



2026 Partner Agency Application Packet

**Please send completed application packet, including application processing fee, to:
Second Harvest Food Bank of East Tennessee (SHFB-ETN)
Attn: Kendra Lindsay
136 Harvest Lane
Maryville, TN 37801**

CRITERIA FOR PARTNER AGENCIES

1. **Operation-** Food Pantry must operate a minimum of six times each year, with set days and hours of operation.
2. **Security and maintenance** - The partner agency must implement procedures that will ensure the security and integrity of the food in its designated storage areas.
3. **Storage** - Storage areas must comply with the following:
 - a. The Partner agency must have storage space specified solely for food and, if provided, hygiene products.
 - b. The Partner agency must store food items in a dry clean area.
 - c. Food items should be at least 6 inches off the floor and ideally 6 inches away from walls and ceilings to allow for proper ventilation.
 - d. Must not store cleaning products, personal care items, and health and beauty items in same area as food products.
 - e. Must store cleaning products in areas not accessible to children.
 - f. Must store products on the site indicated in the agency file.
 - g. Must have a fire extinguisher in or near the food storage area.
 - h. Must control rodent or insect problems through regular pest control. We recommend a professional pest control service.
 - i. Must not have leaks, holes, or separations in windows, ceiling, or foundation.
 - j. Must have adequate ventilation, heating, and air.
 - k. Must not smell of foul odor or of chemicals.
 - l. Must not have mold or other fungus in or around storage area.
 - m. Must have locks on all entry doors.
 - n. Must store products in designated areas that are approved by a **SHFB-ETN** Agency Relations Representative.
 - o. Any changes in storage must be approved by a **SHFB-ETN** Agency Relations Representative.
 - p. Must not use SHFB-ETN Food for Unmonitored and Unsecured Blessing Boxes. (They do not meet the requirements of the IRS 170e3 regulations or Feeding America standards for Food Safety and handling guidelines.)
4. **Refrigeration** - Thermometers must be placed in refrigerators (40 degrees or below) and freezers (0 degrees or below). Defrost freezers on a regular basis. **SHFB-ETN** requires partner agencies to maintain temperature logs, monitoring at least weekly and keeping records for (5) five years.
5. **Record Keeping** - The partner agency must maintain quantitative records of contributions made to the Food Pantry and the number of neighbors receiving food.

SHFB-ETN requires that all partner agencies keep ongoing records that reflect the distribution of products. This information helps to document hunger. Furthermore, these statistics provide valuable information for writing proposals and provide data for the media and government officials. Finally, such information is used to trace products if needed. Many **SHFB-ETN** partner agencies use index cards, notebooks and/or computers to track their neighbors. Partner agencies are required to keep records for (5) five years.
6. **Collection of Food** - There must be a process for the partner agency to collect community-based donations. The partner agency must also indicate a commitment to maintain an inventory suitable for its ongoing program.

7. **Screening** – The partner agency must have an objective process for determining the need and eligibility of food recipients. The partner agency should have in place an intake process and should require neighbors to sign up for any food or other services received at each distribution. Criteria for services should not be overly burdensome and should be clearly posted.
8. **Referral** – The partner agency should be able to refer neighbors to other community service organizations as needed.
9. **Service area determined** – The partner agency will determine its geographic service area (maybe very narrow or very broad).
10. **Distribution** – The partner agency should determine what products are needed for a well-balanced food box and provide these for neighbors on a uniform basis. An objective procedure for the food distribution must be followed. When possible, the partner agency should allow neighbors to choose their food to increase dignity, respect, and reduce waste.
11. **Monitoring** – The partner agency must agree to periodic monitoring visits by a **SHFB-ETN** representative.

SHFB-ETN is held to strict food industry standards for proper food storage and handling. State and local health and sanitation inspectors inspect **SHFB-ETN**, and we are monitored regularly by the staff of Feeding America National Network of Food Banks.

SHFB-ETN will monitor all partner agencies every 12 - 24 months. Monitoring appointments are made in advance with the agency's director or food service supervisor. However, surprise visits may occur.

Monitoring is essential in maintaining high sanitation standards and current data on your agency. Any personnel changes that occur between monitoring visits should be reported to **SHFB-ETN** on an agency letterhead, or the Agency Update form provided by **SHFB-ETN**.

12. **Funding** – A partner agency cannot be 100% government or grant funded.
13. **Accounting** – The partner agency must agree to pay all invoices by an agency check. **NO CASH OR PERSONAL CHECKS ARE ACCEPTED.** *All invoices are "Due Upon Receipt." Any invoice over 30 days may be levied with a finance charge.*

Once the application and accompanying documentation have been received, someone in the **SHFB-ETN** Agency Relations Department will contact you.

If the application is incomplete and other information is requested, the application will remain on file for six (6) months until all documentation is complete. If the file remains incomplete after six months, a new application will have to be submitted.

Once the application is complete, you will be contacted to schedule an inspection of your organization's facilities. The appointment for the inspection will be made within sixty (60) days. Failure to keep this appointment will result in dismissal of the application.

REQUIRED DOCUMENTATION FOR PROCESSING APPLICATION

- Complete all three (3) application pages.
- Complete and Sign Three (3) Pages: *Criteria for Agency Participation, Food Inspection and Release Form, and Liability Release Agreement.*
- Two (2) letters of recommendation from other non-profit service organizations.
- Three (3) letters of positive credit reference from companies where business is conducted. One letter **MUST** be from the bank where an agency account is maintained.
- A copy of agency charter.
Note: A charter sets out the agency's structure and the processes by which rules are made and enforced. The agency must be incorporated to serve the ill, needy, or children.
- A list of board members (or church deacons) with addresses and phone numbers.
- A copy of the organization meeting minutes when the decision was made to become a partner of Second Harvest Food Bank.
- Mission statement describing the purpose of the program.
- A brochure or other information that provides an overview of the program.
- Copy of a food budget for your agency.
- A copy of the Tennessee state tax exempt form. Please fill out and sign the bottom as the purchaser.
- A copy of the IRS EIN/501(c)(3) status form showing you are recognized as a non-profit organization. Private foundations and foster parent associations are *not* eligible for partnership even if they are a 501(c)(3).
- If your agency is a CHURCH sponsored program, a letter from the clergyman of the sponsoring church stating that the church is in full support of the program and has authorized the program to use the church's tax-exempt status.
- Copy of invoice from professional pest control service from within the past three (3) months.

----- A copy of any certification or licensing necessary for the operation of the program (on-site feeding organizations only).

----- Copy of Food Safety certificate completed by at least one person with your organization (**REQUIREMENT FOR ALL PROGRAMS**).

Options:

- Free online class through Knox County Health Department at http://www.knoxcounty.org/health/food_safety_training.php
- Free class at Second Harvest - contact the Agency Relations Department for details.
- Training at your local health department
- [\\$15 ServSafe Food Handler Course—available on Second Harvest's website](#)

----- Submit a \$35.00 non-refundable application processing fee.

Agency Relations Team

Kendra Lindsay
Agency Relations Manager

kendra@secondharvestetn.org
(865) 243-8240

Cheri Stewart
*Agency Relations & SIMC Coordinator
(Counties TBD)*

cheri@secondharvestetn.org
(865) 243-8206

Danny Myers
*Agency Relations & SIMC Coordinator
(Counties TBD)*

danny@secondharvestetn.org
(865) 980-8463

Cynthia Thompson
*Agency Relations & SIMC Coordinator
(Monitoring, Food Safety & Admin.)*

cynthia@secondharvestetn.org
(865) 980-8464

Agency Relations ID # _____
(For office use only)

Application Date: _____

**PARTNER AGENCY APPLICATION
WITH SECOND HARVEST FOOD BANK OF EAST TENNESSEE**
(Please print or type)

Pantry/Kitchen Name:

Name of affiliated Faith-Based Organization, if applicable:

EIN/501(c)(3) _____

If there is not a 501(c)(3), attach letter detailing 14-point criteria of a religious organization.

Physical Address:

(City) (County) (Zip Code)

Phone: _____

Mailing Address (if different from physical):

(City) (County) (Zip Code)

Main Contact Person: _____ **Title:** _____

Cell phone: _____

Email address: _____

PARTNER AGENCY FUNDING

Please indicate the sources of agency funding. Give the approximate percentage of each.

_____ United Way _____ Grants _____ Benevolence Fund
_____ Private Donations _____ Gov't Funds _____ Fund Raisers
_____ Client Fees (Group Homes/Residential/Day Care) _____ Other

Clients in your program must not be charged for or requested to perform services in exchange for food that your agency receives from the Second Harvest Food Bank. If client fees are used in your program, please note the percentage and explain.

PARTNER AGENCY PROGRAM INFORMATION

Type of agency:

Pantry Soup Kitchen Residential Emergency Shelter Rehab
 Adult Day Care Youth Program Senior Other: _____

Days of Operation: _____ Hours of Operation: _____

Number of clients served per month: _____

of Children: _____ # of Seniors: _____

Does the agency offer any other assistance besides food? Yes No

If yes, what else is offered:

(clothing, utilities, gas, counseling, etc.)

FOOD STORAGE

Refrigeration Yes No How many refrigerators: _____

Freezer Yes No How many freezers: _____

Dry Storage Yes No Secured/Locked Yes No

Shelving Yes No Pallets Yes No

Fire Extinguisher Yes No Proof of Pest Control Yes No

On-Site feeding/Kitchen Supervisor: _____

PARTNER AGENCY CONTACT PERSONNEL & SHOPPERS

Criteria for Agency Participation

Upon approval as a partner agency, we

_____ located at
(Name of agency)

_____ agree:
(Physical address of agency)

1. To be chartered in Tennessee as a non-profit corporation.
2. To provide food directly to the needy, elderly, ill, or infants/children in the form of meals and/or emergency food supplies at least six times per year.
3. To coordinate food solicitation efforts by keeping **SHFB-ETN** informed of other sources of food acquisition.
4. To maintain adequate storage to ensure the integrity of the food until use, if using perishables must have adequate refrigeration.
5. To be licensed or certified by all appropriate health authorities, if required.
6. That agency representatives will attend training as directed by **SHFB-ETN**.
7. To have at least one food safety certified person present when food is handled, during receipt and giveaway.
8. To provide transportation and labor to pick up food at the food bank warehouse.
9. To inspect orders for accuracy prior to assuming ownership.
10. To schedule pick-up times as set forth by **SHFB-ETN**.
11. To complete and sign the food receipt, Criteria and Release forms, Partner Agency Contract, and the Partner Agency Application.
12. To be monitored by a **SHFB-ETN** representative at yearly intervals to ensure compliance with these criteria.
13. Not to use the term “food bank” or “Second Harvest” in the agency name.
14. To keep accurate records of individuals served monthly and of food disbursed by **SHFB-ETN** and have an established process for the distribution of food.
15. Not to use food from **SHFB-ETN** in an unmonitored/unsecure Blessing Box/Self-service pantry. (They do not meet the requirements of the IRS 170e3 regulations, Feeding America standards for Food Safety and handling guidelines, and are not protected by the Bill Emerson Good Samaritan Food Donation Act.)
16. To not sell food or charge for meals, and to not abuse partner agency privileges by ordering for non-agencies or trading **SHFB-ETN** products with them.
17. To not use **SHFB-ETN** products for any other programs: e.g. banquets, parties, fundraisers, church functions, etc.
18. To assume responsibility for payment of all charges incurred by the agency.
19. To notify **SHFB-ETN** immediately if the program is discontinued, personnel change, storage capacity changes or program changes location.
20. To properly display the days and times the pantry will be open to the public.
21. To understand that violation of any of the above rules is grounds for investigation and subject to be placed on probation or suspension of partner agency status.
22. To comply with all rules and regulations in the **SHFB-ETN Partner Agency Manual**.

Date

Primary Contact Signature

Director Signature

SHFB-ETN Representative Signature

Food Inspection and Release Form

Whereas **SHFB-ETN** has offered to provide and supply certain foods, foodstuffs, and related items as available to

-----, a 501(c)(3) Charity

or Church with tax exempt numbers hereinafter referred to as "Donee" and whereas, Donee has warranted to **SHFB-ETN** that all items received will be duly inspected by a qualified member of their staff and found fit for human consumption, or they will not be accepted.

Therefore, Donee warrants, represents, and guarantees as follows:

1. That it has been awarded the status of 501(c)(3) charity. Church has submitted tax exempt form.
2. That **SHFB-ETN** and the primary donor have specifically disclaimed any warranties or representations, expressed or implied, as to the purity or fitness or consumption of any or all such donated items.
3. That all items are accepted in "as is" condition.
4. That Donee will utilize employees or volunteers having sufficient training, experience, and expertise in the evaluation, handling, preparation, and feeding of donated items to safely and properly judge, handle, prepare, and feed them.
5. That Donee, because of the qualifications of its personnel, as above specified, hereby accepts full responsibility for the purity and fitness for human consumption of all items accepted.
6. That Donee will serve the product as soon as possible, to provide maximum palatability and freshness.
7. That Donee hereby warrants and guarantees to **SHFB-ETN** and to the primary donor that it will hold them harmless from any and all liabilities, claims, losses, causes of action, suits of law or inequity, or any obligation whatsoever arising out of or attributed to any action by Donee in connection with its storage and/or use of the items supplied to it by **SHFB-ETN**.
8. That Donee will use the items only in a use related to its exempt purpose and solely for the feeding of the ill, needy, or infants.
9. That Donee will neither offer for sale, sell, transfer, nor barter the items supplied by **SHFB-ETN** in exchange for money, other properties or services.
10. Any restriction placed on the use or distribution of products by the donor, such as restriction of food to use in meals prepared on the premises of the Donee organization, will be strictly adhered to.

The undersigned hereby warrants that they are a legally warranted and authorized agency of Donee, whose name appears below, and by their legal signature does hereby bind it to the terms, conditions, and limitations of this document of release.

Date: _____ Director Signature: _____

SHFB-ETN Agency Relations Representative Signature: _____

Liability Release Agreement

The _____ located
(Partner Agency Name)

at _____
(Partner Agency Physical Address)

hereby affirms that the original donor, **SHFB-ETN**, and **Feeding America**:

1. Are released by the Partner agency from any liabilities resulting from goods received,
2. Are held harmless from any claims or obligations regarding the Partner Agency or the received goods,
3. Offer no express warranties in relation to the goods.

Date

Print Name

Signature

SHFB-ETN Representative Signature