

Food Donation Program Partnership Agreement

I certify that _____ is a local food pantry or charitable organization who is exempt from tax under section 501(c)(3) of the Internal Revenue Code of 1986 (26 U.S.C. 501(c)(3)) and eligible for food donations from schools participating in the Child Nutrition Programs, the National School Lunch and School Breakfast Programs, Child and Adult Care Food Program (CACFP), and Summer Food Service Program (SFSP). This local food pantry or charitable organization is willing to accept donations of food provided by Prince George's County Public Schools with the understanding that these donated food items were recovered from food served to students, but not opened or consumed. This local food pantry or charitable organization understands persons or organizations making donations of such foods are protected against civil or criminal liability to the extent provided under the Bill Emerson Good Samaritan Food Donation Act, found in Section 22 of the Child Nutrition Act.

This local food pantry or charitable organization will accept the following foods:

A. Unopened Items Requiring Temperature Control

Milk (all flavors): Yes___ No___

Juice: Yes___ No___

String Cheese: Yes___ No___

Yogurt: Yes___ No___

Prepared packaged foods (such as sliced apples, carrots and vegetables): Yes___ No___

B. Perishable Items Not Requiring Temperature Control

Uncut, Whole Fruit (Apples, Bananas, Nectarines, Pears, Plums, etc.): Yes___ No___

C. Unopened Food Not Requiring Temperature Control

Pre-wrapped Baked Goods (i.e. bagels, muffins, etc.): Yes___ No___

Cereal: Yes___ No___

Cereal Bars and Granola Bars: Yes___ No___

Unopened Condiment Packets (Dips, Catsup, Mustard, Salad Dressing, Jelly, Mayonnaise, etc.): Yes___ No___

Packaged Snacks (Chips, Popcorn, Cookies, Crackers, etc.): Yes___ No___

Other: Yes___ No___ If yes, specify:

Which days will donations be accepted?

____ Monday ____ Tuesday ____ Wednesday ____ Thursday ____ Friday

Time available for delivery of donations: _____ a.m. to _____ p.m.

School Information

School Name: _____

Principal Name: _____

Principal Signature: _____ Date: _____

School/Parent Volunteer Representative Collecting Donation:

Local Food Pantry Information

Name: _____

Address: _____

Phone Number: _____

Food Pantry Representative Name: _____

Submit a signed copy of the Food Donation Program Partnership Agreement form to
PGCPS Department of Food and Nutrition Services.