



Application for Agency Membership

Second Helpings is a charity organization of volunteers who, through our food collection and distribution operation, reduce family hunger among the poor in the Lowcountry. There is a high demand for our services in the community. We try to help as many qualified food pantries, churches and agencies as possible, but we cannot help everyone who applies. Submitting an application does not ensure that you will be (re)accepted.

Membership Applications must be (re)submitted annually. Please fill out the application and return it to the Second Helping office. We review a current agency's re-application in January, and new applications twice a year, spring and fall. We will contact you about your application after our review.

For a current agency's annual re-application, completion and return of this form by January 31st is required to prevent service interruption.

General Information

"Agency" refers to your organization.

Date: _____

Agency Name _____

Mailing Address _____ City _____ Zip _____

Food Facility Address _____ City _____ Zip _____

County _____ Primary Phone No. (_____) _____

E-Mail: _____ Website: _____

Agency Director: _____ Cell (_____) _____

Food Program Contact: _____ Cell (_____) _____

Program Type (please check one): Pantry , Same Day Distribution , Onsite Feeding ,

Other: _____, please describe _____

Food Program Hours of Operation (Days & Times): _____

Does your agency offer any assistance other than food assistance? YES NO

If yes, please describe _____

Phone number to be given out to the public when requesting food or information: (_____) _____

Can you provide food on an 'emergency' basis outside of your normal days/hours of operation? YES NO

Mail or scan/email application forms and attachments to:

Second Helpings

P.O. Box 23621

Hilton Head Island, SC 29925

Phone: 843-689-3689

E-mail: officeadmin@secondhelpingslc.org

Agency Report of Services

We review each recipient's service numbers upon initial application, and annually at the beginning of the year. Please fill out the following report for the prior year and return it to the Second Helpings office with your Membership Application. This information is required by Second Helpings' financial and food donors.

Failure to complete and return this form may delay review of your application or result in an interruption of your food deliveries.

Agency name: _____ Date: _____

Submitted by: _____ Phone _____

Service Numbers

Total number of **visits** (people served) last year: _____ (Example: 20 people served 10 times is a total of 200 visits).

Total number of actual **persons** served in the last year: _____. (Example: 25 different people coming to the agency visiting multiple times is 25 persons).

Number of actual **persons** served meals on-site for the year: _____

Number of actual **persons** delivered meals off-site for the year: _____

Number of actual **persons** distributed food to take home for the year: _____

Number of **persons** by age: Children (under 18) _____ Adults (to 65) _____ Seniors (over 65) _____

How frequently will you serve the same **person/family**? _____ times per _____.

Record Keeping

Is your agency tracking the following information of recipients: (Please check all that apply.)

Name ___ Age ___ Address ___ Race/Ethnicity ___ Number in household ___ Income ___

Do you use a tracking system to follow recipients' use of your services? Yes ___ No ___

Food Program

Has someone from your agency attended a food safety program in the past 12 months?

Yes ___ No ___ If yes, name? _____ Date: _____

Date of last pest control: _____

Second Helpings serves a large number of agencies daily, and the type, quantity, and quality of food donations we receive can vary daily. We will try to accommodate your needs as best we can, but we cannot guarantee delivery of specific types or quantities of food. Our crews distribute food according to guidelines provided by our office staff, and they are not required to respond to agency on-site requests. Agencies having an issue with their food distributions must direct their communications to our office staff.

Director of Food Program Signature: _____ Date: _____

Member Agency Agreement

Second Helpings products are strictly for the sole purpose of serving those that experience hunger in our service area, and we see ourselves as your partners in this effort. Your violation of any of our policies and procedures clearly endangers the ability of Second Helpings to obtain more food from our donors and erodes the integrity of feeding the hungry. We will not tolerate the misuse of privately donated product by our member agencies.

The Agency affirms the following:

1. It meets all IRS eligibility requirements for receipt, transfer, and use of donated food under section 170(e)(3) of the Internal Revenue Code;
2. It will provide for the safe and proper handling of the donated goods, which conforms to all local, state and Federal regulations;
3. It will abide by the policies, procedures, and record keeping requirements of Second Helpings;
4. It will accept all items in "as is" condition, and be responsible for discarding unfit products.
5. It will not engage in discrimination in the provision of service against any person because of race, color, citizenship, religion, sex, national origin, ancestry, age, marital status, disability, sexual orientation including gender identity, unfavorable discharge from the military, or status as a protected veteran.

Second Helpings may terminate this agreement immediately upon receipt of evidence that your agency has violated the terms and conditions of this agreement in any of the following ways:

1. Use of Second Helpings food for funerals, Directors'/Pastors' anniversaries, weddings, church picnics, bible study, own personal use, etc. (any use inconsistent with exclusively feeding those experiencing hunger in your community).
2. Solicitation and/or receipt of monetary donations or volunteer services in exchange for food from needy recipients.
3. Failure to follow safe food handling practices, including adequate pest control.
4. Failure to distribute food in a timely manner. Perishable food served must be fit for human consumption.
5. Failure to attend mandatory meetings scheduled by Second Helpings.
6. Failure to maintain proper records of clients served.
7. Failure to notify Second Helpings of a change in Director/Pastor or agency status.

In signing this agreement, we understand that violation of any of the above mentioned policies set forth by the Second Helpings may cause immediate termination of membership,

Director/Pastor Name (print) _____

Signature: _____ **Date:** _____

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Second Helpings Release Form

WHEREAS, Second Helpings has offered to provide and supply certain foods, foodstuffs and related items to _____, a 501(c) (3) agency, or faith-based organization, hereinafter referred to as "Agency", and

WHEREAS, Agency has warranted to Second Helpings that all items received will be duly inspected by a qualified member of the staff and found fit for human consumption or they will not be accepted.

THEREFORE, Agency hereby warrants, represents and guarantees as follows:

1. That it has been awarded 501(c) (3) status, or is a faith-based organization.
2. Second Helpings and the original donor have specifically disclaimed any warranties or representations, expressed or implied, as to the purity or fitness for consumption of any or all such donated items.
3. That all items are in "as is" condition.
4. That Agency will utilize employees or volunteers having sufficient training, experience and expertise in the evaluation, handling, preparation and feeding of any and all items accepted.
5. That 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.
6. That Agency will serve the product as soon as possible, to provide maximum palatability and freshness.
7. That Agency will use the items only in a use related to its exempt purpose and solely for the feeding of the needy, ill, or children.
8. That Agency will neither offer for sale, sell, transfer, nor barter the items supplied by Second Helpings, in exchange for money, other properties, or services.
9. 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 Agency organization, will be strictly adhered to.
10. The original donor, Second Helpings, the Lowcountry Food Bank, and Feeding America:
 - a. Are released by the Agency from any liabilities resulting from the donated goods;
 - b. Are held harmless from any claims or obligations in regard to the Agency or the donated goods;
 - and
 - c. Offer no express warranties in relation to the gift of goods.
11. Second Helpings hereby grants to the Member Agency non-exclusive, non-transferable, revocable authorization to use the "Second Helpings" name in connection with the Member Agency's partnership with Second Helpings. The Member Agency has access to use the "Second Helpings" logo; this does not include any other logos affiliated with Second Helpings. Additionally, this does not include the rights for Member Agency to share the Second Helpings logo with any other organization. Upon expiration or termination of this partnership, the agency shall discontinue use of Second Helpings' name, brand, and logo. The Member Agency agrees not to use any name, brand, or logo similar to Second Helpings' name, brand, or logo at any time.

The undersigned hereby warrants that he/she is a legally warranted and authorized agent of Agency, whose name appears below, and his/her legal signature does hereby bind it to the terms, conditions and limitations of this document of release.

Director/Pastor Print Name: _____

Signature: _____ **Date:** _____

Please fill out this form in addition to your membership application if you identified your agency as a church that is **not** part of a larger denomination and **does not** have a 501(c)3 letter from IRS, has never applied or been denied a 501(c)3, nor has its status revoked on page 3 of this application packet

CHURCH QUALIFIER FORM

The Internal Revenue Service uses 14 characteristics to determine whether an organization qualifies as a church. In accordance with this provision, Second Helpings requires an organization functioning as an independent, unincorporated church to certify that a minimum of NINE of these characteristics are evidenced in their organization. The characteristics are as follows (*Please check all that apply, attach supporting documentation for each, and provide a letter on your letterhead stating that your organization has never applied or has been denied 501(c)3 nor has its status revoked*).

1. A distinct legal existence
2. A recognized creed and form of worship
3. A definite and distinct ecclesiastical government
4. A complete organization of ordained ministers ministering to their congregations
5. A formal code of doctrine and discipline
6. A membership not associated with any other church or denomination
7. A distinct religious history
8. Ordained ministers elected after completing prescribed courses of study
9. A literature of its own
10. Established places of worship
11. Regular congregations
12. Regular religious services
13. Sunday school for religious instruction of the young
14. Schools for the preparation of its ministers

Signature below should be that of the pastor of church.

As a duly authorized officer of _____ (Church Name), I certify that this organization meets the requirements indicated for the identification as a church.

Print Name: _____ Title: _____

Signature: _____ Date: _____

Depending on the type of organization you are classified as (A, B, or C), please submit the documents listed for your specific category:

- A. A registered Public Charity (non-profit organization).** An official copy of your IRS determination letter must be submitted with your application. For more information, visit the IRS website at: <http://www.irs.gov/app/pub-78/>(<http://www.irs.gov/app/pub-78/>).
- B. A faith-based organization that is part of a larger denomination.** These organizations must submit a letter from their denominational headquarters stating that the organization is a member in good standing.
- C. A non-denominational faith-based organization must submit:**
 - A copy of the organization's Certificate of Incorporation issued by the South Carolina Secretary of State Office. Your agency must also be registered with the South Carolina Secretary of State as a registered nonprofit organization and be in good standing and in compliance. For more information, visit the South Carolina Secretary of State website at: <http://www.sos.state.sc.us/corporations/>.
 - A completed Church Qualifier Form with all necessary attachments

A copy of your DHEC Certification if you are an Onsite Feeding Program, or Servsafe Certification if you are a Food Pantry, Same Day, or Mass Distribution site.