

# SB 1383 Food Recovery: Compliance Agreement

To be completed by food donor (business), and signed by both food donor and food recovery organization

## Food Recovery Requirement

Tier 1 & Tier 2 generators must donate the maximum amount of edible food that would otherwise be disposed to a food recovery organization or service (e.g. food banks, food pantries, soup kitchens, etc.). (SB 1383, Section 18991.3)

## Food Donor Information

Organization Information		
Organization name		
Street Address		
City	State	Zip Code
Primary Contact		
First Name	Last Name	
Email Address	Phone Number	
Title		

## Food Recovery Information

Please complete the following information for the food recovery organization(s) to which you will be donating.

Organization Information		
Organization name		
Street Address		
City	State	Zip Code

## Food Recovery Information (continued)

Primary Contact	
First Name	Last Name
Email Address	Phone Number
Title	

### What type of relationship do you have or will you have with this food recovery organization?

Existing Food Recovery Relationship: Our business has already been donating to this organization

Food Donation Start Date: \_\_\_\_\_

New Food Recovery Relationship: Our business will start donating to this organization

### Please provide the following information for the food recovery organization.

Affiliation <i>Check all that apply</i>	Types of Food Donated (or to be Donated) <i>Check all that apply</i>	Total Pounds of Food Donated (or to be Donated) <i>Fill in the blank. If entering a new food recovery relationship, please provide an estimate</i>
<input type="checkbox"/> San Diego Food Bank <input type="checkbox"/> Feeding San Diego <input type="checkbox"/> Food Donation Connection <input type="checkbox"/> Other: _____	<input type="checkbox"/> Non-perishable Food (shelf-stable packaged food) <input type="checkbox"/> Perishable Food (fresh produce, dairy, meats, baked goods, etc.) <input type="checkbox"/> Prepared (hot, cold, or frozen prepared food) <input type="checkbox"/> Other: _____	_____ lbs. <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____

### Food is donated (or will be donated) to this food recovery organization on the following days and times:

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Times							

### Food is recovered (or will be recovered) via: *Check all that apply*

**On-site Pickups**  
The food recovery organization will travel to our business site, pick-up the food, and transport it back for distribution

**Self Haul**  
Our business will transport and deliver the food to the food recovery organization

**Other:**  
\_\_\_\_\_

## Signatures and Acknowledgements

*Food Donor* — I hereby certify that the information provided in this Agreement is true and correct to the best of my knowledge.

Signature
Food Donor Signature <i>Please place signature in this field</i>
Food Donor Printed Name
Date

*Food Recovery Organization* — I hereby certify that the information provided in this Agreement is true and correct to the best of my knowledge.

Signature
Food Recovery Organization Signature <i>Please place signature in this field</i>
Food Recovery Organization Printed Name
Date

### Note for Food Recovery Organizations

SB 1383 requires businesses to only donate edible food that is fit for human consumption to food recovery organizations and services. If you are receiving donations of food that are moldy, rotten, inedible, or otherwise unfit for distribution, the City of Carlsbad Sustainable Materials Division is here to support you and help intervene. Please contact them to report any issues of donation dumping.

#### City of Carlsbad Sustainable Materials Management Division

[FoodRecovery@carlsbadca.gov](mailto:FoodRecovery@carlsbadca.gov) | 760-602-4646