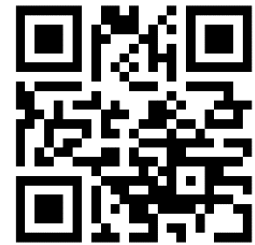


City of Long Beach

Edible Food Recovery Partnership Form

Senate Bill (SB) 1383

State law SB 1383 requires certain businesses and government entities (defined as **Commercial Edible Food Generators**) to arrange to recover the maximum amount of edible food that would otherwise be disposed. Food recovery organizations can rescue this surplus edible food and then redistribute it to community members in need.



longbeach.gov/donatefood

SB 1383 requires businesses to hold a written agreement with a food recovery organization that will recover the business's excess edible food. This Edible Food Recovery Partnership form can be used to fulfill this requirement, provided that a physical copy of this form is kept on-site and can be provided to the City during an inspection.

Directions on how to use this form:

Section 1 (pages 2-4) should be completed by the business that will be donating food.

Section 2 (pages 5-7) should be completed by the organization that will be recovering food from the business.

Both parties should sign the agreement on page 8.

Important Information

Food Safety: All food recovery activities should be executed in compliance with all federal, state, and local regulations for safe food handling.

Donation Dumping: Knowingly providing unusable or inedible food—or intentionally delivering food outside of the agreed-upon windows—is unacceptable and grounds for intervention by the City of Long Beach.

Federal Tax Incentives: Charitable food donation is eligible for federal tax incentives and enhanced tax deductions, provided that donations meet eligibility criteria. Please seek legal counsel for tax filing and consult with your partnering food recovery organizations to obtain the necessary donation receipts required to claim any tax incentives and/or deductions.



Section 1: Commercial Edible Food Generator Information

This section should be completed by the business that will be donating food.

General Information

1. Please complete the following fields about your organization.

Organization Information		
Organization Name		
Street Address		
City	State	ZIP Code
Primary Contact		
First Name	Last Name	
Email Address	Phone Number	
Title		
Organization Type		
<input type="checkbox"/> Supermarket <input type="checkbox"/> Grocery store <input type="checkbox"/> Food wholesaler <input type="checkbox"/> Food distributor <input type="checkbox"/> Food service provider <input type="checkbox"/> Restaurant <input type="checkbox"/> Hotel	<input type="checkbox"/> Hospital/ Health facility <input type="checkbox"/> Public school <input type="checkbox"/> State agency cafeteria <input type="checkbox"/> Event venue <input type="checkbox"/> City-permitted large event (Ex: festival) <input type="checkbox"/> Other (Please describe): <hr/>	
Organization Size		
Business Square Footage	Number of cafeteria/restaurant seats, if applicable:	Number of hotel/hospital beds, if applicable:

Business Hours of Operation	
Monday	Friday
Tuesday	Saturday
Wednesday	Sunday
Thursday	

Food Donation Logistics

2. Please indicate all the potential types of food your business generates and can donate.

Category	Food Type
Non-perishable food	<input type="checkbox"/> Shelf-stable packaged food (canned, boxed, packaged food)
Perishable food	<input type="checkbox"/> Fresh produce (fruits, vegetables) <input type="checkbox"/> Dairy (milk, cheese, yogurt) and eggs <input type="checkbox"/> Meat, seafood <input type="checkbox"/> Bread, baked goods <input type="checkbox"/> Beverages (sparkling water, juice, coffee, soda)
Prepared food	<input type="checkbox"/> Hot prepared food <input type="checkbox"/> Cold prepared food <input type="checkbox"/> Frozen prepared food
Other	

3. Approximately how much food is available for donation per week? *Please provide a range in pounds.*

Category	Range in Pounds
Non-perishable food	
Perishable food	
Prepared food	
Other	

4. My business can donate food on the following days and times:

Days and Times of Donation	
Monday	Friday
Tuesday	Saturday
Wednesday	Sunday
Thursday	

5. Additional comments, if any:

Section 2: Food Recovery Organization Information

This section should be completed by the Food Recovery Organization that will be recovering food from the Commercial Edible Food Generator listed in Section 1.

General Information

1. Please complete the following fields about your organization.

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

2. Please indicate all the potential types of food your organization can recover.

Category	Food Type
Non-perishable food	<input type="checkbox"/> Shelf stable packaged food (canned, boxed, packaged food)
Perishable food	<input type="checkbox"/> Fresh produce (fruits, vegetables) <input type="checkbox"/> Dairy (milk, cheese, yogurt) and eggs <input type="checkbox"/> Meat, seafood <input type="checkbox"/> Bread, baked goods <input type="checkbox"/> Beverages (sparkling water, juice, coffee, soda)

Prepared food	<input type="checkbox"/> Hot prepared food <input type="checkbox"/> Cold prepared food <input type="checkbox"/> Frozen prepared food
Other	

Food Recovery Logistics

3. Please indicate the possible days and times that food can be recovered from the Commercial Edible Food Generator. If you will establish food recovery on a regular, weekly basis, specify the days and times in the table below. If your organization is open to recovering food on an on-call basis, indicate the days and times you are available for on-call donations.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Possible times						
Regular weekly pickups						
On-call availability						

4. Food will be recovered via:

- On-site pick-ups:** Your organization will travel to the Commercial Edible Food Generator site, pick up the food, and transport it back for distribution.
- Self-haul:** The Commercial Edible Food Generator will transport and deliver the food to our organization.
- Other:

5. Total pounds of food per month collected from this Commercial Edible Food Generator will be reported back to the Generator on a monthly basis via:

- Email
- Other

6. Additional comments, if any:



Agreement Date and Signatures

Commercial Edible Food Generator Business (from Section 1) Date and Signature

Commercial Edible Food Generator Business Name

Printed Name of Person Signing

Signature

Date

Food Recovery Organization (from Section 2) Date and Signature

Food Recovery Organization Name

Printed Name of Person Signing

Signature

Date