Dear Applicant,

Thank you for your interest in the Orange County Food Bank, a program of the Community Action Partnership of Orange County.

The Community Action Partnership of Orange County is a private non-profit social service agency providing a variety of programs and services to Orange County’s low-income population.

The Orange County Food Bank operates several and distinct food programs. Please feel free to contact the Community Action Partnership of Orange County offices and inquire about additional food and other assistance programs that may be of benefit to those you serve.

To become a member of the Orange County Food Bank, complete this application package and arrange for a site visit.

**DONATED FOOD PROGRAM**

Food and personal hygiene items are donated to the Food Bank from a variety of private sources. Goods are re-distributed through Food Bank member agencies who help support the Food Bank by contributing $0.06 per pound shared maintenance fee for all non-perishable goods received. There is no charge for the following perishable items; Bread, Dairy, and Produce (fruits and vegetables).

If you have any questions regarding the contents of this package or the resources available to you, please call us at (714) 897-6670, extension 3628

The Orange County Food Bank looks forward to assisting you in your work of feeding those you serve.

With Sincere Appreciation,

[Signature]

Judy Chacon
Agency Relations/Volunteer Manager

jchacon@capoc.org
AGENCY APPLICATION FORM

For participation in the Orange County Food Bank Donated Food Programs

Record ID# ________ (FB Internal use only)

Complete Name of Organization: ________________________________

Agency Person in Charge: ________________________________

Organization Address: ______________________________________

Organization Business Hours: ________________________________

Phone #: ___________________________    Cell #: ___________________________

Email: ___________________________    Fax #: ___________________________

Does Organization have a Non-Profit Status: Yes____ No____

Federal IRS Tax-exemption # 501 (c) 3: ___________________________ (Attach a Copy)

(If applicable please state the name above of the organization listed on the 501 (c) and verification of affiliation)

Describe the type(s) of service provided:    □ Food Pantry Pass-Out Only    □ Soup Kitchen    □ Both
□ Large Distribution (ie; Events - Weekly, Bi-Weekly, Monthly, Seasonal)

Please describe in detail: ________________________________

Comments: ________________________________________________

Do you distribute emergency food? Yes___ No____ If yes, where: ________________________________

Do you serve and prepare meals on the premises? Yes___ No____

If yes - Do you have Food Manager Certification (Required) Yes_____ No____

Meals are served: Daily _____ Weekly _____ Monthly _____

Number of people served: Breakfast _______ Lunch _______ Dinner _______

Food Distribution Address: ________________________________

Select the Days and Hours of Food Distribution (for pass-out and/or prepared meals):

<table>
<thead>
<tr>
<th>SUN</th>
<th>MON</th>
<th>TUES</th>
<th>WED</th>
<th>THUR</th>
<th>FRI</th>
<th>SAT</th>
</tr>
</thead>
</table>

What does your agency require of a participant before he/she can receive food? ________________________________

What type of storage space do you have available?

Refrigerator: Yes___ No____    Freezer: Yes___ No____

Storage Room: Yes___ No____    Shelving: Yes___ No____

List the names of persons authorized to pick-up food for your organization at the OC Food Bank:

1. ________________________
2. ________________________
3. ________________________
4. ________________________
5. ________________________
6. ________________________

(Please check box above when Food Safety Training is verified and Shoppers Acknowledgement Form is received)

(Must be 18 years or older)

Revised 6/28/19
Do you provide home deliveries to homebound participants? If yes, please describe the process:

_________________________________________________________________________

_________________________________________________________________________

How do you track the number of participants you serve?

_________________________________________________________________________

_________________________________________________________________________

How much food does the average participant receive at a typical distribution, and what is your method for determining this amount?

_________________________________________________________________________

_________________________________________________________________________

Additional Information:
(Optional)

_________________________________________________________________________

_________________________________________________________________________

<table>
<thead>
<tr>
<th>Official Use Only</th>
</tr>
</thead>
<tbody>
<tr>
<td>Site Visit:</td>
</tr>
<tr>
<td>Verified Food Manager Certification</td>
</tr>
<tr>
<td>Application is valid until (2 years)</td>
</tr>
</tbody>
</table>

RELEASE AGREEMENT FORM

The Community Action Partnership of Orange County's Orange County Food Bank agrees to provide access to certain foodstuffs and related items, as available, through its' Donated Food Program, to: ________________________________, hereafter referred to as Agency. The Agency's primary office(s) are located at:

The Community Action Partnership of Orange County and Agency agree to the following:

1. Agency is a non-profit private or public organization acting on behalf of the low-income people of Orange County. A copy of non-profit exempt letter of determination to be provided and attached to this agreement.

2. Agency will ensure that food products received under this agreement will be made available to those eligible persons as defined by the most recent eligibility guidelines established by the California State Department of Economic Opportunity.

3. Agency will verify recipient income eligibility by either requiring proof of income or by self-certification that recipient meets income guidelines.

4. Agency agrees to complete intake and assessment on eligible households and maintain all records pertaining to goods from the Orange County Food Bank for a period of three (3) years.

5. Intake and assessment records will be disclosed to the Orange County Food Bank if a recall of foods becomes necessary.

6. Agency agrees to submit required programmatic reports in an accurate and timely manner.

7. Agency will use food items received from the Orange County Food Bank only in a use related to its' exempt purpose and solely for the feeding of qualified persons.

8. Agency will distribute food that is "apparently wholesome" and will not distribute any food to any person that is not "apparently wholesome". "Apparently wholesome" is hereby defined as meeting all quality standards of local, county, state and federal agricultural and health laws and rules, even though some food items may not be readily marketable due to appearance, age, freshness, grade, size, surplus or other condition.

9. Agency will not accept from the Orange County Food Bank any food that is not apparently wholesome and will ensure wholesomeness of food at distribution time by keeping proper storage and sanitary conditions.

10. Agency agrees to utilize employees or volunteers having sufficient training, experience and expertise in the evaluation, handling, preparation and distribution of donated items in order to do so in a safe and proper manner.

11. Agency, because of the qualifications of its personnel, as above specified, hereby accepts full responsibility for the purity and fitness for human consumption of any and all items accepted.

12. Agency will serve the food products as soon as possible, to provide and maintain palatability and freshness.
13. Agency understands and acknowledges that the distribution of Orange County Food Bank food products shall not be used for political purposes and agrees that food products distributed under this agreement will not be wrapped in or packaged with or distributed with any material containing the names or identification of any individual elected, official candidate for office or political party.

14. Specifically as it relates to the Donated Food Program, Agency agrees:
   A. To support the operation of the Orange County Food Bank by paying a Shared Maintenance Fee (currently $0.06 cents per pound for non-perishable and highly perishable items are free of charge) for donated goods received on a "cash and carry" basis.
   
   B. The Agency will under no circumstances offer for sale, sell, transfer nor barter items obtained through the Orange County Food Bank Donated Food Program in exchange for money, other properties or services.
   
   C. That the Orange County Food Bank and the primary donor have specifically disclaimed any warranties or representations, expressed or implied as to the purity of fitness for consumption of any or all such donated items.
   
   D. That all items accepted are accepted in an "as is" condition.

15. Any violations of the above may result in administrative action and possible suspension and/or termination from participation in one or more Orange County Food Bank programs.

**LIABILITY DISCLAIMER AND RELEASE AGREEMENT**

Receiving agencies release both the Orange County Food Bank, and the original donor, seller, or broker, free and harmless against all and any liabilities, damages, losses, claims, causes of action and lawsuits or equity obligations whatsoever arising out of or attributed to any distribution and use of foods.

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Agency Authorized Signature

Print Name

Title

Date

O.C. Food Bank Authorized Signature

Print Name

Title

Date