



HAMILTON COUNTY HARVEST
FOOD BANK

2020 – Partner Agreement – Pantry
(Must be approved by the board before
any voting or food disbursement)

Hamilton County Harvest Food Bank, Inc. (HCHFB), PO Box 881, Noblesville, IN 46061 AND

_____ (Pantry) at
_____ (Address), _____ (City), Indiana, _____ (Zip)

mutually agree to partner in providing food for our neighbors in need within the Hamilton County community.

- I. Each partner Pantry will receive the following benefits as provided under the agreement:
 - A. A non-perishable food distribution from HCHFB during the "open hours" established by HCHFB. Monthly **approximate** amount of food distribution is 500-600 lbs.
 - B. The opportunity to participate in any future special distribution, as defined by the Board of Directors, e.g. "Meating" the Need.
 - C. Up to two votes during the election of the Board of Directors (at the "Annual Meeting") and other HCHFB full membership votes. (If you are also a Meal Program, your total votes per organization can be up to three votes.) Additional personnel may apply for individual membership.
 - D. Full inclusion in the HCHFB network, including email notices, meeting invites, participation opportunities, and joint projects with all of the food assistance providers (currently over 40) of HCHFB.
 - E. The opportunity to put forth a candidate to run for a rotating position on the Board of Directors to provide a more diverse representation of Hamilton County.

- II. In order to be a partner Pantry, you agree to:
 - A. Abide by the Bylaws and organizing principles of HCHFB.
 - B. Maintain a proper 501c3 authority or church-sponsored status.
 - C. Maintain a stocked food pantry, which operates, year round, and is available to clients as needed at least twice a month.
 - D. Maintain records of food disbursement for your own needs and provide as requested to HCHFB. This includes records of number of individuals (including number of children) and amount of food distributed (in dollars or pounds).
 - E. Return the "Annual Survey" (sample attached) no later than the March Annual Meeting (prior to any food distribution) and work with HCHFB Coordinator to arrange for periodic visits.
 - F. Have at least one person attend a **minimum** of two (2) scheduled meetings each year. One of these meetings **MUST** be the "Annual Meeting" due to the importance of sharing current HCHFB information.
 - G. Provide a minimum of one volunteer on at least a quarterly basis. Hardship waivers may be approved by the Board of Directors on a case-by-case basis.
 - H. Communicate all changes in key contact personnel.

I acknowledge that I have read and agree to the above. Pantry also agrees to hold Hamilton County Harvest Food Bank harmless for any event arising from the partnership described in this agreement. Finally, I certify that I am signing as an "authorized representative" of the above-captioned Pantry.

Accepted:

Primary Contact Signature

Secondary Contact Signature

Printed Name/Title

Printed Name/Title

Phone: _____

Phone: _____

____/____/____

Email: _____

Email: _____

HCHFBOfficerSignature