Agency Direct Rescue Participation Form

Part I: Contact Information

Name of Organization: ___________________________________
Mailing Address: _______________________________________
Organization Representative: ____________________________
Phone #: ____________________ Email: _______________________

Part II: Organization Capacity

Number of hours pantry is open to the public per week: _________
Average number of unique clients served per week: ____________
Please identify the quantity of each item the organization currently owns/leases/rents. This information will be used to determine current capacity and infrastructure:

- Refrigerated/enclosed vehicle(s): _____
- Thermal/freezer blanket(s): _____
- Portable cooler(s): _____
- Scale(s): _____
- Refrigerator(s): _____
- Sq. ft. of dry storage: _____
- Freezer(s): _____
- Utility carts: _____

Has the organization previously participated in Direct Grocery Rescue?  ☐ Yes  ☐ No
If yes, please list the accounts the organization served and on which days collections occurred:

Store: ____________________ City: ____________________ Day: ______________
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Store: ____________________ City: ____________________ Day: ______________
Store: ____________________ City: ____________________ Day: ______________

Please list the cities and/or regions that the organization would be able to perform Direct Grocery Rescue: ____________________________________________________________
Part III: Program Guidelines and Agreement

To participate in the Direct Grocery Rescue program, an organization must agree with the following guidelines. The objective of these guidelines is to support the intended social outcomes of the program and ensure adherence to the requirements set forth by the funding grant and Feeding America.

1. Organizations must be an active SLO Food Bank Partner in good financial and compliance standing.
2. An organization must commit to picking up all product at its assigned retail account(s) for a minimum of 12 months. In the event that the organization can no longer serve its account(s), the Food Rescue Programs Manager must be notified in writing within 7 days of this change.
3. **All food product obtained from the organization’s assigned accounts must be weighed, documented, and submitted to the SLO Food Bank in a Agency Direct Rescue Reporting Form. The completed forms must be submitted on a weekly basis by the end of the day Friday.**
4. Organizations must follow safe food handling practices when collecting, transporting, storing, and redistributing all product collected through the program.
5. All product obtained through the program must be distributed for free to the organization’s clients.
6. Organizations must have all of the below items in order to participate in the program.
   - Cold storage
   - Dry storage
   - Mobile scale and/or pallet scale
   - Temperature-controlled transport materials (e.g. coolers, thermal blankets, etc.)

*Note:* The SLO Food Bank can assist in procuring these items either through appropriated grant funds or local commercial recommendations.

Please sign below if your organization understands and agrees to follow these guidelines for participating in the Direct Grocery Rescue program.

Organization Representative____________________________ Title_____________________
Date_____________________

Please submit form & agreement to the Programs Coordinator when completed.

*Email: foodrescue@slofoodbank.org  Fax: 805-238-6956  
*Mail: SLO Food Bank, ATTN: Emily Wilson, 1180 Kendall Rd., San Luis Obispo, CA 93401*