



Second Harvest Food Bank BackPack Program Agreement Between Second Harvest Food Bank of NW PA (SHFB) and

School Name Sheffield Area Elementary School

School Address 6760 Route 6

City, State, Zip Sheffield PA 16347

Principal Name Mrs. Marcia Madigan Phone 814-968-3720

BackPack Coordinator Name Steve Burick Phone 814-968-3720

Program Partner Name Warren County School District

Address 6820 Market Street

City, State, Zip Russell, PA 16345

Packing Coordinator Name Matthew Jones Phone 814-723-6900

I. Purpose

The BackPack Program meets the needs of hungry children by providing them with nutritious and easy-to-prepare food to take home on weekends and school vacations when other resources are not available. By signing this agreement, all parties agree and understand their respective duties and responsibilities related to the administration of the BackPack Program.

School Responsibilities - The school principal agrees to assign a **BackPack Coordinator** who will be responsible for the following:

1. Serve as the main liaison to SHFB
2. Identify participants, implement a process to ensure confidentiality for each student, and a discreet distribution process to the students

3. Distribute communication materials about the program to parents of participants
4. Identify food allergies the child may have (peanuts, milk, etc.) and flag their name so that those items will not be distributed to them
5. Maintain a permission slip on site for each participating child
6. Keep accurate records and submit monthly reports to SHFB by the last day of the month
7. Inform SHFB in writing of any changes in the Backpack Program personnel, days & hours of operation, and/or number of children served
8. Guarantee that food items provided by SHFB will not be sold, used for other school programs or fundraisers, given to staff or used for any other purpose other than to provide food to hungry children.
9. Receive Backpacks on the designated day
10. Store the food that is delivered to the school/site off the floor and in a secure place
11. Ensure that the site complies with all applicable federal, state and local statutes, ordinances and regulations
12. Certify that all staff and volunteers with direct repetitive contact with children pass all Act 153 background check requirements
13. Complete annual evaluation materials and submit to SHFB
14. Be available for at least one annual site visit

Program Partner – Will be responsible for the following:

1. Pack food in Backpacks as instructed by SHFB
2. Deliver Backpacks to the school on day designated and provide food free of charge
3. Certify that at least one individual regularly involved in the handling of product will obtain food safety training from SHFB
4. In the performance of its or their obligations under this agreement that it, or they will comply with all applicable federal, state, and local laws and regulations
5. Inform SHFB in writing of any changes to personnel
6. Certify that all volunteers who have direct repetitive contact with children pass all Act 153 background check requirements
7. Store all product received from SHFB off the floor and in a secure place
8. Communicate problems and requests to SHFB in a timely manner
9. Send an inventory list to SHFB Backpack Administrator at the end of each month
10. Ensure that food items provided by SHFB will not be sold, used for other programs or fundraisers, given to staff/volunteers or used for any other purpose other than to provide food to hungry children.
11. Be available for at least one annual site visit

Second Harvest Food Bank of NW PA agrees to:

1. Appoint a Backpack Administrator for the Backpack Program, providing oversight and leadership in program research, design and development, and collaborative guidance in program implementation
2. Ensure that program partner meets national and local Backpack Program objectives through annual monitoring inspections and periodic site visits during designated hours of operation. Any issues needing to be addressed will be communicated in writing to the program partner within seven business days
3. Identify and procure staple food items and/or supplies necessary for the operation of the Backpack Program
4. Provide food to the Program Partner/School in a timely manner
5. Provide or coordinate training opportunities for Backpack Program staff and volunteers as appropriate such as program administration and safe food handling.

II. Fees

SHFB supports the Backpack Program through grants and donations. Program Partners are needed to pledge a specified amount to help defray the cost of the Backpack Program. Program Partner agrees to notify SHFB of any prospective funding opportunities that may be available. Any fundraising events initiated by the Program Partner must be approved, in writing, by SHFB beforehand.

III. Terms of Agreement

The effective date of this agreement shall be fixed by the SHFB after the agreement has been fully executed by all members and the agreement has been returned to SHFB. The agreement shall continue to be in effect from year to year until and unless terminated by either party in accordance with the terms and conditions of this agreement.

IV. Termination of Agreement

The School or the Program Partner may terminate this agreement by giving thirty (30 days) written notice to SHFB. If the School or the Program Partner shall fail to fulfill in a timely manner its obligations under this agreement, or in the event of violation of any of the terms or conditions contained herein, SHFB shall thereupon have the right to terminate this agreement by giving written notice to the parties specifying the effective date of termination. SHFB reserves the right to immediately terminate this agreement due to the non-availability of funds or commodities for distribution by it.



School Name
School Administrator Print <u>Mrs. Marcia Madigan, SAES Principal</u>
School Administrator Signature _____
Date _____

Program Partner Name
Program Partner Director Print <u>Mrs. Donna Zariczny, WCSD Board President</u>
Program Partner Signature _____
Date

Second Harvest Food Bank of NW PA
Executive Director Signature _____
Date

