPED**

### AGENCY OR PARENT

Agency Name:

Agency Address:

City:

State:

ZIP Code:

Executive Director /Pastor:

Phone:

Fax:

Email:

### PROGRAM OR SITE INFORMATION

Site Name:

Address (PO Addresses not accepted):

City:

State:

ZIP Code:

Program Director:

Phone:

Fax:

E-mail:

#### WHAT TYPE OF SERVICE(S) DO YOU PROVIDE? (CIRCLE ALL THAT APPLY)

<input type="checkbox"/> Emergency Food Pantry	<input type="checkbox"/> Emergency Shelter	<input type="checkbox"/> Community Kitchen	<input type="checkbox"/> Community Residential Facility	<input type="checkbox"/> Before & After Care Program	<input type="checkbox"/> Day care Center
<input type="checkbox"/> Group Home	<input type="checkbox"/> Rehab Center	<input type="checkbox"/> Transitional Shelter	<input type="checkbox"/> Homeless Drop In Center		

Does your program have a website?  Yes  No If yes, give address:

Does your program have a computer?  Yes  No Does your program have internet access?  Yes  No

Does your program prepare meals on site?  Yes  No If yes, submit a copy of ServSafe safe food handling certification with your application packet.

What type of vehicle will your program use to pick up orders? \_\_\_\_\_  
Is this a vehicle owned by the organization?  Yes  No

Does your program charge a fee to access food or others services?  Yes  No

**DC Sites :**

Ward Location:

Neighborhood:

**MD & VA Sites:**

County Location:

State & Federal District:

**PLEASE PROVIDE THE NAMES OF UP TO 4 INDIVIDUALS WHO WILL SHOP FOR YOUR PROGRAM.  
PLEASE INCLUDE HOW THEY ARE AFFILIATED WITH YOUR PROGRAM.**

Name	Affiliation	Name	Affiliation

By signing below, I attest the information provided on this application is true and correct.

Signature of Executive Director:

Date:

Signature of Program Director:

Date:



## PARTNERSHIP CONTRACT – CRITERIA FOR MEMBERSHIP

Name of Agency \_\_\_\_\_

Partners will not engage in discrimination, in the provision of service, against any person because of race, color, citizenship, religion, sex, national origin, ancestry, age, marital status, disability, sexual orientation, including gender identity, unfavorable discharge from the military or status as a protected veteran.

1. Must have a 501(c)(3) tax exempt status with the Internal Revenue Service
2. Must agree not to sell or exchange Food Bank items for money or services, or use Food Bank items for fundraising purposes. Food Bank items will not be used for other agency purposes. Agencies which use Food Bank items for unauthorized purposes will be suspended and/or terminated.
3. Your food program does not and will not sell, transfer or barter items. (Transfer includes the removal of any Food Bank–delivered product from the approved site to any other location.)
4. Must provide food directly to clients in the form of meals or emergency packages to those who qualify at no cost.
5. Your food program provides food free to all clients. Clients are not asked for donations or requested to participate in religious services to receive food.
6. Must be located in the District of Columbia or Prince George's County or Montgomery County in Maryland, Arlington County, City of Alexandria, Fairfax County or Prince William County in Virginia.
7. Must maintain an active organizational check account.
8. Must agree to support the operation of the Food Bank with the suggested shared maintenance contribution (handling fee) based upon the pounds of food received.
9. If eligible to charge invoices, the shared maintenance contribution must be received by the Food Bank no later than the 15th of each month following the month the food is received. An invoice will be prepared each time you withdraw product from the food bank. A summary record showing pounds of food received and shared maintenance contribution received or due will be sent at the first of each month.
10. Must keep all Food Bank invoices for one year current.
11. Your organization is an established food program or distributor that has been in operation once a month for a period of at least three months.
12. Must have designated hours of operation. Must be open at least 4-6 hours on a monthly basis.
13. *Your food program practices active means of encouraging participation and utilization of your services to all segments of the community. (eg: outreach, flyers, etc.)*
14. Your food program agrees to place an order for food within the first month of approval. Your food program must place orders for food at least once per month thereafter or risk inactivation of your participation.
15. Must commit to distributing a minimum of 12,000 lbs of product per year.
16. Must provide transportation and personnel to pick up and load food at the Food Bank. Your food program will have authorized shoppers present at your delivery location on the days of scheduled deliveries to receive products from the Food Bank.
17. Must have adequate storage, to insure the quality of Food Bank items until used or distributed. Storage for Food Bank items must be separate from food used for other purposes. *(Your food program maintains high standards of sanitation and food safety with regard to food storage, distribution and meal preparation.)*
18. Your food program maintains at least one active email address and has regular access to the Internet, either on- or off-site.
19. Your food program agrees to provide the Food Bank with necessary information regarding any change in program/administrative location, primary staffing, structure etc. in a timely manner.
20. Your food program agrees to provide the Food Bank with the names of individuals authorized to take full responsibility for the program's services, including board members, staff and volunteers.
21. If preparing meals, your program must have a certified safe food handler on staff (**attach certification**). Must be licensed by the local government as a food service establishment if providing prepared meals (**attach license**). If not preparing meals at your site, must agree to attend safe food handling training as needed.

22. Must agree to be monitored by authorized personnel of the Food Bank. (*Your organization is willing to have its site(s) visited as needed by a representative of the Food Bank*).
23. Must agree to keep food distribution logs and other appropriate records as required by the Food Bank and must make these records available upon request to Food Bank personnel.
24. Must agree to submit quarterly reports and local network activity report.
25. Must agree to complete survey for all National Hunger Studies and serve as a client interview site, if selected.
26. Must agree to attend either the Annual Metropolitan Area Hunger Conference or Northern Virginia Hunger Summit.

**LETTER OF AGREEMENT**

Name of Agency\_\_\_\_\_

Warrants that during active partnership said agency will receive food products from the Capital Area Food Bank (CAFB) and **will inspect and approve that above described food is fit for human consumption.**

It is further agreed that:

1. The food is accepted "as is."
2. The CAFB and the original donor expressly disclaim any implied warranties of merchantability or fitness for a particular use.
3. There have been no expressed warranties in relation to this gift of food.
4. Said agency releases both the original donor and CAFB from any liability resulting from the condition of the donated food and further agrees to not hold CAFB and the original donor for any liabilities, damages, claims, losses, causes of action and/or lawsuits. Further, there will be no obligation attributed to CAFB or original donor because of action of said agency or any personnel employed by said agency in connection with its storage and use of donated food.
5. Agency/Program will abide by rules and regulations as provided by the CAFB.

I, the undersigned agency representative, have read and understood the letter of agreement.

Executive Director's Signature:\_\_\_\_\_

Print Name:\_\_\_\_\_

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

Program Director's Signature:\_\_\_\_\_

Print Name:\_\_\_\_\_

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



## **PARTNER NON-PROFIT BUSINESS PLAN**

Your business plan should help us to better understand your operation and its needs, as well as your clients' needs. We will use this information in the approval process for your program. 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/policy on issues you may have not considered.

### **SITE LOCATION and CONTACT INFORMATION**

#### **DAYS AND HOURS OF OPERATION**

Your plan should include specific days and hours of operation, i.e. Monday – Friday 9:00 am – 2:00 pm. If you have not established hours of operation, please take into consideration similar programs already operating in your area to avoid duplication. Food Pantries must open a minimum of two days per month for a minimum of four hours per day. Please consider weekend and evening hours when establishing or expanding operating hours/days of operation.

#### **PROGRAM INFORMATION**

Who will you serve and how (what model with what, if any, restrictions; how many families does your program anticipate 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. Your program should also consider providing other services such as SNAP Outreach and Nutrition Education training.

#### **PROGRAM SUSTAINABILITY**

Who do you/ will you collaborate with and for what purpose.

#### **FINANCIAL INFORMATION**

Please attach a program budget (applications without a budget attached will not be considered for partnership). Provide billing contact information in this area.

#### **FOOD STORAGE AREA DESCRIPTION**

Where and how will food be stored/sorted and in what type of containers or structures

#### **FOOD DISTRIBUTION PROCESS**

- What type of distribution model will you use? Client Choice models are preferable as they are the most cost effective and serve people with the most dignity. Ask Partner Relations staff for more details about this method.
- How will clients actually get the food (fillout a form with choices, pick from shelves with or without any limits, be given a pre-selected assortment etc.)
- How will client data be collected and maintained?

#### **STAFF POSITIONS & RESPONSIBILITIES**

#### **VOLUNTEER POSITIONS AND RESPONSIBILITIES**

#### **OPERATIONS TIMELINE**

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



## **Partnership Application Checklist**

- Signed Partnership Application Form
- Signed Partnership Contract
- Internal Revenue Service 501 ( c ) 3 Letter of Exemption
- Completed Business Plan
- Current ServSafe Certification (Meal Prep Sites Only)
- Proof of Occupancy (Occupancy Permit, Health Department Inspection or License for Service)
- Board of Directors or Trustees phone & address listing
- Letters of Community Support

**If you have questions or need assistance, please feel free to contact the Partner Relations Coordinator assigned to your area.**

### **District of Columbia, Prince Georges County and Montgomery County**

Gloria Ward-Ravenell, Partner Relations Coordinator  
202-526-5344 ext. 224  
[ward-ravenellg@capitalareafoodbank.org](mailto:ward-ravenellg@capitalareafoodbank.org)

Ricky Moore, Partner Relations Coordinator  
202-526-5344 ext. 306  
[rmoore@capitalareafoodbank.org](mailto:rmoore@capitalareafoodbank.org)

### **Virginia**

#### **Arlington County, City of Alexandria, Fairfax County & Prince William County**

Johnny Dunlap, Outreach Coordinator  
703-541-3063 ext. 10  
[dunlapj@capitalareafoodbank.org](mailto:dunlapj@capitalareafoodbank.org)

Roberto Melara, Northern Virginia Partner Relations Manager  
703-541-3063 ext. 13  
[melarar@capitalareafoodbank.org](mailto:melarar@capitalareafoodbank.org)



## **DIRECTIONS TO THE DC LOCATION**

**Dupont Circle Area:** Take Massachusetts Avenue to Scott Circle, Turn left onto Rhode Island Avenue, left on North Capitol street, Right onto Harewood Road, When you get to the fork in the road, bare left onto Taylor Street, Proceed down the hill and across the Taylor Street bridge. Turn lefts onto Puerto Rico Ave., (at the red light,) come to the **stop** sign, turn left come under the bridge, the Capital Area Food Bank will be on your right. Go to front of building.

**From Georgia Avenue:** Turn left onto Irving Street NW and follow it to the North Capitol Street exit heading north. Go right at Harewood Road NE, Get in the left lane, when you get to the fork in the road, bare left onto Taylor Street, Proceed down the hill and across the Taylor Street bridge. Turn left at Puerto Rico Ave. (at the light). Come to the stop sign turn left, come under the bridge. The Capital Area Food Bank will be the first building on your right.

**From the US Capitol:** Take North Capitol Street, then turn right on Harewood Road NE. Get in the left lane, When you get to the fork in the road, stay left on Taylor Street. (Harewood runs into Taylor). Proceed down the hill and across the Taylor Street bridge. Turn left onto Puerto Rico Avenue, (at the light) come to **stop** sign, turn left go under the bridge. The Capital Area Food Bank will be on your right.

**From Route #50:** Take Rt. 50 to South Dakota Avenue. Continue on South Dakota to Taylor Street. Turn Left onto Taylor Street. Go to Puerto Rico Avenue make a right, come the stop sign, turn left under the bridge, The Capital Area Food Bank will be the first building on your right.

**From Route One (MD) or Rhode Island Ave (DC):** Turn right onto South Dakota Avenue, come to Taylor Street, make a left, go to Puerto Rico Avenue make a right, come the stop sign, turn left come under the bridge, The Capital Area Food Bank will be the first building on your right.

**From Metro Brookland Station/ CUA:** Take the 10<sup>th</sup> Street Exit, Turn left on 10<sup>th</sup> Street, Turn left after you pass the video store, this looks like an alley, walk to the end of the parking lot, we are the last building on your left.

## **DIRECTIONS TO THE NORTHERN VIRGINIA LOCATION**

**Coming from the North:** Take 95 South to exit 166A. Make left at the light on Louisdale Rd; go to next light make a right on Newington Rd. Go under one lane underpass which is a landmark; make a left on Cinder Bed Road. Go ½ a mile and then make right on Hill Park Drive.

**Coming from the South:** Take 95 North to the Newington/ Ft. Belvoir exit #166A. Off the exit, go through the first light you will be on Louisdale Rd. Go to the second light; make a right on Newington Rd go under one lane underpass, which is a landmark, go to a second left (Cinder Bed Rd.) make a left. Go ½ a mile and then make right on Hill Park Drive.

**Coming From Route 1:** Make right on 7100 Fairfax County Parkway. Make a right on Louisdale Rd. then go to the next light which is Newington Rd., make right. Go under one lane underpass, to second left (Cinder Bed Rd.) Go half Mile and then make right on Hill Park Drive.