



# SLO FOOD BANK

## Agency Direct Rescue Guidelines for Receiving Agencies

Agency completing ADR: \_\_\_\_\_

**Thank you** for your participation in the SLO Food Bank Agency Direct Rescue program! You are a key player in our efforts to connect excess food with those in need!

### Role of SLO Food Bank

The SLO Food Bank’s mission is to work with a network of community partners to alleviate hunger in San Luis Obispo County and build a healthier community. *In the case of the ADR program, we act as a facilitator between agencies and grocery stores to ensure that all food rescue is being conducted effectively and **safely**, and that records of donations are maintained for (insert purpose here). If there is any issue with donations being made through the ADR program, please contact our food rescue programs manager at [foodrescue@slofoodbank.org](mailto:foodrescue@slofoodbank.org).*

### Role of Agency Partner

#### Agency Badges

Agency badges are required for ALL pick ups from grocery stores. This ensures that the grocery stores are able to identify agency representatives easily and that food is being donated to the correct persons.

#### Pick up Sign ins

Agency reps are required to sign in for **every** pick up using the sign-in sheet provided to the grocery store location.

#### ADR Reporting

Be sure to send your weekly report to [foodrescue@slofoodbank.org](mailto:foodrescue@slofoodbank.org) by the end of day each Friday. We use these totals to provide records collected by corporate entities associated with grocery retailers.

***Accurate and timely reporting ensures that we can continue with the rescue of near-date food products safely and efficiently.***

#### Food Safety/Quality assurance

Please see our food sorting guidelines document for information on what foods are safe to distribute. If a grocery store is consistently providing low-quality or damaged food product, contact the food rescue programs manager at [foodrescue@slofoodbank.org](mailto:foodrescue@slofoodbank.org)

I (representative of agency) have read to and agree to all of the above information.

Name & location of agency: \_\_\_\_\_

Agency Representative Name: \_\_\_\_\_

Agency Representative Signature: \_\_\_\_\_

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