

Meal Provider Participation Agreement

The purpose of the Participation Agreement is to identify those agencies, ministries and meal sites which want to participate in the Feed Spokane Coalition, including receiving food secured through our Food Rescue Program. This participation in no way restricts you from participating in any other food programs with which you may now or later be involved.

Agency Name _____ Food Bank or Hot Meals (Circle one)

Agency Location _____

Mailing Address _____

Contact Name(s) _____

Contact Phone _____ Contact email _____

Serving times/days _____

Number served _____

Special Needs Description _____

Specific Food Items Desired (Circle then Describe) **Breakfast** **Lunch** **Dinner**

Participation Overview

Participation allows access to several benefits & resources, both now and in the future, including:

The Food Rescue Program

The Food Rescue Program is a community partnership between restaurants, grocery providers and Feed Spokane. Together we strive to feed the hungry with food that would otherwise go to waste. The targeted types of foods are proteins, fresh fruits and vegetables, and prepared food.

Terms of Participation

____ We understand and agree that regular attendance at the monthly Feed Spokane meetings is important and will appoint a representative to attend these meetings which occur every other month at various coalition member locations.

____ We understand and agree to assign someone with a valid food handler's permit to pick up food for use at our meal site. (Please advise if assistance is needed in obtaining a food handler's permit)

____ Contact Spokane Regional Health District for approval 324-1560 ext. 2