



# AGENCY Application Form

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

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

*(Please circle Y or N)*

Not for Profit: Y N      501 (c) (3) Tax Status: Y N      Volunteers / Staff Available to Help with Delivery: Y N

Administrative Contact: \_\_\_\_\_ Phone \_\_\_\_\_ Email: \_\_\_\_\_

Type of Program *(Please circle all that apply):*

SHELTER    SENIOR PROGRAM    SOUP KITCHEN    FOOD PANTRY    AFTER SCHOOL    DAY CARE    OTHER

Major Demographic:    PRESCHOOL    ages 6-12    ages 12-21    men    women    seniors    other

Approximately, how many people do you feed monthly? \_\_\_\_\_

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

Delivery Instructions: \_\_\_\_\_

Staff Contact #1 *(available during deliveries):* \_\_\_\_\_

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

Days and Times available: \_\_\_\_\_

Staff Contact #2 *(available during deliveries):* \_\_\_\_\_

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

Days and Times available: \_\_\_\_\_

Staff Contact #3 *(available during deliveries):* \_\_\_\_\_

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

Days and Times available: \_\_\_\_\_

What days and time can you receive food? *(Please circle Y or N)*

Monday: Y/N      Time: \_\_\_\_\_      Tuesday: Y/N      Time: \_\_\_\_\_

Wednesday: Y/N      Time: \_\_\_\_\_      Thursday: Y/N      Time: \_\_\_\_\_

Friday: Y/N      Time: \_\_\_\_\_      Saturday: Y/N      Time: \_\_\_\_\_

Sunday: Y/N      Time: \_\_\_\_\_

Special Food Requirements: \_\_\_\_\_

Types of food you are unable to accept: \_\_\_\_\_

Available freezer space (write down the number):    Total # \_\_\_\_\_    Walk In \_\_\_\_\_    Stand Alone \_\_\_\_\_    Freezer Unit \_\_\_\_\_

Available Refrigerator space:    Total # \_\_\_\_\_    Walk In \_\_\_\_\_    Stand Alone \_\_\_\_\_    Freezer Unit \_\_\_\_\_

- |   |     |    |
|---|-----|----|
| 1. Do you or does someone on your staff have Food Safety Certification?   | Yes | No |
| 2. Is your kitchen under the jurisdiction of the local health department? | Yes | No |
| 3. Do you have a current Board of Health Certificate?                     | Yes | No |
| 4. Are you willing to take a food safety handling class?                  | Yes | No |
| 5. Do you agree to reasonable inspection of your facility for evaluation? | Yes | No |
| 6. Will you agree to follow specified food handling guidelines?           | Yes | No |

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



# RECIPIENT AGENCY Checklist

- Completion of application.
- Proof of non-for-profit agency tax exempt status (501c3).
- Copy of current satisfactory health inspection.
- Satisfactory inspection of your facility for agency evaluation form from **Table to Table, Inc.**
- Food/meals must be provided directly, with NO COST whatsoever, to people in need.
- Food handling certification (recommended).
- Ability of staff to provide proper food handling.
- Accessible location in Bergen County.
- Hours of operation compatible with **Table to Table, Inc.**
- Sufficient staff/volunteers to assist in receiving donations.
- Continual implementation of safe food handling practices to ensure participation in the program.



# AGENCY Release Form

Whereas, **Table to Table, Inc.** has offered to provide and supply donated food and related items as available to:

\_\_\_\_\_ ,  
a 501 © (3) charity hereafter referred to as "Donee".

Whereas, Donee has warranted to **Table to Table, Inc.** that all items received will be duly inspected by a qualified member of their staff and found to be fit for human consumption, or they will not be accepted.

Therefore, Donee hereby warrants, represents and guarantees as follows:

1. That it has been awarded the status of 501 © (3) charity by the Internal Revenue Service.
2. The Donee will **neither offer for sale, sell, trade, transfer or barter the items supplied by Table to Table, Inc. in exchange for money, other properties or services from either recipients or other agencies.** Nor shall a "membership" fee or any other fee be required from recipients for receipt of donated food. If the Donee agency finds itself with excess food received through **Table to Table, Inc.**, Donee agency will contact **Table to Table, Inc.** for instructions for distribution disposition.
3. That **Table to Table, Inc.**, and the primary donor(s) have specifically disclaimed any guarantees, warranties or representations, expressed or implied, as to the purity or fitness for consumption of any or all such donated items.
4. That all items accepted are accepted in an "as is" condition.
5. That Donee will utilize employees or volunteers having sufficient training, expertise in evaluation, handling, preparation and feeding of donating items to safely and properly judge, handle, prepare and feed.
6. The Donee, because of the qualifications of its personnel, as above specified, hereby accepts full responsibility for the purity and fitness for human consumption of any and all items accepted.
7. The Donee will store and serve the product received in accordance with the recommendations of their local Board of Health and/or other safe food handling guidelines as recommended by **Table to Table, Inc.**
8. The Donee hereby warrants and guarantees to **Table to Table, Inc.** and to the primary donor(s) that it will hold them harmless of action, suits of law or in equity, or any obligation whatsoever, arising out of or attributed to any action.
9. The Donee will use the items related to its exempt purpose and solely for the feeding of people in need.
10. Donee agrees to abide by the policy of nondiscrimination in provisions of providing food for the specific needs stated in Donee's application. All donated products will be distributed in an equitable manner, following the established distribution standards.



# AGENCY Release Form

11. Donee agrees to reasonable evaluation of its facility by representatives of **Table to Table, Inc.** to assure use of safe food handling procedures and appropriate equipment and facilities for food received from **Table to Table, Inc.**
12. Donee understands that **Table to Table, Inc.** may terminate its donation distribution agreement immediately upon finding a violation of this agreement immediately upon finding a violation of this agreement. Donee organization understands that **Table to Table, Inc.** may take legal action required for recovery, through intentional misuse of donated product.

**THE UNDERSIGNED HEREBY ATTESTS THAT HE/SHE IS A LEGALLY WARRANTED AND AUTHORIZED AGENT, OF THE DONEE, WHOSE NAME APPEARS BELOW, AND BY HIS/HER SIGNATURE DOES HEREBY BIND IT TO THE TERM, CONDITIONS AND LIMITATIONS OF THIS DOCUMENT OF RELEASE.**

Dated this \_\_\_\_\_ Day of \_\_\_\_\_

Signature \_\_\_\_\_

Name of Agent \_\_\_\_\_

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

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone \_\_\_\_\_



# CURRENT REQUIREMENTS for Recipient Agencies

Reasonable on-site visits by **Table to Table** staff and volunteers must be agreed upon to assure safe food handling procedures and use of appropriate equipment and facilities for food received from **Table to Table**.

Direct violation of safe food handling practices will result in termination of participation in the program. The agency can only reapply after the problem has been satisfactorily addressed.

***Complete compliance with NJ Sanitary Code Chapter 24 is mandatory, with special attention to:***

## **Documentation**

- Health Department permit displayed and copy mailed to Table to Table
  - Previous Health Department inspection available
  - Delivery temperatures recorded
  - Anti-choking signage present
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## **Employee Health and Good Hygiene Practices**

- No sick or symptomatic food handler present
  - No smoking, gum, tobacco, eating or drinking in food service area
  - Gloves, bandages and first aid kit available
  - Proper hair restraints worn in food service area
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## **Hand Washing**

- Proper hand washing
  - Food handlers do not contact ready-to-eat food with bare hands
  - Hand washing sinks have signs, are accessible, clean, stocked and usable
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## **Protection with Contamination**

- Proper use of food hierarchy in storage
- Food stored in packages, covered containers or wrappings
- Food stored in appropriate locations
- Food utensils stored properly
- Utensils/equipment/contact surfaces in good repair
- Food on display stored is protected
- Single service items not reused
- Proper sanitizing at dishwasher machine (100-194 degrees F or chemical)
- 3-part sink present, sufficient size and proper concentration of sanitizer
- Utensils/equipment/contact surface properly cleaned and stored
- Wiping clothes are used/stored properly and are at proper concentration
- All lighting sources are properly shielded in areas where food, utensils and equipment are prepared or stored
- Trash receptacles are sufficient
- Dumpster area free of debris, lid closed



# CURRENT REQUIREMENTS for Recipient Agencies

## Time and Temperature Control for Safety

- Raw animal food cooked for proper internal cooking temperature
- TCS Food cooled to 70 degrees or less within 2 hours and to 41 degrees F or less within a total of 6 hours. Proper cooling method in use.
- Reheated product reaches a minimum of 165 degrees within 2 hours
- Items in hot holding at or about 135 degrees F
- TCS Foods in cold holding held at < or = 41 degrees F
- Frozen foods are held solidly frozen
- Food properly labeled and dated
- No expired product present
- Accurate food thermometer present
- Coolers have functioning thermometer
- Items properly thawed/slacked

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## Chemicals

- Chemicals labeled and properly stored
- No pest activity is observed
- Insect control devices are installed in areas to prevent contamination

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## Sewage and Plumbing

- No sewage back-up
- Hot and cold water available
- All plumbing in good repair