



PARTNER PICK-UP AGENCY CONTRACT

The Member Agency named below (“the Agency”) desires to participate in BRAFB’s Partner Pick Up Program (“BRAFB”) and agrees as follows:

Partner Agency Responsibilities

1. The Agency assigned to stores will provide a point of contact for store management to call for pick-up scheduling or other needs.
2. The Agency will attend trainings announced by the BRAFB.
3. The Agency picking up refrigerated or frozen items such as meat, produce, dairy and deli items are required to maintain temperature during transport and storage. Approved devices include temperature-controlled coolers, thermal blankets or active temperature devices (i.e. refrigerated truck/unit). The Agency is responsible for acquiring and maintaining these devices.
4. The Agency is required to log the temperatures on frozen and cooler product at the time of pick-up and again at delivery to Agency storage. Temperature handling guidelines must be adhered to. (See attached chart for proper guidelines.) Product that falls outside of temperature guidelines must be destroyed. Temperature logs should be maintained and available for review by the BRAFB upon request.
5. The Agency will have identification cards available for presentation to the donor at the time of pick-up. Cards will be issued by BRAFB.
6. The Agency is responsible for documenting the weight of each direct pick-up and is required to report PPU activity on Meal Connect on-line portal within 7 days of a scheduled pick up. The weight must be taken on an accurately calibrated scale. The BRAFB uses the reported weights to compile the poundage to the retail donor Partner and Feeding America.
7. The Agency will contact the Branch Manager regarding any issues that arise with the retail donor Partner.
8. The Agency is responsible for notifying BRAFB when any information below changes.
9. If the Agency is found to be out of compliance with the above guidelines, privileges of participating in the Partner Pick-Up Program may be revoked.

Agency Name: _____ Agency Number: _____

Executive Director (print): _____

Executive Director (sign): _____ Date: _____

Contact Person for Pick-Up: _____

Contact Person Phone: _____ Contact Person E-mail: _____

For BRAFB Use Only (DO NOT COMPLETE THIS SECTION):

Store: _____ Store Number: _____ Date Assigned: _____

BRAFB Representative: _____