

# Recipe for Success Prepared Meals Agreement

## New Hampshire Food Bank

Prepared meals from the Recipe for Success Culinary Job Training Kitchen are available to Partner Agencies of the New Hampshire Food Bank at a Value-Added Price (VAP). The VAP does not exceed the costs of producing the meal. The NH Food Bank reserves the right to change prices at any time based on the cost of goods. This will be communicated ahead of time to all participants of this program.

Prepared meals from the Recipe for Success Program are assembled using donated foods and are accessible to meal programs partnered with the New Hampshire Food Bank, including but not limited to Soup Kitchens, Residential Facilities, After School Meal Programs, and Shelters.

### Partner Agencies agree to:

- Only provide food to eligible clients.
- Attend food safety training class and have one on-site staff/volunteer that is a certified SERV Safe Manager (or equivalent).
- Have kitchens monitored by the NH Food Bank annually.
- Check the temperature of frozen meals upon receiving trays from NH Food Bank and again when arriving at the Agency site. Temperatures must be logged for both recordings and kept on site to be viewed at Agency Monitoring Visit.
- Transport frozen meals from NH Food Bank to their site providing adequate temperature control, i.e. freezer blankets, coolers, refrigerated truck, etc.
- Thaw, prepare, and serve all meals at the location agreed upon and inspected by NH Food Bank staff.
- Refrain from sharing meals with other agencies.
- Refrain from charging for any meals served to individuals, whether or not they are eligible for the services of your program, verbal communication of said charge or posted onsite or on agency media.
- Refrain from requesting donations for meals during distribution. All donations must be completely anonymous and voluntary.

**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

\_\_\_\_\_  
Agency Representative Printed Name and Title

\_\_\_\_\_  
NHFB Agency Relations Coordinator Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
NHFB Agency Relations Coordinator Printed Name