



## VIRGINIA'S TABLE ENABLER

### DIRECT DONATION AGREEMENT OF PARTICIPATION

\_\_\_\_\_ agrees to the following terms and conditions set forth in  
AG# \_\_\_\_\_ NAME \_\_\_\_\_  
this agreement to become an enabler agency in partnership with the Central Virginia Foodbank (CVFB) and the Food Lion and/or Pizza Hut stores:

- To accept the store assignment provided by the CVFB and negotiate food pick-up times with the respective store manager
- To use the donated food for your program participants only, unless there is a surplus. In the event of a surplus of food, it should be shared with another CVFB partner agency
- To attend the Safe Food Handling Seminar sponsored by the CVFB and continue to use the skills/practices learned
- To forward donor receipts to the CVFB by the fifth of each month. Receipts are due even if no food was received (indicate reason on the form)
- To forward to the CVFB the monthly Census Report regarding client services
- To continue regular, once a month, food withdrawals from the CVFB
- To represent the CVFB in a responsible manner during food pick-ups
- To attend scheduled meetings at the CVFB
- To provide written notice to the CVFB on week prior to termination in the enabler program

\_\_\_\_\_  
Agency Director (print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Agency Director (signature)

\_\_\_\_\_  
Daytime #



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SHOPPER'S AUTHORIZATION AGREEMENT

As a participating partner of the Central Virginia Foodbank and as the Director of: \_\_\_\_\_, I authorize the following persons to pick-up food from CVFB donors on our behalf:

\_\_\_\_\_  
Authorized Shopper Daytime number

\_\_\_\_\_  
Authorized Shopper Daytime number

\_\_\_\_\_  
Authorized Shopper Daytime number

\_\_\_\_\_  
Agency Director (print)

\_\_\_\_\_  
Agency Director (signature)

\_\_\_\_\_  
Date

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CVFB USE ONLY

COMMENTS:

