



Food | Nutrition | Sustainability

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[www.foodbanksj.org](http://www.foodbanksj.org)

# Direct Service Programs Local Program Application

*The Food Bank of South Jersey exists to provide an immediate solution to the urgent problem of hunger by providing food to needy people, teaching them to eat nutritiously, and helping them find sustainable ways to improve their lives.*

*Do it for South Jersey!*



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## **Who is the Food Bank of South Jersey?**

The Food Bank of South Jersey (**FBSJ**) is a nonprofit, 501(c) (3) organization dedicated to salvaging potentially wasted food and redirecting that same food into channels to feed the hungry.

We serve more than 200 member feeding organizations throughout Burlington, Camden, Gloucester and Salem counties.

Established in 1985 by a small group of volunteers who saw an increased need for emergency food services, the Food Bank of South Jersey is now the largest distributor of charitable food services in South Jersey. Through the years, our vision has expanded beyond our core feeding program to offer a range of direct services and programs that target the distinct needs of working-poor families, their children, and at-risk seniors.

A member of the Feeding America network of national food banks, **FBSJ** works alongside four other food banks in the state to develop immediate and effective solutions to eliminate hunger and food insecurity in our designated service areas.

### **Core Values**

**Respect** - We respect the inherent worth and dignity of every person and treat all with justice, equity and compassion. We honor the lives, concerns and stories of people in need and expect our partners to do the same. We accept one another and encourage diversity of thoughts and ideas.

**Stewardship and Accountability** -We keep faith with the public trust through the efficient and compassionate use of resources entrusted to us and are mindful that our mission is accomplished through the generosity of others. We maintain and communicate accurate and timely information on hunger research, education, advocacy and service. We evaluate and account regularly for how resources are used to implement and achieve our mission.

**Collaboration** - We believe in the power of the community. We collaborate and build strong relationships, based on trust with and among those who share our vision of creating a hunger-free South Jersey.

**Urgency** - We operate with an acute sense of urgency that reflects the immediate needs of hungry people. We challenge our employees, volunteers and partners to embrace the same urgency to accomplish our shared vision.

**Service** - We believe service is fundamental to creating a hunger-free South Jersey. We serve with excellence, compassion and responsiveness to meet the needs of those with whom we work, internally and externally. The better we serve the more people we bring together in commitment to our vision

**Integrity** - We act with honesty, trust and openness and deliver on commitments. We act within the spirit of agreements, contracts and the law. Our intentions and actions will be transparent and above reproach.

**Diversity** - We believe that the ethnic, cultural and social diversity of our nation should be reflected in our staff, Board and in all our external relationships, to better understand and resonate with our community.

## **Food Bank of South Jersey Definitions & Acronyms**

### **(FBSJ) Food Bank of South Jersey**

### **(DON) Donated Food Program**

Consists of food that is donated by the industry such as growers, retailers, manufacturers, processors, wholesalers, the general public and most of all Feeding America. This program can only be used to provide for emergency food assistance to infant, ill and needy.

### **(COOP) Purchase Food Program**

Supplements the donated food program and enables us to “fill in the gap” with products that are not normally donated. We purchase the product from wholesalers. This program can be used for any events, parties, social media etc.

### **(CSFP) Commodity Supplemental Food Program**

Commodity Supplemental Food Program (CSFP) provides supplementary food packages to the low-income elderly of at least 60 years of age. United States Department of Agriculture (USDA) commodities are used to prepare these packages containing approximately a two-week supply of groceries based on seniors’ nutrition needs.

### **(TEFAP) The Emergency Food Assistance Program**

The Emergency Food Assistance Program (USDA Commodities) consists of federal surplus commodities allocated to food banks for distribution to all the emergency feeding programs. Food products include meat, vegetables, fruit, grain and dairy. This program can only be provided to those that qualify.

### **(SFPP) State Food Purchase Program**

A state level grant used to purchase nutrient rich foods. This program is set up for those that do not qualify for TEFAP (The Emergency Food Assistance Program). The only requirement is that you live in the state of New Jersey.

### **(Clients) Program Recipients**

Refers to the persons who are the recipients of the program distribution. The clients include families, seniors, children and individuals who are in need of food assistance and have registered to be a part of the feeding program.

## Criteria for Program Partnership

Please complete ALL appropriate sections of this application. Incomplete applications will not be accepted.

1. The Program Partner Representative of the food program must sign the Direct Service Partner Agreement or Local Program Partner Agreement (*separate document*)
2. Return the APPLICATION and any required ATTACHMENTS to the Food Bank of South Jersey, 1501 John Tipton Blvd., Pennsauken, NJ 08110 Attn: **Robyn Lockett, Senior Manager of Direct Service Programs.**
3. The Program Partner must be within the four counties we serve: Burlington, Camden, Gloucester and Salem Counties.
4. **FBSJ** will arrange a site visit with your program. No partnerships can be finalized until a site visit is completed.
5. The Program Partner must complete an orientation session with a **FBSJ** representative. This session can be in person or via conference call; however, it is REQUIRED before a Program Partner may begin receiving food from **FBSJ**.
6. Please note: Completion of this application does **NOT** guarantee Program Partnership.
7. We reserve the right to refuse a Program Partnership if the program is not meeting **FBSJ** criteria.
8. Applications may be put on a waiting list if there are no program openings available at the time of submission.

**General Information**

Name of Organization:

\_\_\_\_\_

Program Site Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Site Phone \_\_\_\_\_ Site Fax \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_

Website \_\_\_\_\_ Alternative Number \_\_\_\_\_

Primary Contact Person \_\_\_\_\_

Contact Person Number \_\_\_\_\_

Contact person cell phone number \_\_\_\_\_

Email Address \_\_\_\_\_

**Billing/Mailing Address (If different from above)**

Address \_\_\_\_\_

City \_\_\_\_\_ Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Alt. Phone Number \_\_\_\_\_ Email \_\_\_\_\_

Billing/Contact Person \_\_\_\_\_

1. Please describe your organization or program affiliation?

\_\_\_\_\_  
\_\_\_\_\_

2. Please describe your organization or program mission and purpose?

\_\_\_\_\_  
\_\_\_\_\_

3. How did you hear about the Food Bank of South Jersey?

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4. Please list any services your organization or program already provides:

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**Program Information:** *(Please read and answer all questions that apply)*

*Please check the type of program you already offer:*

- Family Feeding Program
- Senior Feeding Program
- Children Program
- Other \_\_\_\_\_

*Please check type of program you would like to offer through the **FBSJ**:*

- Family Feeding Program
  - Hope Mobile (Mobile Food Pantry)
- Senior Feeding Program
  - Twilight Harvest-CSFP (Commodity Supplemental Food Program)
  - Twilight Harvest- Client Choice (using TEFAP and SFPP products)
- Children Feeding Program
  - Kidz Pack (Weekend Meals)
  - School Pantry
  - Summer Meals
  - Kids Café (After School Meals)
- Other \_\_\_\_\_
  - (Describe) \_\_\_\_\_

5. Please indicate any dietary requirements that your clients may have:

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6. Has your organization ever been a participating program with the Food Bank of South Jersey?

Yes                       No

If yes, when? (Dates) \_\_\_\_\_ . Why did your participation with **FBSJ** end?

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7. Please define the geographic area or zip code (s) your program plans to serve.

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8. What other services will your program provide to people?

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9. How many staff members will be involved in your food distribution program?

Paid \_\_\_\_\_                      Volunteers \_\_\_\_\_

10. Food Storage Area(s)

- a. Total number of freezer(s) \_\_\_\_\_
- b. Total number of refrigerator(s) \_\_\_\_\_
- c. Dry storage: (*describe*) \_\_\_\_\_  
\_\_\_\_\_

11. Describe Distribution Area

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12. How will the community be aware of the existence of your program?

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13. What are your planned operating hours and days for the program:

- Hours \_\_\_\_\_
- Day(s) \_\_\_\_\_

14. Who will be the Program Coordinator:

Primary Contact Person \_\_\_\_\_

Contact Person Number \_\_\_\_\_



Contact person cell phone number \_\_\_\_\_

Email Address \_\_\_\_\_

15. How many people do you plan to serve:

- Adults \_\_\_\_\_
- Seniors \_\_\_\_\_
- Children \_\_\_\_\_
- Families \_\_\_\_\_

### **Indemnification**

Program Partner will notify **FBSJ** whenever it receives notice of any claim of liability with respect to the food/product.

Program Partner will not offer any of the items it receives from **FBSJ** for sale or barter in exchange for money, services or property. **This will call for immediate termination of Partnership with FBSJ.**

Each party (the “Indemnifying Party”) agrees to indemnify and hold harmless the other party and the other party’s trustees, officers, employees, volunteers, and agents (the “Indemnified Parties”) from and against any claims, demands, proceedings, actions, losses, costs, damages, liabilities and expenses asserted by any third party (Claims) to the extent that such Claims arise out of, or relate to (i) any breach or nonfulfillment of any representation, covenant, or other obligation of the Indemnifying Party under this agreement or (ii) bodily injury to or the death of, any person, and damage to, or destruction of, any property to the extent caused by the negligence, recklessness or intentional misconduct of the Indemnifying Party, its trustees, officers, employees, volunteers, and agents (collectively, the “Indemnifying Party’s Group”) in connection with the handling or distribution by the Indemnifying Party or the Indemnifying Party’s Group of any Products donated.

I certify that the above application is complete and the information is true and correct to the best of my knowledge. I agree to abide by these requirements. I understand that false information on this application may be grounds for non-approval of partnership or termination of organization’s participation with **FBSJ**.

**Food Bank of South Jersey, Inc.  
Program Partner Additional Agreements**

The return of this signed document certifies that the below listed Program Partner has read the Direct Service Partner Agreement/Local Agreement and agrees to the terms, rules and regulations.

Please check the type of your organization:

- 501(c)(3) Non-Profit Corporation
- Another Non-Profit
- For-Profit
- Municipality
- Educational Institution
- Other Organization ("host site") \_\_\_\_\_

1. **Multiple Locations:** The Program Partner agrees that it will only receive and store product from **FBSJ** at multiple locations if:
  - All locations individually meet the requirements of this agreement
  - All locations have been inspected and approved by **FBSJ** prior to receiving food.
  - All products received from the **FBSJ** are stored at the location noted on the application.  
**Food Can Not Be Stored In a Private Home. If food is stored in a private home, FBSJ will terminate the partnership.**
2. The Program Partner acknowledges and agrees that it must **NOT** share with other food programs without written permission from **FBSJ**.

The return of this signed document certifies that the below listed Program Partner has read the Direct Service Partner Agreement/Local Agreement and agrees to the terms, rules and regulations. The Program Partner's authorized representative's signature below confirms that the Program Partner is accepting and agrees to abide by all terms of the Direct Service Partner Agreement/Local Agreement.

**Program Partner Signature:**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
(Must be signed by the highest authority in the organization or Host Site Representative)

\_\_\_\_\_  
(Print name of Program Partner who signed this agreement)

**Program Coordinator Signature (representative of the partnering organization):**

\_\_\_\_\_ **Date:** \_\_\_\_\_  
(Must be signed by the person responsible for the implementation of the program)

\_\_\_\_\_  
(Print name of Program Coordinator who signed this agreement)

**Food Bank of South Jersey Representative:**

\_\_\_\_\_  
(Name and Title) \_\_\_\_\_ **Date**

**Return completed application to:**

Food Bank of South Jersey  
1501 John Tipton Blvd.  
Pennsauken, NJ 08110  
Attn: Robyn Lockett

**For technical assistance, questions or other inquiries please contact:**

Robyn Lockett, Senior Manager of Direct Service Programs  
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rlockett@foodbanksj.org  
[www.foodbanksj.org](http://www.foodbanksj.org)