

Fresh Rescue Partner Agreement New Hampshire Food Bank

The New Hampshire Food Bank, as the only Feeding America Food Bank in the state of New Hampshire, coordinates and maintains the Fresh Rescue Retail Donations throughout the state for all National Donors. National Donors, or Blue Receipt Donors, are Retailers across the country that have an agreement with Feeding America to donate all food through the Feeding America network.

Partner Agency agrees to:

- Pick up Fresh Rescue Donations at the Partner Retail location agreed upon, on the date/time agreed by all parties, and transport food safely directly to the Partner Agency’s facility.
- Notify the donating store if Agency is unable to receive their donations on any certain date.
- Provide NH Food Bank with a copy of a Safe Food Handling Certificate for the staff/volunteer receiving and transporting donations.
- Refrigerate temperature-controlled items during transport. Approved devices include temperature-controlled coolers, thermal blankets, or active temperature devices (i.e. refrigerated truck/unit).
- Check the temperature of each applicable product category with an infrared thermometer at both the time of pick-up at the retail location and the time of drop-off at the Agency. Temperatures need to be logged and log sheets will be maintained for two years.
- Accurately report pounds and categories received from Fresh Rescue. All Partner Agencies must use a scale to weigh their donations and report them to the nearest full pound. Weights should be captured before discarding any product.
- Utilize digital reporting using www.mealconnect.org/. All reporting is due by the 15th of the month for the month prior. Entries shall be submitted by pick up date and each scheduled date must have a pounds reported entry, a “Scheduled Pickup Not Attempted” entry or a “No Pounds” entry. Late or inaccurate reports may result in a HOLD status on the Partner Agency’s account. Excessive lates or inaccurate reporting may result in a termination of Fresh Rescue privileges.
- Report any permanent changes to the agreed upon weekly donation schedule to the Agency Relations Coordinator before implementing.

I agree to and will adhere to the above policies of the New Hampshire Food Bank and Feeding America:

_____ Agency Number Agency Name (Please Print)

_____ Agency Representative Signature Date Printed Name & Title

_____ NHFB Agency Relations Coordinator Date Print Name

NH Food Bank may terminate this Agreement at any time by written notification. NH Food Bank reserves the right to suspend membership privileges of the Partner Agency without notice, should there be reason to suspect the terms of this Agreement have been violated by the Agency.

***NHFB STAFF* Please fill in pick up schedule below (if more than two stores, please attach full schedule):**

Retailer	City/Town	Sun	Mon	Tues	Wed	Thurs	Fri	Sat

