

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**

Tax I.D. Number for your registered 501(c)(3) non-profit organization

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 that we must maintain a permanent facility for the storage and preparation of meals, that will be inspected by a representative of Feed Spokane prior to approval, and then periodically thereafter.

____ We understand that participation requires completing the Food Safety Training course provided by a representative of Feed Spokane.

____ We will contact Spokane Regional Health District (509-324-1560, Ext 2) and obtain approval to distribute food. We will provide a copy of the "Permit to Operate" or approval letter to operate as a "Donated Food Distribution Organization".