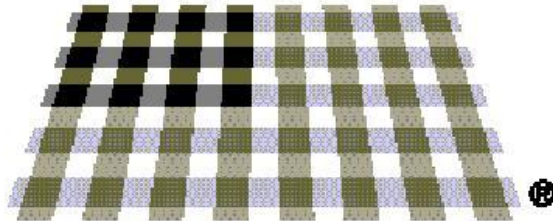


Agency Introduction



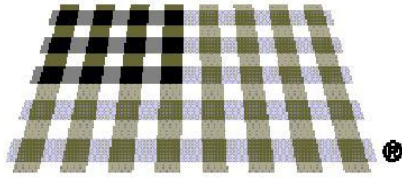
America's Second Harvest
of Coastal Georgia
Ending Hunger

2501 E. President Street
Savannah, GA 31404
(912) 236-6750
Fax (912) 238-1391

Mission Statement

Where the community comes together to feed mind, body, and spirit through food and goods distribution, education, and opportunity so all people can lead meaningful lives.

Revised March 2008



America's Second Harvest
of Coastal Georgia
Ending Hunger

We invite you to join our "family" as a member agency.

We are a member of the 200 strong America's Second Harvest. We distribute over 5 million pounds of food a year from our warehouse in Savannah to more than 300 member agencies in 21 Southeast Georgia counties. Our member agencies are nonprofit organizations serving those who may not have enough to eat because they are ill and in-need or living in poverty, as well as the elderly and children who can not look after themselves.

If your agency, church, or other organization is exploring the possibility of membership, this introduction is for you. If your agency has been a member of the America's Second Harvest of Coastal Georgia Food Bank, this document will also provide information you need.

This prefatory information is intended to be a simple, informative introduction to our food bank for staff and volunteers from your agency. Of course, an introduction is not a substitute for the orientation required of all first-time shoppers at which time member agencies will be provided an agency manual, further instruction, and a tour of the warehouse. This document is intended to help you understand how the food bank works, and if you are a member agency, to help you benefit by utilizing our services in the most effective manner possible.

We are seeking member partners to help us to fight the scourges of hunger, homelessness, and poverty. We would like to extend an invitation to you and members of your organization to come tour our facility and meet our staff. Please call Tracy Harvey at (912) 236-6750 Ext 17 to make an appointment or to inquire about America's Second Harvest of Coastal Georgia Food Bank.

Together we can make a difference and ease the pain caused by hunger and poverty.

Please come and join us; we hope to see you soon.

ORIENTATION

The purpose of orientation is to familiarize new members with the warehouse procedures and to make shopping efficient, comfortable, and as worthwhile for you as possible.

Please remember that the annual fee must be paid before a member agency has warehouse privileges. The annual membership fee is \$60.00.

Orientation will be held at the following locations:

America's Second Harvest of Coastal Georgia
2501 E. President Street
Savannah, GA 31404
912.236.6750 x 17

America's Second Harvest of Coastal Georgia
3810-B Whitlock Street
Brunswick, GA 31520
912.279.0074

- o Warehouse privileges are only granted to individuals listed on the application or given permission by way of the organizations' letterhead.
- o Attendance at an orientation is required before warehouse privileges are granted.
- o Please call ahead to schedule orientation date and to confirm location.
- o A new agency must be inspected prior to attending an orientation class.
- o We encourage all first time shoppers to tour the food bank warehouse prior to shopping.

HOURS OF OPERATION

America's Second Harvest of Coastal Georgia shall conduct its business during the following hours:

Savannah Warehouse
Monday through Friday
7:30 am – 3:00 pm

Brunswick Warehouse
Monday, Wednesday & Friday
8:00 am – 4:00 pm

We are closed for most major holidays.

We are closed for a half-day on the Friday that proceeds the fourth Tuesday of every month to fulfill our Brown Bag for the Elderly commitment.

All other closures shall be announced on our **Information and Inventory Hotline**. You may call **(912) 236-6750** ext. 23 for information and inventory updates.

DIRECTIONS TO OUR WAREHOUSES

Directions to ASHCG

**2501 E. President Street
Savannah, GA 31401**

SAVANNAH

From **I-16** take **Exit 167 B** (Downtown-Montgomery St.). Cautiously get into the **right turning lane on Montgomery Street and make an immediate right turn onto Liberty Street**. Take **Liberty until it ends at E. Broad St. Turn left** onto E. Broad St and immediately get in the **right lane**. Take a **right turn onto President St at the light**. On President you will pass the golf club on your right, Goebel, and Capital streets. After you cross slanted railroad tracks and Eli Whitney Elementary School you will see Aramark Uniform Company on your right and Kerr McGee on the left. **Make a right turn onto Riverview and the warehouse is on your left.**

Directions to ASHCG

**3810 B Whitlock Street
Brunswick, GA 31520**

BRUNSWICK

On **I-95**, take **Exit 36A**. **Turn Left** at the first light past the McDonald's on **Hwy 303 N/Community Road** (Hardee's is on the corner). **Turn Right** at the first light on **Old Jesup Road** (the Fire Station is on the right). The road will veer to the right immediately before the railroad tracks; take a **slight left onto Whitlock Street**. The warehouse is about **1.4 miles, before the 2nd Stop sign**. It can also be reached from Altama Avenue by turning onto Townsend Street across from the college. Whitlock Street is between the two sets of railroad tracks, and the warehouse is the first building.

CRITERIA FOR MEMBERSHIP

In order to be considered for membership, an organization must have 501 (c) 3 tax exempt status with the Internal Revenue Service or be an established church body (as defined by the IRS) and must meet the following criteria:

- Be an agency or program serving low-income individuals that may include ill, elderly, infants, and/or children.
- Serve a clientele of which at least 51% are living with low-income.
- Maintain verification of on-site of population served.
- Supply ASHCG with a copy of the 501 (c) 3 or proof of existence as an established church as defined by the IRS. (Please ask for **Church Qualifier form**).
- Assign a director who is responsible for the food program.
- Agree not to sell food or charge for meals for profit. Food from ASHCG must not be transferred for money, property, or services.
- Provide adequate transportation to pick up food at ASHCG (rural delivery available for fee).
- Have adequate refrigeration and storage space to ensure the safe use or redistribution of food.
- Meet local and State of Georgia Health Department requirements.
- Release America's Second Harvest of Coastal Georgia and its donors from any and all liability.
- Agree to support the operation of ASHCG with the established cost for all products. In addition to the shared maintenance contribution, members are required to pay an annual membership fee. Neither the shared maintenance contribution nor the membership fee is used to purchase food. Both are used to support the operation of ASHCG.
- Agencies are asked to maintain copies of invoices for received product from ASHCG for four (4) years.
- Represent yourself as a member agency of America's Second Harvest of Coastal Georgia in all communications with donors and the public.
- Agree to follow the policies and to keep and submit records as requested by ASHCG.

FACILITY STORAGE REQUIREMENTS

- Food must be stored at least 5-6 inches off of the floor.
- Frozen products must not be allowed to thaw completely before distribution.
- All products must be appropriately stored according to the contents of the case.
- Dry product must be stored in a secure, rodent-free, dry area.
- Refrigerated products should be stored at an ideal temperature of 32 degrees but must not exceed 40 degrees.
- Frozen products should be maintained at 0 degrees and must not exceed 32 degrees.

USDA COMMODITIES

Member agencies qualify to receive USDA commodities if:

- They do not receive monetary reimbursement from the Georgia Department of Human Resources for their breakfast/lunch program and
- They serve only clients who reside within the state of Georgia.

Household income eligibility records must be kept on all individuals receiving an emergency bag every time the individual receives a bag. Congregate agencies must provide service as a soup kitchen.

- Commodities may not be stockpiled for future use.
- Two of each USDA commodity may be included in each emergency bag.
- Commodity inventory sheets must be turned in **by the 5th of the following month.**

SNAP (Georgia State Nutrition Assistance Program)

SNAP is a state funded assistance program designed to feed low-income families with minor children. A member agency qualifies to receive SNAP products if:

Proof of government assistance to families with minor children (18 years and below) can be provided. Some examples are:

- | | |
|------------------------------------|---|
| ▪ TANF or PEACH recipient | ▪ Section 8 Voucher program participant |
| ▪ WIC card current | ▪ Hourly wage of \$8.00 or lower |
| ▪ Medicaid card current | ▪ Free/Reduced price breakfast or lunch |
| ▪ Food Stamps EBT | ▪ DFCS/TANF transitional services such as: |
| ▪ Eligibility for USDA commodities | Child care, Public Transportation Assistance, |
| ▪ Public Housing resident | Job Skill Classes or Tuition Assistance |

- **The agency serves clients who reside within the state of Georgia.**
- **Reports are submitted by the fifth of each month**
- **Proof of eligibility must be kept in your files (do not send to our office)**

REVIEW SYSTEM

America's Second Harvest of Coastal Georgia must conduct an on-site visit of each member agency prior to shopping. At least once every two years, each agency will be monitored. ASHCG reserves the right to monitor member agencies at its discretion. Monitoring is done by on-site visits.

VIOLATIONS OF POLICY

1. Exchanging donated food or other products for money, property, or services.
2. Using donated food or other ASHCG products from an on-site program for private use.
3. Using donated food or other products in a manner that is not related to the exempt purposes of ASHCG (e.g. selling for fund raising purposes).
4. Improperly stockpiling donated food or other products.
5. Improperly storing, refrigerating or transporting donated food or other products.
6. Violating any state or local statute, ordinance, code or regulation.
7. Violating any aspect of the Basic Agreement between itself and ASHCG.
8. Failing to pay shared maintenance contributions by the 15th of the month following the purchase.
9. Violating ASHCG policy by using products acquired from ASHCG to barter (e.g. requiring a recipient to attend a religious service at a church to receive food).
10. Failing, or consistent tardiness in turning in required paperwork (e.g. USDA or SNAP).

DISCIPLINARY PROCEDURE FOR VIOLATIONS OF POLICY

PROBATION

A member agency may be placed on probation for a period not to exceed three months if found to be in violation of policy. Notification will be in writing. The manager of community relations and/or the director of operations have the authority to place member agencies on probation. In any event, the Director of Operations, and the Executive Director shall be informed when a member agency is placed on probation. **The member agency may appeal its probationary status in writing to the president of the food bank.**

The purpose of the probationary period is to place a member agency on notice that it must bring its program into compliance or be suspended. During the probationary period, the member agency retains all rights and privileges. If the violation is not rectified by the end of the probationary period the Chief Operations Officer shall have the authority to extend the probationary period or recommend suspension. The member agency may appeal this decision as previously outlined. A member agency's probationary status ends when one of the following occurs:

- The member agency satisfies the Manager of Community Relations, and/or the Director of Operations that the violation has been rectified or;
- The Operations Department has suspended or terminated the member agency.

SUSPENSION

A member agency may be suspended, without first being placed on probation for the following offenses:

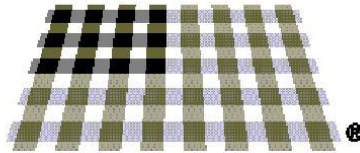
1. Alteration of poundage slips
2. Failure to shop within a six (6) month period (suspended until reoriented)
3. Removal of products from food bank without proper documentation
4. Bartering or trading food or non-food items for monies, properties, or services
5. Non-compliance with facility standards requirements
6. Failure to pay membership fees by January 1.
7. Failure to pay shared maintenance fees within thirty-sixty days (suspension until such fees are paid in full and charging privileges revoked).
8. Disrespect demonstrated to staff or other member agencies.
9. Use of profanity, drugs, or weapons (permanent suspension)
10. Failure to submit monthly reports (reviewed monthly for infractions)
11. Discrimination of clients
12. Unauthorized shoppers on premises shopping for personal gain
13. Improperly representing yourself as a continued nonprofit organization
14. Improperly representing yourself as an agent of A2H (E.g. donor solicitation)
15. Disobeying warehouse rules (E.g. parking at dock without being served, loading products without invoice, etc.)
16. Failure to provide documentation of clientele served.

*The member agency has the right to appeal its suspension in writing to the president and CEO of America's Second Harvest of Coastal Georgia within 90 days of the suspension.

GRIEVANCE POLICY

America's Second Harvest of Coastal Georgia is concerned with the quality of service provided to our member agencies in the effort to end hunger. If a member agency has a disagreement or discrepancy with any action taken by the food bank, it has the right to seek resolve through written letter to the manager of community relations and the president. A written response will be provided within 30 days of the received grievance.

It is also our policy to maintain an "Open Door" to discuss any issue of concern to our agencies.



America's Second Harvest
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Ending Hunger

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170 (e) 3 AGREEMENT

Although Section **170 (e) (3)** of the Internal Revenue code states "service to ill, needy, or infants," it is appropriate to emphasize that Food Bank priorities should be directed to the care of the **NEEDY**. If groups serving some non-needy persons are served by the Food Bank, policies and procedures **MUST** be developed and enforced by the Food Bank to ensure that such service is **SECONDARY** to the agency's service to the needy, and that **A MAJORITY OF THE CLIENTS ARE INDEED LOW-INCOME**.

When an agency is monitored, it is imperative that the Food Bank representative be allowed to see records verifying clientele eligibility (i.e. The Emergency Food Assistance Program income self-declaration, State Nutrition Assistance Program application, Department of Family & Children Services determination letters, confirmation of income statement from Veterans Administration or Social Services Office, etc.) **AT LEAST 51% OF ALL CLIENTELE SERVED MUST BE LOW INCOME**. When it is determined that an agency has clientele ratio below these levels, that agency shall regretfully be removed from member agency status.

I have read the above statements and understand the contents therein.

Signed,

Agency Name

Agency Director or Pastor Signature

Date

ASHCG Food Bank Representative Signature



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BASIC AGREEMENT

AMERICA'S SECOND HARVEST OF COASTAL GEORGIA, INC., hereafter ASHCG, and

_____, hereafter "member agency" hereby agree to the
Name of agency or church
following terms and conditions by which the ASHCG agrees to provide donated food to nonprofit member agencies which, in turn, uses this food in programs serving the needy, ill, infants, and/or children.

WHEREAS the ASHCG has accepted _____ as a member agency,
Name of agency or church
and agreed to provide and supply certain food, foodstuffs, and related items, as available, to _____, a 501(c)(3) charity or church, and
Name of agency or church

WHEREAS member agency has committed to ASHCG that all items have been duly inspected by a qualified member of their staff and accepted as fit for human consumption, therefore member agency hereby warrants, represents, and guarantees as follows:

1. That ASHCG and the primary donor have specifically disclaimed any warranties of representation, expressed or implied, as to the purity or fitness for consumption of any or all such donated items;
2. That all items accepted are accepted in "as is" condition;
3. That member agency will utilize employees or volunteers having sufficient training, experience in evaluating, handling, storing, preparation, and feeding of donated items;
4. That member 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;
5. That member agency will serve the product as soon as possible, to provide maximum palatability and freshness;
6. That member agency hereby warrants and guarantees to the ASHCG 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 member agency in connection to the storage and/or use of the items supplied;
7. Each member agency will pay an annual membership fee. Said fee will be received for the first time prior to member agency utilizing the food bank and will be due by January 1st of each year that the member agency remains a member agency of ASHCG. Fees for member agencies joining ASHCG after the beginning of the year will be prorated to cover that amount of time member agencies will be utilizing ASHCG services;

AGENCY APPLICATION



2501 E. President Street
 Savannah, GA 31404
 Phone: (912) 236-6750
 Fax: (912) 238-1391

| ASHFB USE ONLY | |
|----------------|--|
| Agency Number: | |
| Date Issued: | |

| | |
|----------------------|--|
| New Application: | |
| Revised Application: | |

| | | | | | | | | | | | |
|---|--|--|--|--------|--|------------------------------|--|-------------------------------|--|--|--|
| Name of Agency: | | | | | | | | | | | |
| Name of Program: | | | | | | | | | | | |
| Physical Address: | | | | | | | | | | | |
| | | | | | | | | | | | |
| City: | | | | State: | | | | Zip Code: | | | |
| Fax: | | | | | | E-Mail: | | | | | |
| Director/Supervisor: | | | | | | Phone: | | | | | |
| Contact for food program: | | | | | | Phone: | | | | | |
| Billing Address: (if different from above) | | | | | | | | | | | |
| | | | | | | | | | | | |
| City: | | | | State: | | | | Zip Code: | | | |
| Phone: | | | | | | | | | | | |
| Is your organization incorporated? | | | | | | Yes | | No | | | |
| Is your organization part of a larger organization? | | | | | | *Yes | | No | | | |
| *If yes to this question, please provide name and address below: | | | | | | | | | | | |
| Parent Organization: | | | | | | | | | | | |
| Mailing Address: | | | | | | | | | | | |
| Director: | | | | | | | | | | | |
| Phone: | | | | | | | | | | | |
| Is your parent organization legally responsible for the operations & liabilities of your program? | | | | | | | | | | | |
| Yes | | | | No | | | | If "no," please explain below | | | |
| | | | | | | | | | | | |
| Does your organization or the parent organization have tax-exempt status under Section 501 (c) (3) from the federal Internal Revenue Service? | | | | | | | | | | | |
| | | | | | | <input type="checkbox"/> Yes | | <input type="checkbox"/> No | | | |
| If so, please include a copy | | | | | | | | | | | |
| Federal Tax Exempt Number: | | | | | | | | | | | |
| If your organization does not have tax-exempt status under Section 501 (c) 3, please fill out the qualifier form (available upon request) and attach information to your organization's letterhead. | | | | | | | | | | | |

*Please list the individuals authorized to select, order, and pick-up products for organization.
 *Each person authorized must attend an orientation before placing orders or picking up items from Second Harvest. Please note that additions and deletions to authorized "shoppers" must be submitted on your letterhead with the signature of your executive director.

| | | | |
|--|--|------------------|----|
| Name: | | Phone: | |
| Name: | | Phone: | |
| Name: | | Phone: | |
| Person responsible for monthly bill: | | | |
| Physical Address: | | | |
| City: | | State: | |
| | | Zip Code: | |
| Do you provide meals? Yes No | | On-site? Yes No | |
| | | Off-Site? Yes No | |
| How many people are served at: | | | |
| Breakfast? | | Lunch? | |
| | | Dinner? | |
| Do you distribute packages for emergency needs? | | Yes | No |
| Is on-call service food service available for emergency needs? | | Yes | No |
| Please describe how you will determine that the majority of your clients live on low income: | | | |
| Based on the needs you have identified in your area and your agency's capacity, please estimate the following: | | | |
| Number of families served monthly? | | | |
| Number of adults served monthly? | | | |
| Number of children served monthly? | | | |
| Do you have adequate storage areas to accommodate food? | | Yes | No |
| Refrigerators: | | Yes | No |
| Freezers: | | Yes | No |
| Dry Storage areas: | | Yes | No |
| What are your hours of operation? | | | |
| What are your days of operation? | | | |
| Will on-call service be available for emergency needs? | | | |
| Do you have special food needs in your program? | | Yes | No |
| If yes, please describe these needs: | | | |
| What other services does your organization provide? | | | |
| May we refer people in need to you? | | Yes | No |



Driving Directions to your location

-
1. Start by taking a left / right from the food bank gate:
(Circle one)

2.

3.

4.

5.

6.

7.

8.