

# Appendices



**Second Harvest Food Bank**  

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*Of Central Florida*

## APPENDIX A

### Basic Food Storage Guidelines

1. Store food in a clean, dry, secure, and well-ventilated place. **Dry goods should be kept at 50-70 degrees F.**
2. Store all products at least **six inches from the floor** and **away from the wall** in order to deter insects and/or rodents. (You may obtain pallets free of charge from the Food Bank to assist you.)
3. Do not stack case lots of food up to the ceiling.
4. Be sure to keep food storage areas clean. Floors should be swept and shelves should be washed regularly, as bacteria tend to flourish in dust and dirt.
5. Rotate your stock, and institute a **FIFO** ("first in, first out") system. Be sure to check dates, especially on items such as baby food and infant formula.
6. Keep your refrigerator and/or freezer clean, defrosted, and in good working order. All refrigerators, freezers, and walk-ins must have thermometers. **Refrigerators should be kept at 35-41 degrees F. Freezers should be kept at 0 degrees F or below.**
7. **Store non-food items separately from food items** in order to avoid contamination or spills. If a separate area or room is not available, store non-food items on shelves below the shelves holding food. In the refrigerator, store raw foods on shelves below cooked foods.
8. If necessary, wash cans and jars before distributing or opening.
9. Throw away anything that is infested, is discolored, smells bad, bulges, leaks, is rusty, has mold on it, or just doesn't seem right to you. **"When in doubt, throw it out."**
10. Do not access more food than you can safely distribute or use within 60 days.
11. If your agency prepares meals on site, we strongly suggest that a staff member have **Florida Food Manager Certification**. Call the Food Bank to learn how this can be acquired. **All** staff or volunteers who prepare meals should have basic safe food handling skills. The Food Bank periodically offers SafeStaff training. Call for the next class date or to reserve a space.

## **APPENDIX B**

### **Waste Not, Want Not**

### **The Client Choice Pantry**

For a variety of reasons—including lack of time or lack of volunteers—many pantries prepare bags or boxes ahead of time so that when clients ask for food, the food is ready for them. The advantages of this system are

- the boxes can be prepared ahead of the “rush,”
- the boxes can be filled with nutritionally balanced meal items,
- record keeping and food distribution can be controlled easily.

This system has one major disadvantage, however, and that is that the client’s family may not eat the food in the box because they don’t like it, don’t know how to prepare it, or don’t have the equipment with which to prepare it. Perhaps their immune systems will not tolerate it. When this happens, the food is wasted.

We at Second Harvest Food Bank of Central Florida would like you to consider trying the **client choice pantry**. In this system, the client “shops” your pantry for food he/she needs. There are several advantages to this.

- **No food is wasted.** The client takes only what will really be consumed in the household.
- **Money can be saved by both the agency and the client.** The agency saves money because it does not have to go to a store to supplement food available at the Food Bank. The pantry only provides what it can access... from whatever part of the food “pyramid.” The client can use money saved by accessing pantry food to get whatever else is needed at the store. We all know that no pantry can supply all of a client’s needs; pantries are an emergency supplement anyway.
- **The client is empowered to retain control over his/her family’s food supply.** When options in life are few, decision-making is a powerfully humanizing experience.

Of course, some limits and controls are necessary on amounts taken by clients. But those who run client choice pantries testify that clients are almost always considerate of each other and appreciate the friendly environment.

If you want to learn more about client choice pantries, contact the Food Bank.

## APPENDIX C

### Components of a Dry Food Box

To prepare a food box make sure you include a variety of foods from all food groups if possible. Make sure canned goods are placed at the bottom of the box and lighter products (like cereal boxes) on top. You can find a good selection of foods in dried or canned forms. A good food box should use as a guide the five Food Groups:

1. Cereals, Pasta, Bread, Rice, Starchy vegetables: Instant, ready to eat, dry.  
**Examples:**

Instant Mashes potatoes	Dry Pasta (lasagna, spaghetti and others)
Fresh bread	Hamburger/Tuna Helper
Macaroni and Cheese	Pop tarts/Breakfast bars
Pancake mix	Instant Oatmeal/Farina
Corn/Oatmeal Flakes	Minute Rice/Rice
Taco shells, Tortillas	Grits
Crackers (Ritz, Saltines and others)	
2. Vegetables: Canned, vegetable juices
3. Fruits and Juices: Canned fruits; bottled, canned or dry juices, dry fruits.  
**Examples:**

Dry fruits/mixes	Applesauce
Jams/Fruit Preserves	Canned Fruits
Juices(canned/bottled/dry)	
4. Milk, Yogurt and Cheese: Evaporated, dry or UHT milk, grated cheeses, cheese products  
**Examples:**

Cheese Whiz  
Evaporated, dry or UHT milk (ultra high temperature treated milk, comes in boxes, does not need refrigeration until opened.  
Grated Parmesean/Romano Cheese
5. Meat, Poultry, Fish, Legumes – Beans, Eggs and Nuts: Canned meats, fish and poultry and nuts.  
**Examples:**

Corned Beef	Beef Stew/Chili
Vienna Sausages <i>and similar items</i>	Peanut Butter/Nuts
Tuna, sardines	Canned Chicken/Turkey/Ham
Pork and Beans	Dry/Canned beans

In addition to the food include Fats, Oils, Sweets, Snacks, Drinks and Seasonings if possible

**Examples:**

Cooking Oils	Sports Drinks (Gatorade, etc.)
Salad dressings	Cookies/Cake mixes
Cocoa/Coffee/Tea	Potato chips and similar items

Mayonnaise/Mustard  
Salt/Pepper/Sugar  
Sodas/Water  
Popcorn/Candy

Cooking Herbs/Seasonings  
Spaghetti sauces  
Catsup/Tomato sauce  
Nutritional Supplements (drinks or bars)

The amount of food to include will depend on how many meals and persons are going to eat from the food given. Calculate 1.5 pounds per person per meal. Make sure to include breakfast and regular meal items as well as snacks.

## APPENDIX D

### Guidelines for Record Keeping

Because our food is all donated, we keep careful track of what happens to it for the donor. All Food Bank member agencies agree, on the **Memorandum of Agreement**, to the following forms of record keeping.

#### Emergency Pantries

The Memorandum of Agreement reads:

**Must keep an accurate record for one year of product that is taken home by clients. The following records must be on site and available to the Second Harvest Food Bank or food company representative. The record must contain the following information:**

- |                          |                               |                   |
|--------------------------|-------------------------------|-------------------|
| <b>A. Date</b>           | <b>B. Name of client</b>      | <b>C. Address</b> |
| <b>D. # in household</b> | <b>E. # days' food supply</b> |                   |

Some of our agencies keep more information than this in order to follow up on service to the client or record referral information; however, what is listed above is the minimum required by the Food Bank.

See the accompanying sheet for a sample format for a distribution record.

#### Agencies that Serve On-Site

The Memorandum of Agreement reads:

**Must keep an accurate record for one year of product that is consumed on-site by clients through records of menus and the number of meals served.**

You do not need to print the menu in advance, but you should record what is actually served and to how many people. These records should be available to the Second Harvest Food Bank or food company representative.

See the accompanying sheet for a sample format for a weekly menu.

**RECORD KEEPING**  
*recuerdos de distribucion*

**Date:** \_\_\_\_\_  
*fecha*

**Name:** \_\_\_\_\_  
*nombre*

**Address:** \_\_\_\_\_  
*direcciones*

\_\_\_\_\_

**Phone # (if available)** \_\_\_\_\_  
*telefono*

**Number of Persons in Household:** \_\_\_\_ adults \_\_\_\_ children  
*cuantas personas en la casa*

**Number of Meals or Days' Food Supply:** \_\_\_\_\_ meals or days (circle)  
*cuantas comidas o comestibles para cuantos dias*

**RECORD KEEPING**  
*recuerdos de distribucion*

**Date:** \_\_\_\_\_  
*fecha*

**Name:** \_\_\_\_\_  
*nombre*

**Address:** \_\_\_\_\_  
*direcciones*

\_\_\_\_\_

**Phone # (if available)** \_\_\_\_\_  
*telefono*

**Number of Persons in Household:** \_\_\_\_ adults \_\_\_\_ children  
*cuantas personas en la casa*

**Number of Meals or Days' Food Supply:** \_\_\_\_\_ meals or days (circle)  
*cuantas comidas o comestibles para cuantos dias*

## APPENDIX E

### Monthly Soup Kitchen Menu Form

Month of \_\_\_\_\_

Week 1 \_\_\_\_\_ (date) # of people fed \_\_\_\_\_

food

drink

Week 2 \_\_\_\_\_ (date) # of people fed \_\_\_\_\_

food

drink

Week 3 \_\_\_\_\_ (date) # of people fed \_\_\_\_\_

food

drink

Week 4 \_\_\_\_\_ (date) # of people fed \_\_\_\_\_

food

drink

Week 5 \_\_\_\_\_ (date) # of people fed \_\_\_\_\_

food

drink

# APPENDIX F

## Weekly Soup Kitchen Menu Form

Menus for the Week of...							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Breakfast							
Snack							
Lunch							
Snack							
Dinner							
Snack							

# APPENDIX G

## Monthly Emergency Food Pantry Distribution Record

Second Harvest Food Bank of  
Central Florida

Monthly Emergency Food Distribution Record

Month: \_\_\_\_\_  
mes  
Year: \_\_\_\_\_  
año

	<b>Date</b> <i>Fecha</i>	<b>Name</b> <i>Nombre</i>	<b>Address</b> <i>Dirección</i>	<b># in Household</b> <i># en la Casa</i>	<b># of Day's Food</b> <i>Comida para # días</i>
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17					
18					
19					
20					

## APPENDIX H

### APPLICATION FOR AUTHORIZATION TO DRAW FOOD AND RELATED PRODUCTS FROM SECOND HARVEST FOOD BANK OF CENTRAL FLORIDA

Name of Applicant Organization \_\_\_\_\_

Address of physical location \_\_\_\_\_ Phone # \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

City \_\_\_\_\_ County \_\_\_\_\_ Zip Code \_\_\_\_\_

Food Program Contact Person \_\_\_\_\_ Phone # \_\_\_\_\_

Highest Organization Authority \_\_\_\_\_ Phone # \_\_\_\_\_  
(e.g. pastor, president, director)

Fax # \_\_\_\_\_ E-Mail Address \_\_\_\_\_

*In drawing donated food and related products from Second Harvest Food Bank of Central Florida (SHFB), the above organization affirms and agrees:*

1. That it is a 501(c)(3) CHARITABLE ORGANIZATION. Please attach: a) a copy of your 501(c)(3) letter from the Internal Revenue Service and b) your Florida Consumer's Certificate of Exemption.
2. That it will accept items it chooses to draw from SHFB in "as is" condition.
3. That SHFB and the original product donor specifically disclaim any warranties or representations, expressed or implied, as to the purity or fitness for consumption of items drawn from SHFB.
4. That the original donor and SHFB are exempt from any liability resulting from the condition of the donated food. Agency further agrees to hold SHFB and the original donor free and harmless against all and any liabilities, damages, losses, claims, causes of action, and suits of law or inequity or any obligation whatsoever arising out of any action of said agency or any personnel employed by the said agency in connection with its storage and use of donated food.
5. That it will adhere to the policies and procedures, additions, and revisions specified by SHFB.

The undersigned hereby affirm that they are authorized agents of the applicant organization, and their legal signatures do bind the applicant organization to the terms, conditions, and limitations of the application agreement.

I declare under the penalty of perjury that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Highest Organization Authority

Date \_\_\_\_\_

\_\_\_\_\_  
Signature of Food Program Contact Person

Date \_\_\_\_\_

**All agencies, please fill in the information on this page.**

**AGENCY INFORMATION**

Please describe your organization and the program in which you propose to use products drawn from SHFB. You may not use SHFB products for any purpose not clearly stated and described here, unless later approved by SHFB with an amendment to this application.

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This food program is: *(Please check appropriate answers below.)*

- |  |  |
|--|--|
| Emergency box/bag/pantry _____               | Day care for children _____                      |
| Red Cross chapter _____                      | Day care or drop-in for adults _____             |
| Soup kitchen _____                           | Senior program _____                             |
| Shelter (short-term homeless) _____          | Rehab program _____                              |
| Residential (group homes, safe houses) _____ | Youth programs (after school, camps, etc.) _____ |
| Other (please describe) _____                |  |

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If you are located in **Lake, Orange, Osceola, or Seminole** Counties, please provide clear directions from Princeton St. and John Young Pkwy. to your organization’s location. If you are in **Volusia** County, from I-95 and Int’l Speedway Blvd.; if in **Brevard** County, from Wickham Rd and Nasa .

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Please list **up to THREE (3)** people who will be the official agency shoppers at the Food Bank:

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If you provide food to be prepared at the client’s home, please fill in the **box** labeled “Emergency Pantry.” If you prepare meals or snacks for clients to consume at your agency, please fill in the **box** labeled “On-Site Meal Program.”

**Fill in this page ONLY if your agency has a program that gives out bags or boxes of food.**

**EMERGENCY PANTRY** (providing food to clients for home preparation and consumption)

What year did your food program begin? \_\_\_\_\_ How can a person contact your organization? \_\_\_\_\_

What are your usual days and hours of operation?

<u>Days</u>	<u>Hours</u>
Monday _____	_____
Tuesday _____	_____
Wednesday _____	_____
Thursday _____	_____
Friday _____	_____
Saturday _____	_____
Sunday _____	_____

What is the number of households served each month? \_\_\_\_\_

What is the average number of people per household? \_\_\_\_\_

What is the number of days' food supply given each household? \_\_\_\_\_

How often may the household receive food? \_\_\_\_\_  
(example: 1 time per month)

How do you determine a client's eligibility? \_\_\_\_\_

If any people served are **not needy** as defined in the *Partner Agency Administrative Policies*, please explain the circumstances of serving them.

Are any fees, dues, offerings, goods, or services required of clients? Yes \_\_\_\_\_ No \_\_\_\_\_ If "yes," please describe: \_\_\_\_\_

Do you have records documenting food distribution through this program for a minimum of 90 days? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Note: Records should contain the client's name and address, the number in the household, the number of days' food supply given, and the date of distribution.)

**Fill in this page ONLY if your agency has a program that serves prepared meals or snacks.**

**ON-SITE MEAL PROGRAM** (providing meals or snacks to be consumed at the agency)

What year did your food program begin? \_\_\_\_\_ How can a person contact your organization? \_\_\_\_\_

Please fill in the days and number of clients eating meal or snack service:

<u>Days</u>	<u>Number of People Served at Meals</u>			
Monday	Breakfast _____	Lunch _____	Dinner _____	Snack _____
Tuesday	Breakfast _____	Lunch _____	Dinner _____	Snack _____
Wednesday	Breakfast _____	Lunch _____	Dinner _____	Snack _____
Thursday	Breakfast _____	Lunch _____	Dinner _____	Snack _____
Friday	Breakfast _____	Lunch _____	Dinner _____	Snack _____
Saturday	Breakfast _____	Lunch _____	Dinner _____	Snack _____
Sunday	Breakfast _____	Lunch _____	Dinner _____	Snack _____

Please describe how often this meal service is offered. (e.g. Monday through Friday or once a month)

How do you determine a client's eligibility? \_\_\_\_\_

If any people served are **not needy** as defined in the *Partner Agency Administrative Policies*, please explain the circumstances of serving them.

Are any fees, dues, offerings, goods, or services required of clients? Yes \_\_\_\_\_ No \_\_\_\_\_

If "yes," please describe: \_\_\_\_\_

Do you have records documenting this program for a minimum of 90 days? Yes \_\_\_\_\_ No \_\_\_\_\_  
(Note: Records should consist of menus and the number of people served.)

Does your staff have training in sanitation and safe food handling? Yes \_\_\_\_\_ No \_\_\_\_\_

# APPENDIX I

## MEMORANDUM OF AGREEMENT

I, \_\_\_\_\_, the Highest Organization Authority (*pastor, president or director*) of \_\_\_\_\_, agree to, and will comply with, the following criteria for participating in the Second Harvest Food Bank of Central Florida (SHFB).

1. Must have a 501(c) (3) on file prior to joining the Second Harvest Food Bank of Central Florida (SHFB). A Florida Consumer's Certificate of Exemption is suggested as well.
2. Must ensure that all product storage and handling will conform with state and local regulations. I understand that all product from SHFB must be stored/ prepared on the premises of the agency, and that the agency storage or distribution site can not be a private residence. No food may be stored/ prepared at an off-site location without SHFB approval.
3. It is recommended that on-site agencies receive regular inspections by the local County Public Health Unit. Agencies that do not receive health inspections agree to comply with Second Harvest guidelines, recommendations for safe food handling and facility maintenance with no exceptions. Failure to comply with Second Harvest recommendations will result in partnership termination. On-site agencies must also have a staff member who has attended either the Food Manager's Workshop administered by the Department of Business and Professional Regulation, Division of Hotels and Restaurants Hospitality Education Program, or the Sanitation and Safe Food Handling Seminar offered at SHFB.
4. Must operate year-round food assistance program(s) with a focus on ending hunger or feeding a needy population. The agency must have documentation of food distributions for at least 3 months prior to joining the Food Bank. Short-term feeding programs (such as summer camps) are acceptable in conjunction with year-round feeding programs, but only if their focus is on ending hunger or feeding a needy population.
5. Program must serve a minimum of 50% proven low-income individuals. Must have a mission dedicated to serving the ill, needy or children. (Definition of "needy": A needy person is one who lacks the necessities of life, involving physical, mental or emotional well-being, as a result of poverty or temporary distress). A copy of the organization's Articles of Incorporation may be requested.
6. Agencies with programs serving the ill and/or children must submit a letter attesting that at least 50% of the clients served are at or below the current USDA income eligibility scale provided by the Florida Department of Agriculture and Consumer Services.
7. Must cooperate with other food providers serving the same zip code service area(s). Must show an understanding of being part of SHFB's 6 county network of cooperative food providers.
8. Must distribute all products received from SHFB for use within our service area, unless otherwise approved.
9. Must assume responsibility for, and be able to account for, product use, once removed from the SHFB warehouse. Must ensure that products ordered will not exceed the size of my program.
10. Must not sell, barter, transfer or share donated products in exchange for money, services, or other products, or use product items in any fashion other than to serve my own clientele.
11. Must not give donated products to staff for personal use, serve donated products for general congregation use, or serve donated products for agency events.
12. Must not require or request clients to pay, donate or make any contribution of money or services to agency.
13. Must keep all product invoices on site for one year and have them available to SHFB representatives.
14. Must agree to be monitored by SHFB staff prior to acceptance and annually, in the form of an appointment or an impromptu visit.

15. Partnership is updated every two years. A renewal application will be mailed to the agency at the beginning of the renewal period.
16. Pantries must keep an accurate record for one year of food distribution to clients. These records must be on-site and available to the SHFB or food company representative. The record must contain the following information:
  - A. date
  - B. name of client
  - C. address/phone #
  - D. # in household
  - E. # days' food supply
17. Soup Kitchens or residential programs must keep an accurate record for one year of product that is consumed on-site by clients through records of menus and the number of meals served.
18. Dual-program agencies must have separate storage for on-site and emergency pantry food programs.
19. Must be agreeable to help support the operation of SHFB through payment of shared maintenance fees.
20. Must not require clients to participate in prayer or in a religious service in order to receive food. Must not require attendance at religious services, prayer, or "counseling" as a prerequisite or in conjunction with food distribution or receiving food. Must not use program to foster or advance religious or political views.
21. Must not discriminate in the provision of services on the basis of race, creed, religion, color, gender, sexual orientation, disability, marital status, veteran status, national origin, age, pregnancy, political beliefs, or any other characteristic protected by law.
22. Each agency must name a food program coordinator and no more than three authorized shoppers. All authorized shoppers must attend a New Agency/ New Shopper Orientation. Must notify SHFB in writing if/when this program changes location, director, contact, shoppers, or type or size of food program.
23. Must agree that agency status at SHFB will be considered inactive if agency does not shop for 11 months or more, and must agree to reapply and be monitored in order to be reactivated.
24. SHFB reserves the right to terminate its relationship with this agency for non-compliance of this agreement or attachments. SHFB reserves the right to refuse service or food. Food Bank membership will be approved on a probationary basis. SHFB reserves the right to limit the amount and type of food the agency may receive.

\_\_\_\_\_ Date \_\_\_\_\_  
**Signature of Highest Organization Authority**  
*(e.g. pastor, president, director)*

\_\_\_\_\_ Date \_\_\_\_\_  
**Signature of Food Program Contact Person**

**The above agency is accepted/renewed as a partner of Second Harvest Food Bank of Central Florida.**

\_\_\_\_\_ Date \_\_\_\_\_  
**Signature for SHFB**

## APPENDIX J

### Unlocking the mysteries of the inventory...

#### What information from the inventory do I need to know so I can order?

You need to know all of it to make a good ordering decision, but if two pieces of information are more important, they would be **storage** and **packing**.

- “STORAGE” tells whether a product needs to be refrigerated (“REF” in the inventory), frozen (“FROZEN”), or kept at room temperature (“DRY”).
- “PACKING” tells what size container the product is in and how many containers each case holds.

#### How do I make sense of the “PACKING” column?

The number on the left of the slanted line is the number of containers in a case; the number on the right of the slanted line is the size of each container.

Examples:

cranberry ginger ale	12/1 lit	Translation: 12 1-liter bottles
chopped green chilies	6/#10	Translation: 6 #10-size cans (the big ones!)
vanilla ice cream	3/gallon	Translation: 3 1-gallon containers
whole kernel corn	48/#300	Translation: 48 #300-size cans (under 1 lb.)
fresh sweet potatoes*	bulk**	Translation: All together in one case

\* “**Fresh**” vegetables are just that... fresh! They are really produce—which means they usually go out at no shared maintenance—but if we have enough of the item, we list it on the inventory.

\*\* “**Bulk**” is a really tricky category. Sometimes the bulk item can be divided easily (such as pulling out a few potatoes from the box), and sometimes it cannot (such as working with a chunk of frozen meat). Only take bulk food if you can work with it using safe food handling practices!

#### Product Codes

BABY – baby food	HBC – health & beauty products
BEV – beverages	JUI - juice
BP – bread or baking products	MEA – main dish (meal)
CER – cereal	MET - meat
CLE – cleaning products	NF – non-food item
CON – condiments	NUTRI – nutritional supplement
DAI – dairy products	PAS - pasta
DRE – salad dressings	PRO – protein products (eggs)
DSR – dessert products	SNA - snacks
FRT – fruit	VEG - vegetables

PUR – Purchase products (these need to be paid for at the time)

TEF(County initial) – USDA products (these require a separate USDA contract)

Mix 1 – dry salvage

Mix 2 – frozen salvage

Mix 3 – refrigerated salvage

Mix 4 – produce

Mix 10 – FREE salvage

BP – bread

## **APPENDIX K**

### *Second Harvest Food Bank of Central Florida Agency Shopping Guidelines*

#### **Warehouse Shopping/Pick Up**

- All agencies must make an appointment to shop and pick up orders/pre-orders/online orders. (Agencies may pick up produce and/or bread only without an appointment but during regular shopping hours.) Our regular shopping hours are Monday through Wednesday: 8:00am-12:45pm, 2:00-2:45pm; Thursday through Friday: 8:00am-12:45pm.
- Agencies must arrive by their scheduled appointment time. Late appointment arrivals (15 minutes or more past scheduled appointment time) will either have to wait for next available shopping opportunity, or have to reschedule appointment for another day. No guarantees for agencies arriving late for appointments.
- Please use our pre-order system whenever possible. It will speed up appointment times and eliminate long waits. You can pre-order by fax or on-line (call Judy Soondar for a password, x 26). You can pre-order up to three days before your appointment, but **no later than 24 hours before your appointment.** Remember to put your agency name or account number on your pre-order.
- Agencies that choose to submit orders on the same day of their appointment will be required to place an order no larger than 15 cases. Orders exceeding this limit will be rescheduled to be picked up at another appointment time.
- Shoppers- those authorized to sign for the agency—must be on the approved shoppers list. (To add or delete a shopper, fax or send written authorization to change our records.) No more than three shoppers per agency may enter the warehouse. If you send notice of a new shopper, be sure to specify who is to be removed.
- Please park your vehicle in front of the Food Bank. Enter the building through the lobby, not through the warehouse. Sign in at the receptionist's desk so that we know you are here.
- Agencies must wear closed-toed shoes in the warehouse and rubber-soled shoes if you plan to enter the cooler or freezer. Shoppers must ask to have a Second Harvest staff member open the cooler or freezer door for them.
- Please limit your shopping time in the salvage area to 30 minutes, and do not repack salvage banana boxes. Use an empty banana or other box for collecting bread.

- Children are not allowed in the warehouse or near the loading dock area. They are welcome to remain in the lobby. Shoppers must be at least 16 years of age.
- Only when your order is finalized should you pull your vehicle up to the loading dock. No one is to be on the ground while a vehicle is moving. Step down to load only when the vehicle has been parked and turned off, and the driver has exited the vehicle.
- If you are going to be late, please call the receptionist. If you will miss a shopping appointment, please call and cancel so that another agency can use the time. Agencies that consistently miss appointments without notice of cancellation will be suspended.
- Agencies will be required to bring their own help for loading vehicles. No guarantees that Second Harvest Warehouse staff or volunteers will be available to load vehicles.

**Delivery Service**

- All delivery pre-orders must be submitted no later than 48 hours in advance. Agencies will have the option to change their order up to 24 hours in advance.
- All agencies agree to pay a minimum delivery fee of \$25.00. Deliveries exceeding 25 miles will be charged \$1.00 for each additional mile.
- ***All orders for delivery must be a minimum of 50 cases.*** There will be no delivery fee charged for orders that are TEFAP only, however delivery fees will be charged to any Food Bank product.

**Delivery Schedule by County**

<b>Orange County</b>	<b>Seminole County</b>	<b>Osceola County</b>	<b>Lake County</b>
Deliveries made weekly. 48 hour advanced notice required.	Deliveries made during the 1 <sup>st</sup> and 3 <sup>rd</sup> Thursdays of the month only.	Deliveries made during 2 <sup>nd</sup> and 4 <sup>th</sup> Thursdays of the month only.	Deliveries made during 1 <sup>st</sup> and 3 <sup>rd</sup> Wednesday of the month only.

## **APPENDIX L**

### **SAFE SALVAGE**

Although trained volunteers have carefully sorted through the food that you find on the salvage line in an effort to ensure product safety, it is also up to the agency to use common sense and food safety guidelines to review product before passing it on to your clients. Here are some things to look for.

#### **Cans**

Spoilage can occur over time even if a can is not dented or is only slightly dented.

Discard any cans that begin to bulge or that have

- Swollen or bulged ends (except carbonated beverages where bulged ends are normal). Press firmly on the top of the can—if you can move it, throw it out.
- Ends that can be pushed in or out.
- Retort buckles on seams (severe dents on seams).
- Severe creasing anywhere, but especially on the side or end seams.
- Dents at juncture of side and end seams.
- Excessive rustiness.
- Obvious leaks or are lighter in weight than they should be.

Also discard cans that are so badly bent that they can't be opened by a manual opener or can't be stacked.

#### **Packaged Food**

For product that has only one layer of packaging, such as flour or sugar in paper bags, or pasta products in paperboard boxes (with no inner bags),

- Reject if the package has a break so that the product is leaking out.
- Reject if there has been any taped repair made to the package prior to its arrival at the Food Bank.
- Reject if there is evidence of contamination by other products (check for stains, odor, etc.).

For product that has two layers of packaging, such as boxed cereal or cake mix,

- Reject if the inner packaging has any break, tear, or other opening.
- Accept if the inner packaging is unbroken. There must be an airtight inner seal in order to accept the item. Repair the outer package with tape to hold it together.

Reject vacuum packs if they have lost their vacuum seal.

#### **Bottles and Jars**

For product in these containers,

- Check the safety button. If the button is up, reject it.
- Reject if the lid has been loosened, or if any of its contents are missing.
- Reject if there is visible dirt under the lid.
- Reject if there is mold, discoloration of contents, unusual product separation.

## APPENDIX M

### Agency Monitoring Form

Date \_\_\_\_\_  
New Applicant \_\_\_\_\_  
Member Update \_\_\_\_\_  
Agency Number \_\_\_\_\_

#### **AGENCY INFORMATION**

Agency Name \_\_\_\_\_  
Physical Location Address \_\_\_\_\_ Phone # \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
Fax # \_\_\_\_\_ E-Mail Address \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
City \_\_\_\_\_ County \_\_\_\_\_ Zip \_\_\_\_\_  
Is this mailing address for: Contact \_\_\_\_\_ Billing \_\_\_\_\_ Administration \_\_\_\_\_

#### **INTERVIEW INFORMATION**

Director of Agency \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_  
(Highest Agency Authority)  
Contact Person \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_  
Person Interviewed \_\_\_\_\_ Title \_\_\_\_\_ Phone # \_\_\_\_\_

#### **GENERAL INFORMATION**

**Category:** *(please check)*      Emergency Pantry       On-site Feeding       Both

#### **Type of Program:**

Pantry     Soup Kitchen     Residential     Day Care     Seniors     Youth/Camp   
Multi-Service     Shelters     Rehab Centers     Red Cross     Other  \_\_\_\_\_

Agency Description \_\_\_\_\_

How do people find out about your program? \_\_\_\_\_

What geographic areas do you service? \_\_\_\_\_

Approved Shoppers (list 3 only): \_\_\_\_\_

\_\_\_\_\_

How often do you visit the Food Bank? Weekly  Bi weekly  Monthly  As needed

What are the present sources of food? \_\_\_% Donated \_\_\_\_\_% Purchased \_\_\_\_\_% Food Bank

Do you ask for donations from those you help? Yes  No

Are people required to attend religious services in order to receive food? Yes  No

Are people required to work in exchange for food? Yes  No

Do people receive the food as rewards/premiums? Yes  No

**RECORDS**

Do you keep invoices from the Food Bank on the premises? Yes  No

Do you keep Food Bank invoices for one year? Yes  No  Invoices Checked

Do you keep records on the number of people receiving food? Yes  No  Records Checked

Do you keep menus and records of number served at each meal? Yes  No  Records Checked

Do you receive USDA commodities? Yes  No  Records Checked

**FOOD PANTRY**

Do you have scheduled hours? Yes  No

Days	✓	Times
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

**Do you accept:**

Walk ins

Appointments

Both

**Which items do you distribute?**

Frozen  Dry Goods

Refrigerated  Produce

May the food bank refer clients to your program? Yes  No

What are your eligibility guidelines? \_\_\_\_\_

How often can people receive food? \_\_\_\_\_

What is the number of households served each month? \_\_\_\_\_

What is the average number of people per household? \_\_\_\_\_

What is the number of days' food supply given each household? \_\_\_\_\_

## SOUP KITCHEN

What days do you serve?			
Days	Yes/No	Time	# Served
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

How many meals served per week? \_\_\_\_\_

What are your eligibility guidelines? \_\_\_\_\_

How many meals served per month? \_\_\_\_\_

## RESIDENTIAL DAY CARE

Description of Program: \_\_\_\_\_

Number of clients receiving food: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Snack \_\_\_\_\_

Number of staff receiving food: Breakfast \_\_\_\_\_ Lunch \_\_\_\_\_ Dinner \_\_\_\_\_ Snack \_\_\_\_\_

Do you have a program fee? Yes  No  How much? \_\_\_\_\_

What percentage of residents are low income/eligible for government assistance? \_\_\_\_\_

How many meals served per month? \_\_\_\_\_ People served per month? \_\_\_\_\_

## STORAGE

	PANTRY YES/NO	ON-SITE YES/NO
Is the food stored in a locked area?		
Is there limited access to storage area?		
Is food off the floor?		
Is bulk food in protective containers?		
Are toxic/cleaning supplies stored separately?		
Is TEFAP/USDA product stored separately?		
Is area pest/rodent free?		

How often do you exterminate? \_\_\_\_\_

Is refrigerator clean and at appropriate temperature? Yes  No  How many? \_\_\_\_\_ Size \_\_\_\_\_

Is freezer clean and at appropriate temperature? Yes  No  How many? \_\_\_\_\_ Size \_\_\_\_\_

Are thermometers in freezers and refrigerators? Yes  No

## TEFAP

1. Do you have a current copy of your agency's TEFAP Contract with the Food Bank on file? Yes { } No { }

- Who attended the training for your agency?

2. Do you keep all TEFAP records for 3 years? Yes { } No { }

3. Do you keep a record on the number of people receiving TEFAP during each distribution?  
Yes { } No { }

*For Pantries this must include a names of individuals that receive TEFAP food on a particular day.*

*For Soup Kitchens this must include the number of meals served on a particular day for each meal.*

4. Do you have a certificate of eligibility for all eligible individuals/families? Yes { } No { }

*Soup Kitchens do not need eligibility form. Individuals presumed needy if they show up for a meal.*

5. Are you keeping TEFAP commodities separated from all other inventory for all programs?  
Yes { } No { }

6. Do you have the "And Justice For All" poster in clear view in each distribution location?  
Yes { } No { }

7. Does your agency keep a temperature log on all refrigerators, freezers, and dry storage areas?  
Yes { } No { }

*If No, note that any loss will be the responsibility of the agency*

8. Have you had to dispose of any TEFAP food? Yes { } No { }

If "Yes" please give the commodity name, amount disposed of and reason for disposal.

Did you notify the Food Bank? Yes { } No { }

# AGENCY FEEDBACK

Comments, Suggestions, Concerns, Complaints

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## FOOD BANK

Is food bank food being used for the stated purpose?      Yes       No

If no, explain: \_\_\_\_\_  
\_\_\_\_\_

Are amounts drawn from the food bank consistent with agency program?    Yes     No

Explain: \_\_\_\_\_  
\_\_\_\_\_

Comments or recommendations \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Cleanliness:            excellent       good       needs improvement       unacceptable

Recording keeping:    excellent       good       needs improvement       unacceptable

Storage area size      excellent       good       needs improvement       unacceptable

## RECOMMENDATIONS:

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Signature of Agency Representative Interviewed \_\_\_\_\_ Date \_\_\_\_\_

Signature of Food Bank Monitor \_\_\_\_\_ Date \_\_\_\_\_

Signature for Food Bank Management Approval \_\_\_\_\_ Date \_\_\_\_\_

## **APPENDIX N**

### SUB-DISTRIBUTORS OF USDA TEFAP COMMODITIES – AGREEMENT BETWEEN THE STATE-CONTRACTED RECIPIENT AGENCY AND SUB-DISTRIBUTORS

This Agreement, hereinafter called the “Agreement” made this \_\_\_\_ day of \_\_\_\_\_, 2005 by and between the state-contracted Recipient Agency, Second Harvest Food Bank Central Florida called the “Recipient Agency” whose address is 2008 Brengle Avenue, city of Orlando and \_\_\_\_\_ called the “Sub-Distributor” whose address is \_\_\_\_\_ city of \_\_\_\_\_, county of \_\_\_\_\_.

This agreement is for the distribution of the Recipient Agency’s United States Department of Agriculture (USDA) donated commodities under The Emergency Food Assistance Program (TEFAP) by the Sub-Distributor.

In consideration of the mutual premises hereinafter contained, the parties agree that this Agreement will be performed in accordance with the following conditions.

I. Sub-distributors attest that:

1. It is an emergency feeding organization as defined in 7CFR 251.3.
2. It is located within the state-contracted Recipient Agency’s designated service area.

II. Sub-distributor agrees to:

1. Administer and distribute TEFAP commodities in compliance with the requirements of 7CFR 251, 7CFR 250 (as applicable), all pertinent policies, rules, regulations, and any procedures established by the Florida Department of Agriculture and Consumer Services.
2. It will distribute USDA TEFAP commodities only to benefit eligible people served in its designated service area.
3. Determine eligibility of households prior to issuing any TEFAP commodities for household consumption. In case of self-declaration, to use the current income eligibility chart issued by the Florida Department of Agriculture and Consumer Services, Bureau of Food Distribution, prior to July 1 of each year.
4. Use TEFAP commodities only for distribution to eligible households or for congregate feeding. TEFAP commodities shall not be sold, exchanged or otherwise disposed of without the approval of the Florida Department of Agriculture and Consumer Services.
5. Allow the Florida Department of Agriculture and Consumer Services access to or finish whatever information is necessary for the Department to conduct reviews, and monitor progress or performance to determine conformity with intended program purposes. The sub-distributor shall permit representatives of the Department or USDA to visit its sites or sub-distributor sites; inspect donated food in storage, or the facilities used in handling or storing donated food; to monitor distributions, and to review and audit all records pertinent to TEFAP at any reasonable time during normal working hours.
6. Not require any client to pay for TEFAP commodities, join any organization or group, attend or participate in a religious practice or service, or any other activity unrelated to

the distribution of TEFAP commodities, as a condition for receiving TEFAP commodities. Donations shall not be solicited in any manner from clients.

7. Will not re-distribute TEFAP commodities to any other agencies or programs.

**III. Receipt of Commodities.** All emergency-feeding organizations must sign a receipt for any TEFAP commodities received. The receipt must include the number of cases of each TEFAP commodity, the name of the sub-distributing agency receiving the commodities, date and recipient's signature. Sub-distributors should keep a copy of the signed receipt for its files.

**IV. Issuance Records**

- 1. Food Pantries. Any emergency feeding organization distributing TEFAP commodities to households for home consumption must keep a record, for each day that they distribute food, of the names of all households that receive food. It is recommended that site staff have the recipients sign a receipt or a list at each distribution. It is not a Federal requirement to record the specific foods or quantities issued to a household.
- 2. Soup Kitchen. Sites do not have to maintain records of the names of people to whom they serve meals, and meal recipients do not have to sign for their meals.

**V. Termination For Cause.** This agreement may be terminated by either party upon no less than thirty (30) calendar day's notice, for cause, unless both parties mutually agree upon a lesser time. Said notice shall be delivered in writing by certified mail, return receipt requested, or in person with proof of delivery.

**VI. Storage Facilities.** The Sub-Distributor certifies that it has the proper facilities for the storage and protection of USDA TEFAP commodities. If frozen or refrigerated TEFAP commodities are stored by the Sub-Distributor, it agrees to take a daily temperature reading of the freezer and cooler so long as USDA TEFAP commodities are stored therein. USDA considers any loss of commodities due to freezer failure as negligence and subject to loss claim action.

**VII. Civil Rights Certification.** In accordance with Federal law and U.S. Department of Agriculture policy, Sub-Distributor agree to not discriminate on the basis of race, color, national origin, sex, age, or disability.

To file a complaint of discrimination write USDA, Director, Office of Civil Rights, 326-W, Whiten Building, 1400 Independence Avenue, SW, Washington, DC 20250-9410 or call 202-720 5964 (voice and TDD). USDA is an equal opportunity provider and employer.

Signed by parties to this agreement:

Name of Sub-Distributor:

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

SHBFCE Official Use Only

**Name of State-Contracted Recipients Agency**

Second Harvest Food Bank of Central Florida

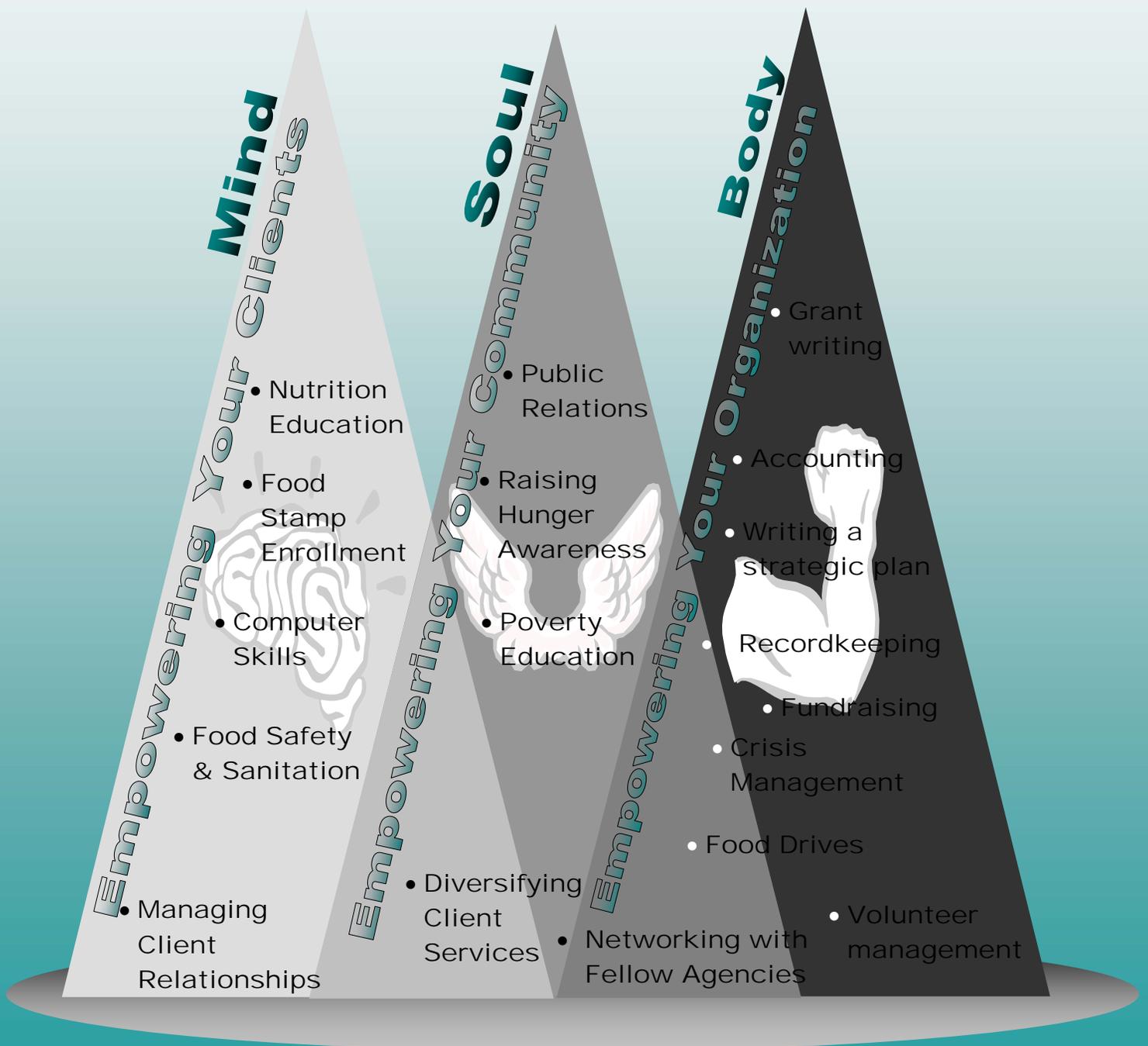
\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date

# ADEPT: Agency Development, Education & Partnership Training

This book and curriculum was developed and produced by the Second Harvest Food Bank of Central Florida's **ADEPT** program.

The goal of the **ADEPT** program is to empower our Partner Agencies through education. In order for ADEPT to promote an effective and efficient approach to hunger, food insecurity and nutrition, we have to develop the **Mind, Soul** and **Body** of our Partner Agencies.



For more information about **ADEPT** please contact the Agency Training & Development Manager (407) 295-1066 ext. 20.