



CITY OF INGLEWOOD

OFFICE OF THE CITY MANAGER



DATE: November 5, 2019

TO: Mayor and Council Members

FROM: Parks, Recreation and Community Services Department

SUBJECT: Agreement with Los Angeles Food Bank for the Older Adult Expansion Program for Senior Citizens

RECOMMENDATION:

It is recommended that the Mayor and Council Members take the following actions:

- 1) Approve an application with the Los Angeles Food Bank to support an initial agreement for collaboration with the Los Angeles Food Bank; and
- 2) Approve an agreement with the Los Angeles Food Bank to facilitate enhanced services to Inglewood Senior Citizens by providing 400 shelf stable boxed meal packages.

BACKGROUND:

Since 1973, the nonprofit organization Los Angeles Food Bank has distributed 1 billion pounds of food throughout the County of Los Angeles, and in collaboration with over 600 partner agencies, currently serves more than 300,000 people on a monthly basis.

The Los Angeles Food Bank recently received funding to provide 480,000 meal packages to 40,000 seniors, ages 60 and over, throughout the County of Los Angeles. Current funding will allow meal packages to be delivered on a monthly basis, from November 2019 to June 2020, under the Older Adult Expansion Program (Program).

DISCUSSION:

The Los Angeles Food Bank lacks the logistics needed to distribute the packages directly to seniors and instead partners with local entities to provide this service. In searching for a partner in the Inglewood area, the County of Los Angeles Workforce Development, Aging and Community Services (WDACS) Area Agency on Aging (AAA) recommended the City of Inglewood (City) based on our highly rated senior meal program. If the City Council chooses to move forward, Inglewood will be one of the first cities in the region to partner on the Program.

The Program fulfills the City's mission of providing senior citizens with a range of nutritional sustenance that supplements the existing senior meals provided through the Elderly Nutrition Program. Each senior will receive a month supply of non-perishable food through the Program. Each box will be available for any senior citizen over 60 at the Inglewood Senior Center that requests to take one home. In addition, monthly boxed meal packages will be delivered alongside our normal meals to homebound clients, ensuring that all Inglewood senior citizens can take part in the Program. By using the City's existing logistics for the Elderly Nutrition Program, no additional resources will be required to execute the Program.

4.

FINANCIAL/FUNDING ISSUES AND SOURCES:

Approval of proposed agreement and application will not impact the City's General Fund.

LEGAL REVIEW VERIFICATION: Y/P

Administrative staff has verified that the legal documents accompanying this report have been submitted to, reviewed and approved by the Office of the City Attorney.

BUDGET REVIEW VERIFICATION: Y/P

Administrative staff has verified that this report in its entirety, has been submitted to, reviewed and approved by the Budget Division.

FINANCE REVIEW VERIFICATION: Y/P

Administrative staff has verified that this report, in its entirety, has been submitted to, reviewed and approved by the Finance Department.

DESCRIPTION OF ANY ATTACHMENTS:

- No. 1 Agreement with Los Angeles Food Bank
- No. 2 Application for collaboration with Los Angeles Food Bank

APPROVAL VERIFICATION SHEET

PREPARED BY:

Sabrina Barnes, Parks, Recreation, and Community Services Director
Thomas Uwal, Human Services Superintendent
Baz Devlia, Food Services Manager

COUNCIL PRESENTER:

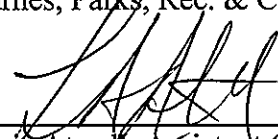
Sabrina Barnes, Parks, Recreation and Community Services Director

DEPARTMENT HEAD APPROVAL:



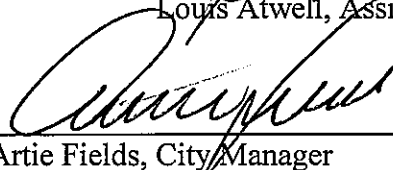
Sabrina Barnes, Parks, Rec. & Comm. Svcs. Director

ASSISTANT CITY MANAGER APPROVAL:



Louis Atwell, Assistant City Manager

CITY MANAGER APPROVAL:



Artie Fields, City Manager

Older Adult Expansion Program Agency Application

LOS ANGELES REGIONAL



Fighting Hunger. Giving Hope.

A Partner with Feeding America
National Food Bank Network

1734 East 41st St., Los Angeles, CA 90058
P) 323.234.3030
F) 877.295.3745
www.lafoodbank.org

Older Adult Expansion Program Team

Hilda Ayala, Programs Director, ext. 168
hayala@lafoodbank.org

Elizabeth Cervantes, Director of Agency Relations & Product Acquisitions, ext. 132
ecervantes@lafoodbank.org

Amirah Dales, Senior Programs Manager, ext. 217
adales@lafoodbank.org



Application Checklist

Please note: Your application will only be considered when a complete application package is submitted. When an incomplete package is submitted we will notify you of the missing documents.

- Original signed Senior Expansion Agency Application – must be signed by Director/Pastor or highest ranking person of the organization
- Original signed Senior Expansion Agency Agreement – must be signed by Director/Pastor or highest ranking person of the organization
- Original signed Liability Release form – must be signed by Director/Pastor or highest ranking person of the organization
- A copy of agency IRS 501(c)3 (Determination Letter)
- A copy of your California Articles of Incorporation endorsed with the California State Seal. Your organization needs to be incorporated to serve the ill, needy or infants.
- A copy of your current General Liability Insurance Certificate— must cover your distribution location and name the Los Angeles Regional Food Bank as an additional insured (minimum coverage \$300,000 per occurrence)
- ServSafe Food Handler California certificate, please visit website www.servsafe.com or www.cafoodhandlers.com
- State Seal Certificate
- Board of Directors List



Older Adult Expansion Agency Application

SITE INFORMATION

Name of Agency City of Inglewood

Address One Manchester Blvd
(Food Distribution Address)

City Inglewood Zip Code 90301

Website Address: https://www.cityofinglewood.org

Agency Phone # (310) 412-5111 (Check One) Home Cell
Alt. # (310) 412-4360

Fax # (____) _____ Email bdevlia@cityofinglewood.org

Bharat Devlia
Name of Primary Contact Person

Human Services Program Manager
Title

James T. Butts, Jr.
Name of Executive Director, Pastor, etc.

Mayor
Title

MAILING ADDRESS & SITE LOCATIONS *(if different from above)*

Name of Agency Inglewood Senior Center

Address 111 N Locust Street

City Inglewood Zip Code 90301

Phone # (310) 412-5338 Alt. # (310) 412-5338

Fax # (____) _____ Email bdevlia@cityofinglewood.org

Billing/Contact Person Bharat Devlia

****Please use a separate sheet of paper and list all site addresses including number of seniors served per site.****

PROGRAM TYPE

Agency is applying as: (Check all that apply)

X **Food Pantry Distribution to Older Adults** (Distribution of groceries @ brick & mortar - includes distribution in conjunction with congregate meal)

X **Food Delivery to Older Adults** (Through home delivery service)

 Mobile Food Pantry to Older Adults (includes Food Pharmacy)

AGENCY PROGRAM BACKGROUND

Is your agency currently distributing food? YES NO

How many unduplicated clients does your agency serve? 1000

How many unduplicated older adults (aged 60 and above) does your agency expect to serve per week?
700

How many unduplicated older adults (aged 60 and above) does your agency expect to serve per month?
750

Of the older adults (aged 60 and above) you serve, how many would be enrolled in the Older Adult Expansion program? 380

Of the older adults (aged 60 and above) you serve, how many would be considered low-income?
500

Describe your program(s) or attached program brochure: Elderly Nutrition Program (ENP), Congregate and Home-Delivered Meals.

Please check all other services that are provided for seniors.

- | | |
|--|---|
| <input checked="" type="checkbox"/> Transportation Assistance | <input type="checkbox"/> Legal/Immigration Services |
| <input checked="" type="checkbox"/> Educational Classes (nutrition, lifestyle) | <input type="checkbox"/> Utility Assistance |
| <input type="checkbox"/> Benefits Enrollment (including CalFresh) | <input checked="" type="checkbox"/> Fitness Classes |

Other:

Define your geographical service area? (Ex. zip code or cities)

Inglewood, Ladera, Lennox, Hawthorne

Do you have a record keeping system in place for your food distribution program? YES NO

If yes, please describe: (Ex. sign in sheets, database, application, card system)

Sign-in Sheets, Database, Annual Applications

OPERATIONS & LOGISTICS

Food Storage Area(s):

- a. Total number of freezer(s): 2 Commercial Circle One: (Commercial or Household)
- b. Total number of refrigerator(s): 3 Commercial Circle One: (Commercial or Household)
- c. Dry Storage: _____ ft. (length) X _____ ft. (width) = 668 square feet
- d. Refrigerated Storage: _____ ft. (length) X _____ ft. (width) = 190 square feet
- e. Of your dry storage available, how many additional pallets (48 in x 40 in x 60 in) can you store? 4
- f. Of your refrigerated storage available, how many additional pallets (48 in x 40 in x 60 in) can you store? 1

Delivery:

- a. Who will be the main contact person for the delivery of food items? Bharat Devlia
- b. What time(s) can you receive delivery of food items? 7:00 a.m. - 11 a.m., 1 p.m-3 p.m.
- c. What is the largest size vehicle your agency can accommodate? Class 8
- d. Does your agency have a loading dock? Yes
- e. Does your agency have doors that are accessible for pallet jacks and pallets? Yes
- f. Does your agency have a forklift accessible unloading area? No

- g. Are there any other logistics or operational capacities or limitation we should be aware of?
 None
-
-

Pest Control:

- a. Does your agency use pest control? YES NO
- b. Who provides the service?
 City of Inglewood
-
- c. How often is the service provided?
 Weekly
-

Program Personnel:

- a. How many volunteers assist with your food program? ~30-40
- b. How many staff persons assist with your food program? 17
- c. Names of persons authorized make changes on your agency account and/or receive notifications for your agency?

Name	<u>Sabrina Barnes</u>	Phone #	<u>310-412-5609</u>	Email	<u>sbarnes@cityofinglewood.org</u>
Name	<u>Thomas Uwal</u>	Phone #	<u>310-412-4347</u>	Email	<u>tuwal@cityofinglewood.org</u>
Name	<u>Bharat Devlia</u>	Phone #	<u>310-412-4360</u>	Email	<u>bdevlia@cityofinglewood.org</u>

I certify that the information entered on this application is true and correct to the best of my knowledge. I understand that false information on this application may be grounds for non-approval of agency application or termination of the agency's participation with the Los Angeles Regional Food Bank.

_____ Signature of Executive Director, Pastor, etc.	_____ Date
<u>James T. Butts, Jr.</u> Print Name	_____ Title

ACCEPTED BY:

_____ Michael Flood, President/ CEO Los Angeles Regional Food Bank	_____ Date
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Agency Agreement

This agreement is between (Agency name) City of Inglewood
located at (Distribution address) 111 N Locust Street, Inglewood, California 90301

and the Los Angeles Regional Food Bank ("Food Bank") located at 1734 E. 41st Street Los Angeles, California 90058.

The Agency agrees:

1. To have current ruling Letter of Determination from the Internal Revenue Service IRS 501 (c)(3) (not a private 501c3 foundation) and California Franchise Tax Board 2370(1)(d) verifying tax exempt status. Agency acknowledges that it intends to comply with the restrictions on the receipt, use, and transfer of donated property, as described in Section 170(e) and any amendments to the code.
2. To provide the Food Bank with copies of documents described above.
3. To serve the needy, ill, or infants as defined by IRS Code Section 501(c)(3) and tax court interpretations (In California, infants include individuals up to the age of 18).
4. To be licensed by the state, county, and/or city according to the service(s) that the agency provides.
5. To abide by all applicable federal, state and local laws, rules and regulations regarding the safe and proper handling of donated goods.
6. To ensure that the donated food and other product conforms to any applicable provisions of the Federal Food, Drug and Cosmetic Act (as amended) and any regulations that follow. Agency must store and distribute food and other product in a manner consistent with the Federal Food, Drug and Cosmetic Act (as amended) and its regulations.
7. To adhere to additional donor stipulations as requested.
8. Not to discriminate in the provision of service, against any person because of race, color, citizenship, religion, national origin, ancestry, age, marital status, disability, sex, sexual orientation including Gender identity, unfavorable discharge from the military or status as a protected veteran.
9. To ensure that the agency and its representatives treat all clients, volunteers, staff, and Food Bank representatives in a professional manner in demeanor, language, and actions.

10. To give (at no charge) food and other items obtained from the Food Bank directly to agency's clients. Agency cannot request or require clients to exchange service time for food or other items received from the Food Bank.
11. Not to directly or indirectly sell, exchange, barter, transfer or charge a fee of any kind for food or other items received from the Food Bank. Not to share food or other items received from the Food Bank with any other non-profit or religious organization without prior written approval from the Food Bank.
12. Not to proselytize in conjunction with the agency's food distribution.
13. To keep documented records as to the use of food and other items received from the Food Bank and participants served. These records must be kept at the agency site for four years and are subject to periodic review by representatives of the Food Bank and/or food donors.
14. To inform the Food Bank in writing of any changes of name, address, telephone number, type of service, stated purpose, or contact person before change takes effect.
15. To permit periodic on-site inspections by the Food Bank's representatives at Food Bank discretion with or without notice.
16. Not to violate food safety or distribution policies. If notified by the Food Bank, of any violation(s) the agency will need to submit a corrective action plan in writing and will need to correct the violation(s) before it is allowed to receive food and/or other items from the Food Bank.
17. To provide and utilize cold and dry storage space to ensure the integrity of the food until it is used and/or distributed. Agency will store food and other items received from the Food Bank at the agency's distribution location unless otherwise approved in writing by the Food Bank. The temperature of all cold storage units must be maintained using appropriate thermometers. Temperatures must be recorded on temperature log.
18. Not to distribute food and other product received from the Food Bank outside of Los Angeles County.
19. To obtain and keep in force a liability insurance policy naming the Food Bank as an additional insured. To execute and deliver to the Food Bank any liability releases that the Food Bank may require.
20. To send an agency representative to Food Bank sponsored meetings.
21. To support the Food Bank efforts in the outreach and promotion of CalFresh, nutrition education, and other programs.
22. To give thirty (30) days written notice of intention to terminate Food Bank participation.
23. To abide by any additional policies, procedures and record keeping requirements of the Los Angeles

Regional Food Bank.

- 24. All agencies are required to submit a monthly service report for the previous month. Reports are due by the 5th business day of the month for the previous month.
- 25. Food pantries must have at least one agency representative certified as a California Food Handler. Agency must provide a copy of the California Food Handler certificate to the Food Bank.
- 26. On-Site agency must have at least one agency representative who is a Certified Food Handler. Agency must provide a copy of the Certified Food Handler certificate to the Food Bank.

ANY VIOLATION OF THIS AGREEMENT MAY SUBJECT AGENCY TO IMMEDIATE SUSPENSION OR TERMINATION.

***** I Accept and Agree to All of the Terms *****

For Agency:

Chief Executive (e.g. Executive Director, Board President, Pastor, etc.)	Date

James T. Butts, Jr.

Mayor

Print Name of Chief Executive

Print Title

-

For Los Angeles Regional Food Bank:

Michael Flood, President/CEO (or designee)	Date



Fighting Hunger. Giving Hope.

Liability Release

City of Inglewood

The undersigned authorized agent of _____

(Agency Name)

(Herein referred to as "Agency") hereby warrants that the following release and indemnity will apply during any and all periods in which said agency receives assorted foods or other items from the Los Angeles Regional Food Bank ("Food Bank"). Said agency warrants that its authorized representative upon delivery will duly inspect the donated food and other items to ensure all items are found fit for human consumption. It is further agreed that:

1. Agency accepts the donated food and other items "as is."
2. Food Bank, Feeding America and the original donor expressly disclaim any implied or express warranties that said donated food and other items are fit for human use or consumption.
3. Agency releases Food Bank, Feeding America and original donor from any liability resulting from the condition of the donated food, except for liability resulting from gross negligence or intentional misconduct of Food Bank. Agency further agrees to indemnify, defend and hold Food Bank free and harmless from and against all and any liabilities, damages, losses, claims, causes of action, suits at law or in equity or any obligation whatsoever and all costs and expenses including attorney's fees arising out of or attributed to any action of agency in connection with agencies storage or use, including distribution of donated food.

ANY VIOLATION OF THIS AGREEMENT MAY SUBJECT AGENCY TO IMMEDIATE SUSPENSION OR TERMINATION.

***** I Accept and Agree to All of the Terms *****

For Agency:

Signature of Chief Executive (e.g. Executive Director, Pastor, etc.)

Date

James T. Butts, Jr.

Mayor

Print Name of Chief Executive

Title

For Los Angeles Regional Food Bank:

Michael Flood, President/CEO (or designee)
Los Angeles Regional Food Bank

Date