



HAMILTON COUNTY
HARVEST
FOOD BANK, Inc.

Partner - Agreement – Feeding Program

(Due before any food disbursement is made)

Hamilton County Harvest Food Bank, Inc. (HCHFB), 1605 N. 10th St., Noblesville, IN 46060 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 feeding program will receive the following benefits as provided under the agreement:
 - A. A monthly 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 and also the yearly designated monetary assistance for your feeding program.
 - 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 Food Pantry, your total votes per organization can be three votes.) Additional personnel may apply for individual membership.
 - D. Please consider putting forth a candidate to run for a rotating position on the Board of Directors to provide a more diverse representation of Hamilton County.
 - E. Will receive all communications and full inclusion in the HCHFB network email notices, meeting invites, participation, and joint projects with all of the food assistance providers (currently over 30) of HCHFB.
- II. In order to be a partner feeding program, you agree to:
 - A. To provide a feeding program that fills a designated need within the county for children, seniors, needy as deemed appropriate by the HCHFB Board of Directors.
 - B. Maintain and provide records of food disbursement on a quarterly basis. This includes records of: number of individuals including number of children served and number of meals served. Turn in by Sept 1 for Summer Programs, quarterly if year round.
 - C. Return the “Annual Survey” (sample attached) no later than the March Annual Meeting and work with HCHFB Coordinator to arrange for periodic visits.
 - D. 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.
 - E. Provide a minimum of one volunteer on at least a quarterly basis. Hardship waivers must be approved by the Board of Directors on a case-by-case basis before any food disbursement.
 - F. Must communicate all changes in key contact personnel.

I acknowledge that I have read and agree to the above. Program 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 Program.

Contact Signature
Phone: _____

Printed Name/Title
Email: _____

Secondary Contact Signature
Phone: _____

Printed Name/Title
Email: _____

Accepted: _____
HCHFB Officer Signature/Date

Printed Name/Title