

AGENCY AGREEMENT FORM

Date: \_\_\_\_\_

Name of Services Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Agree to and will comply with the following criteria of a recipient agency of the Community Food Bank, Inc. (CFB)

1. Must have a 501(c)3 tax exempt status with the Internal Revenue Service.
2. Must not sell, transfer, barter or offer for sale the items supplied by CFB in exchange for money, property or services, or otherwise allow the items to reenter commercial channels.
3. Must be an agency that serves the needy, ill, or infants.
4. Must be an established agency and registered and approved with CFB.
5. Must serve food directly to its clients in the form of meals or distributed packaged for emergency situations.
6. Must have adequate refrigeration and storage space to ensure the wholesomeness of the food until used, and/or redistributed.
7. Must be licensed by the State, County, and/or City as a food service establishment if required according to the service it provides.
8. Must provide transportation to pick up food at the food bank warehouse.
9. Must be agreeable to monitoring by CFB.
10. Must be agreeable to supporting the operation of CFB with a shared contribution of up to 18 cents per pound for food received.
11. Must maintain a file of all CFB receipts for one year.
12. Must not deny access to donated product on the basis of race, creed, national origin, religious affiliations, sex, sexual preference, age or handicap.

SIGNED BY THE AGENCY DIRECTOR: \_\_\_\_\_

DATE: \_\_\_\_\_

SIGNED BY THE COMMUNITY FOOD BANK, INC: \_\_\_\_\_

DATE: \_\_\_\_\_