



Dear Operations Manager,

Please complete the enclosed questionnaire, releases and participation agreements, and enclose copies of as many of the items listed below that apply. This will enable us to consider your organization as a recipient of foods delivered by Tampa Bay Harvest. Please return all information to the address listed on the letterhead.

**PLEASE SEND COPIES OF THE FOLLOWING:**

1. 501(c)(3) approval letter from the IRS and certificate of Incorporation from the State of Florida designating your non-profit status.
2. Your rules and regulations.
3. A list of your Board of Directors with phone numbers and addresses.

**Can you also provide for our review (upon site inspection)?**

1. Copy of your By-laws.
2. Tax Exemption Certificate.
3. Copy of your By-laws.

Tampa Bay Harvest is an all-volunteer organization. Many of our volunteers have full time jobs in addition to their volunteer commitment with our organization. All requested information must be received and a site inspection held before your request can go before the review committee. Your paperwork, submitted in a timely manner will assist us in a timely review of your request. Thank you.

Sincerely,

Member of the Recipient Agency Committee

**AGENCY QUESTIONNAIRE**

Name of Organization:

\_\_\_\_\_

Location

Address: \_\_\_\_\_

Mailing

address: \_\_\_\_\_

Director's

Name: \_\_\_\_\_

Name of Primary

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Alternate

Contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Name of Emergency/After Hours

contact: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_

Contact name for

correspondence \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

Type of organization: Food Pantry \_\_\_\_, Shelter \_\_\_\_, Soup Kitchen \_\_\_\_. If other, or combination, please

describe: \_\_\_\_\_

What is your program's

mission? \_\_\_\_\_

\_\_\_\_\_

Funded

by: \_\_\_\_\_

Geographic Area

Served: \_\_\_\_\_

If a food pantry, how frequently in a 3-month period can a client receive food: \_\_\_\_\_

How long is that food supposed to last? \_\_\_\_\_

If a Soup Kitchen, what hours and days do you serve meals? \_\_\_\_\_

Aside from the food aspect of your program, do you provide other services? Please describe these services.

Are your clients infants \_\_\_\_\_, children \_\_\_\_\_, men \_\_\_\_\_, women \_\_\_\_\_ or families \_\_\_\_\_?

Number of Clients served per day \_\_\_\_\_, or per week \_\_\_\_\_ or per month \_\_\_\_\_

Meals served:

Brkfst \_\_\_ Lch \_\_\_ Din \_\_\_ Sun \_\_\_ Mon \_\_\_ Tue \_\_\_ Wed \_\_\_ Thurs \_\_\_ Fri \_\_\_ Sat \_\_\_

# of refrigerators: \_\_\_\_\_ Sizes: \_\_\_\_\_

# of freezers: \_\_\_\_\_ Sizes: \_\_\_\_\_

Do you have any Scale to weight incoming food? \_\_\_\_\_ (mandatory)

Hours of operations for TBH deliveries: \_\_\_\_\_

Where are the deliveries made, i.e., front door, West Side of  
bldg. \_\_\_\_\_

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Hours of operation for  
clients: \_\_\_\_\_

Name of person certified in safe food  
handling: \_\_\_\_\_

Our facility can handle the following types of food: (please check those that apply)

Non perishable only: \_\_, frozen: \_\_\_\_, bread & packaged bakery: \_\_\_\_,

fresh produce: \_\_\_\_, prepared foods: \_\_\_\_\_,

## **AGENCY PARTICIPATION AGREEMENT**

The agency must not sell any food delivered by Tampa Bay Harvest

The agency must control the food distribution in a supervised manner and reasonable attempt to remove all risks to the recipients associated with the distribution. This includes observing Safe Food Handling procedures.

The agency must provide an environment that allows the volunteer to deliver food safely. This includes, but is not limited to:

- Agreeing that you will allow for a yearly inspection by TBH Management personnel
- There can be absolutely no unattended or uncaged animals on the premises at any time during delivery
- Providing proper lighting
- Removing any physical hazards, which may injure the volunteer
- Providing an accessible scale to properly weigh the food (a bathroom scale is suitable)
- Have a certified safe food handler affiliated with your program (time is given to comply with this request)
- An agency representative must be present to receive a delivery, at the time a delivery is scheduled to arrive

In addition, Tampa Bay Harvest requests that the receiving agency provide:

- someone to help the volunteer unload, and
- access to a phone for calling in the weight

If a volunteer arrives at an agency and finds unsafe conditions, the volunteer has been instructed not to deliver food to that location. They are to report the incident to TBH management who will request that the matter be corrected within a reasonable period of time.

**Continued failure to comply with these requirements may result in cancellation of deliveries**

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

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

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

## RELEASE, INDEMNITY AND HOLD HARMLESS AGREEMENT

This RELEASE, INDEMNITY AND HOLD HARMLESS AGREEMENT, ("Release") executed as of the \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_, by \_\_\_\_\_ a, \_\_\_\_\_ ("Recipient") in favor of TAMPA BAY HARVEST, INC., a Florida Corporation Not For Profit, ("TBHI") and referred to jointly with Recipient as either Party or Parties.

WHEREAS, Recipient operates a facility that functions in part, to feed hungry persons that might not otherwise have readily available food;

WHEREAS, TBHI operates to locate and deliver or arrange for the delivery of food that might otherwise be discarded to facilities such as that operated by Recipient;

WHEREAS, TBHI has agreed to arrange for the donation and delivery or to arrange for the delivery from time to time of certain food items (the "Food") which will be donated to Recipient;

WHEREAS, Recipient acknowledges that TBHI would not have arranged for the donation and delivery of or delivered the Food and that the TBHI donor would not have donated the Food but for the execution of this Release by Recipient; and,

WHEREAS, as an inducement and condition to TBHI to arrange for the donation and delivery of or deliver the Food, Recipient has agreed to execute this Release in the form hereinafter set forth.

NOW THEREFORE, for and in consideration of having the Food delivered by TBHI, Recipient, on behalf of itself and its successors, subsidiaries, principals, agents, representatives, employees, members, assigns, guests, clients, customers and invitees (all hereinafter collectively referred to as the ("Releasing Party")) does hereby release, discharge, and forever relinquish TBHI and its subsidiaries, principals, agents, representatives, partners, and officers, past or present employees, agents, members, and directors, all persons for whom they could be vicariously liable, and all successors and assigns, (all hereinafter collectively referred to as the ("Released Parties")) and agrees to assume responsibility for, and to indemnify, defend and hold harmless the Released Parties, from and against any and all liability, loss, costs, and expenses, including, but not limited to, attorneys' fees, claims, suits and judgments of every kind and nature, including third party claims for indemnity, contribution, and other cause of action, whether in connection with any injury to, or death of, any person or persons or loss of or damage to any party resulting from or in any way whatsoever connected with the Releasing Party's or anyone else's consumption of the Food or carrying out of any activities in connection with the donation and delivery of the Food, whether such injury, death, loss or damage results from the partial or sole negligence of the Released Party.

DATED this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Name of Recipient Agency:

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Type of Operation:

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Authorized Signatory:

By: \_\_\_\_\_

Title: \_\_\_\_\_