



# Request for Partnership

2019

Feeding America Riverside | San Bernardino  
2950 Jefferson Street, Suite A-B  
Riverside, CA 92504  
951.359.4757  
[www.FeedingIE.org](http://www.FeedingIE.org)

## **INTRODUCTION**

Thank you for your interest in partnership with Feeding America Riverside | San Bernardino, (FARSB). Please keep in mind that completing this Request for Partnership (RFP), does not guarantee partnership. We look forward to receiving your completed application.

## **GUIDELINES**

FARSB is committed to building a hunger-free Inland Empire through innovative programs and collaborative partnerships. We partner with organizations that hold similar values and a similar vision for the Inland Empire. With finite resources, the RFP process allows FARSB to take a closer look at our distribution network, strategically allocate our services to make the largest impact, and ensure that we are effectively and reliably providing support to our partner network with high- quality services, customer service excellence, and food. The RFP process is a unique opportunity for applicants to showcase the innovative steps they are taking to end hunger in the Inland Empire.

## **TIMELINE AND DEADLINE TO APPLY**

Applications are accepted on an ongoing basis. Any applicant that is not accepted for partnership may apply again after one year's time. There is a \$50, non-refundable, processing fee for each RFP.

## **BASIC ELIGIBILITY CRITERIA**

To be considered eligible for partnership with FARSB, an organization, ***must, at a minimum:***

- Be an IRS recognized 501© (3) non-profit organization that has been established for, at least, 1 year.
- Be incorporated for the purpose of serving the needy, ill, infants (or minor children).
- Be located in Riverside County or San Bernardino County (Inland Empire), with the understanding that all food must be distributed within the Inland Empire.
- Must maintain liability insurance.
- Must not charge for food, be reimbursed, compensated, or require services in exchange for food.
- Must not redistribute or transfer product to other organizations (including FARSB affiliated organizations) or other locations outside of the primary site.
- Must not sell any donated product, whether received through Shared Maintenance, Retail/Grocery Rescue, or USDA/TEFAP.
- Must not discriminate for any reason or deny assistance to those in need.
- Must have adequate storage for food. Food storage and/or preparation must be at a commercial location and not at a home or place of residence. FARSB requires that food storage and preparation take place at the site of distribution.
- Primary contact must hold the ServSafe (or equivalent) safe food handling certificate. In addition, we recommend that all staff/volunteers handling food also hold the ServSafe (or equivalent) food handling certificate.
- Food distribution must occur, ***consistently*** at a designated time/place, ***at least once per month***.
- Applicant understands that FARSB will have their food distribution information available to the public through our website and other resource documents.
- Must be willing to participate in Shared Maintenance Fees (SMF), at a minimum of \$50 or 250 pounds of food, ***per quarter***. SMF is never more than .19 cents per pound and helps cover transportation and storage costs associated with procuring food.
- Must pay \$50 annual membership fee per site within 30 days of invoice date (issued in January of each year).

## **PARTNERSHIP BENEFITS**

As a community partner of FARSB, you will have access to many benefits, including:

- Customized access to online-shopping for reduced-cost food items, including nutritious and diverse food selections
- Access to food products from local and national donors
- Retail/Grocery Rescue Program (as available) - separate application required
- USDA/TEFAP Program (as available for Riverside county only) – separate application required
- Personalized customer service tailored to help increase distribution efforts and/or number of people served
- Special trainings, workshops, and/or events tailored for our partners
- Opportunities to collaborate in various marketing, promotions, and/or fundraising events

## **SUPPORTING DOCUMENT CHECKLIST**

To expedite the processing of your RFP, please ensure the following documents are attached with your application.

- ☐ Copy of organization's 501© (3) (with EIN clearly indicated)
- ☐ Copy of your organization's monthly or annual budget for food program/distribution
- ☐ Copy of ServSafe card (or equivalent) for primary contact
- ☐ Copy of Governing Board List
- ☐ Copy of Health Department Certificate, if an on-site meal program
- ☐ Copy of Certificate of Liability insurance
- ☐ \$50 Non-refundable, check made payable to FARSB (must be an organizational check)

## **HOW TO SUBMIT YOUR RFP AND SUPPORTING DOCUMENTS**

FARSB requires that you fill out the paper RFP that was emailed/mailed to your organization. (Electronic signatures are not acceptable). There are multiple ways to submit your completed RFP. *Please note the \$50, non-refundable, application fee must be received in order to process your RFP.*

You may drop-off (**Suite B**) or mail your completed application/supporting docs and check to: **2950 Jefferson Street Suite A, Riverside, CA 92504, and Attn: Programs Dept.**

## **WHAT YOU CAN EXPECT**

Our goal is to expedite each RFP as it is received. To ensure timely processing please be sure to include all required documents with your RFP.

**Step 1:** An incomplete RFP is put on hold and the organization is notified. A complete RFP is reviewed.

**Step 2:** After review, the organization receives notification on whether or not the organization has been conditionally approved or declined.

**Step 3:** Conditionally approved organizations are scheduled for a site inspection and orientation, if applicable.

**Step 4:** Partner agreement and manual are distributed for review and signature.

**Step 5:** Once conditions have been met, the organization is notified that partnership status has been approved.

Note: Applicants that are declined for partnership are eligible to reapply again after one year's time. Reapplication is not a guarantee for partnership.

## **QUESTIONS?**

We are happy to help you with any questions you may have. Please feel free to call us at **951.359.4757** and ask for the Programs Department or email us at [www.feedingamericaie.org](http://www.feedingamericaie.org)

**Thank You** for your interest in partnership with FARSB!



# Request for Partnership

(Please type or print clearly)

## General Information

Date: \_\_\_\_\_ EIN Number: \_\_\_\_\_

Name per 501© (3): \_\_\_\_\_

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

Organization Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Organization Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

\*Food Distribution Address (If different from organization) \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Food Storage/Preparation Address (if different from organization):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address (if different from organization):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Web: \_\_\_\_\_ Facebook: \_\_\_\_\_ Instagram: \_\_\_\_\_

*\*If your organization will have more than 1 distribution site, please see Additional Distribution Site Form at the end of this application. Please note that membership fees are assessed per site.*

## Program Information

Organization is applying as a (check all that apply):

☐ Pantry Program (Food Distribution/Emergency Food)

**If you are an on-call in addition to your food distribution please ☐ check here.**

☐ On-Site Meal Program (cooking & serving, prepared meals, soup kitchens, etc.)

**If you are a Residential facility or a Group home please ☐ check here.**

## Staff Information

Chief Executive/Director/Pastor Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Primary Contact for Program: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Approved food product selectors to order/pick-up on organization's behalf (Include Primary Contact):

1. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

2. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

3. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

4. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

5. Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

## Distribution Information

Please describe your food program:

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When did the program begin? (mm/yy)\_\_\_/\_\_\_\_Are you open to serving the general public? \_\_\_\_\_

When is your organization open for food assistance? (Please list hours of operation beneath applicable days)

Mon	Tues	Wed	Thurs	Fri	Sat	Sun

If not open weekly, list frequency, days/times:

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Do you offer delivery for homebound clients? If so, please describe the process:

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Do you serve food at offsite locations? If so, please explain:

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How often can clients visit your food distribution? \_\_\_\_\_

How many households do you serve (on average) per month? \_\_\_\_\_

How do you track the number of clients that you serve? \_\_\_\_\_

How much food does each client receive at a distribution, and how do you determine this amount?

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Do you charge clients for food? Yes / No

Do you ask for monetary donations for food? Yes / No

What are the eligibility requirements for food? \_\_\_\_\_

What proof do you require for eligibility? \_\_\_\_\_

Do you require clients to complete an application? \_\_\_\_\_ **(If so, please submit with application)**

What efforts has your organization made in response to community needs? (Circle all that apply)

Various Hours      Recruitment of Volunteers/Staff      Clients Surveys/Observation      Funding/Resources

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

What is the distribution site's primary distribution model? Select the option that best applies:

- ☐ Standard Bag (prepacked for client)
- ☐ Standard Bag + Swap Table (prepacked bag + option to leave items/exchange items on a swap table)
- ☐ Standard Bag + Unlimited Selection (prepacked bag + option to take specific amount of other items)
- ☐ Client Choice (food is displayed and allows clients to make selection)
- ☐ Other: \_\_\_\_\_

What is your check-in method for serving clients? (Circle all that apply)

Lotto – random pull      First Come – First Serve      Appointments  
Walk-Up      Application      Assigned Numbers

Other (please explain): \_\_\_\_\_

## Operations Information

- |                                                                          |          |
|--------------------------------------------------------------------------|----------|
| 1. Is your food stored at the food distribution site?                    | Yes / No |
| 2. Is your storage area clean, dry, free of contaminants, & secure?      | Yes / No |
| 3. Do you use thermometers in your refrigerators and freezers?           | Yes / No |
| 4. Do you distribute the oldest product first?                           | Yes / No |
| 5. Is your organization licensed to re-package food?                     | Yes / No |
| 6. Is food stored off the floor?                                         | Yes / No |
| 7. Do you have a licensed food handler on staff?                         | Yes / No |
| 8. Do you use coolers w/ice packs and thermal blankets to transfer food? | Yes / No |

Please indicate the storage available and quantity available

Dry Storage Y / N	Refrigerator Y / N	Freezer Y / N
Qty:	Qty:	Qty:

Please check the type of storage for non-perishable/dry-goods that is available (if applicable):

- ☐ Climate Controlled Room
- ☐ Climate Controlled Shipping Container Non
- ☐ Climate Controlled Room
- ☐ Non-Sheltered/Exposed Storage Space
- ☐ Other: \_\_\_\_\_

Does your transportation have refrigeration? Please mark all that apply and the quantity available.

	Car	Van	Truck	Box Truck	Trailer
Refrigerated					
Non Refrigerated					

Does your organization use any of the following? (Check all that apply)

- ☐ Board Approved Budget – For Food Program
- ☐ Operating Procedures/Plan
- ☐ Financial Reporting System / Accounting System
- ☐ Inventory Management System
- ☐ Fundraising / Marketing Plan
- ☐ Pest Control Management
- ☐ Emergency/Disaster Plan

What are the primary sources of funding for your food program? (Check all that apply)

- |                                                   |                                                             |
|---------------------------------------------------|-------------------------------------------------------------|
| <input type="checkbox"/> Government / State Funds | <input type="checkbox"/> Donations from other Organizations |
| <input type="checkbox"/> Individual Donations     | <input type="checkbox"/> Grants (specify) _____             |
| <input type="checkbox"/> Other Programs           | <input type="checkbox"/> Fundraising (type) _____           |
| <input type="checkbox"/> Other _____              |                                                             |

Does your organization have goals to increase the number of people served?      Yes / No

If so, please explain how this will be accomplished:

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Does your organization have the ability to participate in Shared Maintenance Fee (SMF)      Yes/ No

### Communication

Which compliance and reporting activities does your organization perform? (Circle all that apply)

- |                                   |                                               |
|-----------------------------------|-----------------------------------------------|
| Food Bank Safety Standards        | Posts Visual Food Safety Reminders/Guidelines |
| Process for Food Receiving        | Process for Food Recalls/Safety Concerns      |
| Updates Food Pantry Info at 2-1-1 | Has Signage for Food Distribution             |

Please explain how your organization promotes or markets the food distribution program:

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### CalFresh

Does your organization offer CalFresh assistance?      Yes / No

Does your organization determine eligibility for CalFresh?      Yes / No

Does your organization refer to FARSB, who offers CalFresh?      Yes / No

Would you be willing to partner with FARSB in offering CalFresh to clients (i.e. pass out flyers, application process)?  
Yes / No

### Retail/ Grocery Rescue Program

Does your organization currently participate in our Retail /Grocery Rescue Program?      Yes / No

If not, is your organization interested in participating in our Retail /Grocery Rescue Program?    Yes / No

## USDA/ TEFAP Program

Does your organization currently participate in our USDA /TEFAP Program? Yes / No

If not, is your organization interested in participating in our USDA /TEFAP Program? Yes / No

**FREE RESPONSE SECTION** (Please share any other information about your organization that may be helpful in the consideration of your organization for partnership. Such items could include your organization's mission/values, demographics of the clients you serve, strategic plan, efforts to build capacity or increase the number of people served, how you are meeting the needs of the clients you serve, etc. You may attach additional sheets if necessary.)

[illegible]

**Required Signatures** *(no electronic signatures accepted)*

I certify that the above application is complete and that the information is true and correct to the best of my knowledge. I understand that false information on this application may be grounds for the organization's application to be denied, terminated, and not eligible for future partnership with FARSB.

Chief Executive/ Director/ Pastor Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Primary Contact Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

***For FARSB Use Only:***

Initial Date Received: \_\_\_\_\_ By: \_\_\_\_\_ Completed Info Yes \_\_\_\_\_ No \_\_\_\_\_

Payment Check #: \_\_\_\_\_ Date RFP Complete: \_\_\_\_\_ Review Date: \_\_\_\_\_



# Additional Food Distribution Site Form

*\*If your organization will have more than 1 **distribution** site, but product is not stored at these locations, please fill out this page. **If product will be stored at these locations, please fill out a separate application for each location.** Please note that membership fees are assessed per site.*

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day(s)/Time(s) of Distribution (at this site): \_\_\_\_\_

Is food stored/prepped at this site? Yes / No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Site: (Circle all that apply)

Food Storage/Warehouse

Food Preparation Facility

Shelter/Group Home

Food Distribution Site

Site Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_

Day(s)/Time(s) of Distribution (at this site): \_\_\_\_\_

Is food stored/prepped at this site? Yes / No

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Type of Site: (Circle all that apply)

Food Storage/Warehouse

Food Preparation Facility

Shelter/Group Home

Food Distribution Site

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## RFP CHECKLIST

**Congratulations!** You've completed the Request for Partnership. To ensure there is no delay in processing, please be sure you have completed the following:

- ☐ Completed RFP (Pages 4–8) and page 9 (if applicable)
- ☐ Signed RFP (page 8)
- ☐ Attached Copy of 501© (3) IRS Determination Letter
- ☐ Copy of ServSafe Card/Food Handlers Card for Primary Program Contact
- ☐ Copy of your Monthly/Annual Budget for food program/distribution
- ☐ Copy of Governing Board List
- ☐ Copy of Certificate of Liability Insurance
- ☐ Copy of Health Department Certificate (On-site meal program only)
- ☐ \$50 Non-refundable Application Fee made payable to FARSB (no personal checks accepted)
- ☐ Any additional sheets/information for the Free Response Section of Application (if applicable)

You may drop off **(Suite B)** or mail your completed RFP and supporting documents to:

**Feeding America Riverside | San Bernardino**  
**Attn: Programs Dept.**  
**2950 Jefferson Street, Suite A**  
**Riverside, CA 92504**