

PAL

for pets-in-need

Together, we can make a difference for the animals!



PALNV COALITION Partner/Friend Agreement

The purpose of this Agreement is to establish a Coalition partnership with PALNV, provide definition and guidance for the partnership, set compliance standards, and to improve the efficiency of the network of charitable food delivery programs, the delivery of services to those in need of pet food in Clark County and to assist the animal welfare community by aiding the groups with pet food and services.

It is our collective belief that no animal in our community should be hungry. We commit ourselves to work with unity towards that common goal. Together we will uphold professional standards and a code of conduct based on mutual trust, respect, accountability and support.

Date: _____

Partner/Friend Name: _____

Address: _____

City/ZIP: _____

PALNV COALITION

Partner/Friend Agreement

This Agreement is between PALNV (hereinafter "PALNV"), a California 501(c)3 organization, and _____ (Partner/Friend Name).

The above Partner/Friend agrees that it will abide by the following terms and conditions:

1. The PALNV Coalition Partner (hereinafter "Partner") must have 501(c)3 status as determined by The IRS for Tier 1, Tier 2 Rescue/Adopt groups, Tier 3 Non Rescue/Service groups, Tier 4 Feral Cat groups and Tier 5 Food Pantries serving individuals not animals.
2. The food and supplies ("Donated Goods") **SHALL ONLY** be used for animals in its care or control (e.g. foster program) and that they shall not be redistributed without express written consent of PALNV, sold or rented or exchanged for other goods or services or presented for refund.
3. That it has appropriate storage for Donated Goods (inside a building vs outside).
4. To contact PALNV for instructions regarding disposition of any goods donated to the Partner by PALNV that are not used by the Partner for any reason.
5. To abide by restrictions or conditions of distribution, if any, imposed by the original Donor(s) and communicated to the Partner. Donor Prescription Diets donated to a Partner shall only be used For feeding pets that are in the care and control of the Partner and may be distributed with the adoption package for that pet only.
6. PALNV products, all foods and /or other items, may only be used by the Partner by their animals and their custody and control and **may not be sold or used for fundraising or similar activities.**
7. To provide PALNV and donor(s), at no cost to either, and with no restrictions on use, photos and videos of its activities, if sponsored by, or organized through PALNV.
8. To Identify PALNV Pet Food Bank as the source of Donated Food and Goods in any press releases, articles, or social media announcements, which must be pre-approved by PALNV.
9. With the exception of any food donated to PALNV on a special event, coalition partners will be **charged 12 cents per pound for dry food. Wet food (both cat and dog) will be distributed by the case only at 12 cents a pound;** a case of dog food with 12 - 13.2oz cans will be \$1.18; a case of dog food with 12 - 12.5oz cans will be \$1.12; a case of cat food with 24 - 3oz cans will be \$0.54; a case of cat food with 12 - 5.5oz cans will be \$0.49.

Partner Director

Partner Contact

Operational Requirements

1. The Partner must maintain and keep current all licenses and permits required by the State of Nevada and any other governmental authority needed to operate their program in accordance to the law.
2. Partner agrees that it will obtain products from PALNV at least once every three (3) months to be deemed an active agency. If the Partner becomes inactive, the Partner will not be allowed to obtain products from the Bank. The Partner agrees that it will complete the agency application process again, prior to being reinstated as an Active Partner and allowed to obtain products again.
3. The Partner must allow site visits and visits during distributions, sometimes without prior notification.
4. PALNV may investigate any complaint about the Partner and findings will be reviewed with the Partner to determine if an action plan is needed.

Termination

This agreement null all other and prior agreements and it may be immediately terminated by either party at any time upon written letter or email notification.

Partner/Friend Release

The Partner hereby affirms that during active partnership with PALNV, it might receive assorted products from PALNV. Said Partner further warrants that all pet food product will be duly inspected upon receiving (and before they distribute it) to ensure it is fit for animal consumption and:

1. That Donated Goods are provided on an "as is" and "as available" basis.
2. PALNV, Three Square Food Bank and the other original donors offer no expressed warranties in relation to the donated goods.
3. In accordance with applicable state and/or federal law, the Partner releases PALNV, its Board of Directors, staff, volunteers and its donor(s) from any liability resulting from the donated product, and further agrees to indemnify and hold harmless PALNV and its Donor(s) against any and all liability, damages, losses, claims, causes of action and suits of law or inequity or any obligation whatsoever arising out of or attributed to any action of the Partner, their board of directors, volunteers or any personnel employed by said agency in connection with its storage, handling or use of donated goods.
4. That to the extent permitted under applicable law, in no event shall PALNV and its Donor(s), including their respective officers, employees, directors, affiliates or volunteers, be held liable for any direct, indirect, incidental, special, consequential or exemplary damages.

Partner Director

Partner Contact

PALNV Coalition Partner/Friend Agreement: Agency Name _____

I have read the above requirements and agree to abide by them and I am authorized to enter into this agreement on behalf of the Partner. The Partner understands failure to maintain terms of this agreement may result in partnership status being terminated.

Partner Director/Administrator

Date

Must be signed by the highest authority in the organization, who is responsible for any and all actions of the Organization.

Partner Contact (if different than above)

Date

PALNV Representative

Date



Coalition Partner/Friend Application

Together, we can make a difference for the animals
702-629-6351

501(c)3

PARTNER/FRIEND INFORMATION

Friend

Agency Name: _____

Agency Site Address: _____ City/ZIP: _____

Mailing Address: _____ City/ZIP: _____

Phone #: _____ 501(c)3#: _____

Website: _____ Affiliate/Umbrella: _____

CONTACT INFORMATION

Agency Director: _____ Program Coordinator: _____

Phone #: _____ Phone #: _____

Email: _____ Email: _____

CURRENT PROGRAM INFORMATION

Please indicate type of organization

Rescuer Dog Cat Dog/Cat

Shelter Dog Cat

Food Pantry Pet Food Humane Food

Service Group Describe _____

Feral Cat Organization How Many Cats Do You Care For? _____

of Volunteers: _____ # of Paid Staff: _____ How Many Dogs Do You House? _____

How many Cats Do You House? _____ Does Your Organization House Other Animals? Yes No

If Yes, What Kind? _____

Are your animals spayed/neutered prior to adoption? Yes No Please provide the name, address and phone number of the veterinarian that you use:

Does Your Organization Feed: High End Mid Range Low End Whatever is Donated

TERMS AND CONDITIONS

To the best of my knowledge the information on the above application is correct.

Application Completed By (Please Print) _____ Date _____

Signature of Director/Administrator _____ Date _____
(Must be signed by the highest authority in the organization, who is responsible for any and all actions of the organization.)

Please note: completion of this application does not guarantee partnership. We reserve the right to refuse partnership to agencies not meeting our criteria. (See Coalition Agreement)

ATTACHMENTS REQUIRED

- **Signed original PALNV Agency Partner Agreement and Application**
- **Copy of 501(c)3 determination letter: If Applicable** *(If under an umbrella organization, a letter stating the 501(c)3 organization is legally, fiscally and programmatically responsible for the applying program or organization)*
- **Current list of Agency Board of Directors**
- **Required state licenses and permits (if applicable) needed to operate in accordance of the law**
- **Brochure or summary of services provided by applicant**

It is recommended to make a copy of the application packet before submitting to:

PALNV Coalition
Attn: Administration
4155 N Rancho Drive, Suite 150
Las Vegas, NV 89130