



## **Agency Membership Application Information**

Second Helpings is a nonprofit food rescue organization striving to eliminate hunger in the South Carolina Lowcountry. We collect and distribute food which would have otherwise ended up in landfills. More than 350 volunteers deliver over three million pounds of food annually to 50+ agencies in Beaufort, Jasper, and Hampton counties.

Second Helpings serves many agencies daily, and the type, quantity, and quality of food donations we receive can vary daily. We will try to accommodate you, but we cannot guarantee delivery of specific types or quantities of food. Our volunteer crews distribute food based on guidelines provided by our area coordinators and Executive Director, and the crews are not expected to respond to agency on-site requests. Agencies having an issue with their food distributions should direct their communications to the respective area coordinator: Hilton Head/Bluffton: 843-816-2384; or Beaufort: 843-689-3616.

### **Agency Application Procedure**

- An agency should fill out the Agency Membership Application and the Agency Partner Agreement, and return them to Second Helpings at the address provided.
- For prospective new agencies, a site visit and interview will be arranged.
- The agency will be notified shortly thereafter of our decision.
- Current agency partners must re-apply annually.

### **Member Agency Requirements**

- An agency must meet all IRS eligibility requirements for receipt, transfer, and use of donated food under section 170(e)(3) of the Internal Revenue Code.
- The agency must be located in and serve Beaufort, Jasper, or Hampton counties.
- The agency must have a management structure and adequate volunteer base.

### **Reasons Why an Agency May Be Declined or Discontinued**

- The locality has comparable alternate service within close proximity (0 – 5 miles).
- The agency's client base and/or frequency of distribution is not sufficient to justify recurring deliveries.
- The agency's strategy, objectives, or practices are not consistent with our mission.
- Our site visits uncover problems with the facility or program.
- The agency has a history of food safety, policy, or procedural deficiencies.
- The food program is run from a personal residence.



## Agency Membership Application

### Part 1: General Information

"Agency" refers to your organization. Date: \_\_\_\_\_

Agency Name \_\_\_\_\_ Years in service \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Agency Director Name: \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Website: \_\_\_\_\_ Facebook: \_\_\_\_\_

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

Food Facility Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Food Manager Name \_\_\_\_\_ Phone (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Program Type(s): Food Pantry \_\_\_\_, Soup Kitchen/on-site meals \_\_\_\_, Other \_\_\_\_\_

Food Program operating schedule (days & times): \_\_\_\_\_

Are you a Lowcountry Food Bank (LCFB) agency? Yes \_\_ No \_\_

Do you offer assistance other than food? Yes \_\_ No \_\_ If yes, please describe: \_\_\_\_\_

### Part 2: Report of Services

We review each agency's persons served data upon initial application, and annually at the beginning of each year. Please fill out the following report, using information for the year just completed. This information is required by Second Helpings' financial and food donors.

#### Households and Persons Served

Households served per month: \_\_\_\_\_ .

Persons served per month: \_\_\_\_\_ (total number of those living in the households served)

Persons served per month by age: Adults (18-65) \_\_\_\_\_ Children (< 18) \_\_\_\_\_ Seniors (> 65) \_\_\_\_\_.

On average, how frequently do you serve the same person/household? \_\_\_\_\_ times per \_\_\_\_\_.

#### Recordkeeping

Do you use a tracking system to record or research services to recipients? Yes \_\_ No \_\_

Does your agency track the following information of recipients? (check all that apply)

Name \_\_ Age \_\_ Address \_\_ Race/Ethnicity \_\_ Number in Household \_\_ Income \_\_\_\_\_

#### Other Sources of Food

Does your agency receive or purchase food from the LCFB? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your agency receive donations or grants to purchase food? Yes \_\_\_\_\_ No \_\_\_\_\_

Does your agency receive food from food drives or other agencies? Yes \_\_\_\_\_ No \_\_\_\_\_

**Safe Food Handling and Storage**

Has someone now active at your agency attended a food safety program in the past 12 months? Yes \_\_\_ No \_\_\_ Name \_\_\_\_\_ Date attended: \_\_\_\_\_

*Please include a copy of the certificate.*

Date of last pest control: \_\_\_\_\_ *Please provide a record of the visit.*

**Food Program Manager Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please mail, or scan and email, the completed Agency Partner Agreement, this application form, and *requested documentation/attachments* to:

Second Helpings  
P.O. Box 23621  
Hilton Head Island, SC 29925  
Phone: 843-689-3689  
email: [officeadmin@secondhelpingslc.org](mailto:officeadmin@secondhelpingslc.org)