



Harvest CROPS

Community Residents Offering Produce Seasonally

A 501(c)(3) nonprofit organization serving San Diego county

2112 Ensenada Street, Lemon Grove CA 91945 ❖ (619) 318-3423 ❖ www.harvestcrops.org

"Give us permission to fulfill our mission"

APPLICATION FOR *DONATED RESIDENTIAL PRODUCE* DISTRIBUTOR.

Organization: _____ Webpage: _____

Non-profit 501(c)(3) Registered: Yes No If yes, federal tax ID number: _____

Contact Leader: (First Last): _____ Cell No: _____

E-mail: _____ Text (above): Yes No:

2nd Contact Leader: _____ Cell Number: _____

E-mail: _____ Text (above): Yes No:

Office Phone No: _____ Fax No: _____ Other No: _____

Distribution Address: _____ Unit: _____

City: _____ ZIP: _____ Cross-Street: _____

Days of distribution: _____ Hours of distribution: _____

Describe your storage capabilities: None Dry Refrigerated Pounds limit: _____ Other: _____

➡ Meeting date: _____ Time: _____ At distribution address. Possible for pickup or volunteers to harvest: Yes No

Our mission: Harvest residential fruit with volunteers for the benefit of unfortunate people.

As a receiver of the donated residential fruit, you and your organization agrees to:

- ❖ Distribute to the hungry and needy public: **NOT FOR SALE.**
- ❖ Inform receivers of the source of residential produce, **NOT STORE BOUGHT NOR STORE DONATED.**
- ❖ Report any suspicious or tampered produce. (feedback on punctures, unusual residue or obvious rot)
- ❖ Distribute less than three (3) days in the winter (turnaround). Summer: two (2) days if no refrigeration.
- ❖ Discard leftover or rotten produce, maintaining a clean receiving bin or containers.
- ❖ Ensure success of given fruit and/or wasted volume (if any) to Harvest CROP.
- ❖ **Post a copy of this agreement for staff and public view.**

Thank you for your collaboration, feeding less fortunate people who greatly appreciate your hard work and dedication.

I/We have read the above statement and understand what is expected from me and our organization.

Print Name (management only): _____ Title: _____

Signature: _____ Date: _____