

## **AMENDMENT TO MEMBER AGENCY AGREEMENT**

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This amendment is entered into on this date \_\_\_\_\_ between Tri-State Food Bank, Inc. hereinafter referred to as TSFB and \_\_\_\_\_, located at \_\_\_\_\_ hereinafter referred to as the “Agency”.

### **Terms of the Agency Amendment:**

The parties mutually agree to amend the agreement with changes to the Membership Guidelines – Agency Handbook as follows:

#### **1. Page 7. Donated Food**

In accordance with Feeding America guidelines, TSFB requests that participating agencies support the Foodbank’s food distribution program through a shared maintenance fee of 18¢ per pound for all donated food.

#### **2. Page 7. Purchase Program**

TSFB will not assess a standard per pound flat fee but instead continue to price purchase products as reasonably as we are able for our agencies.

#### **3. Page 17. Placing Orders**

Properly completed orders are required by 2 pm at least 3 business days before an Agency’s pickup/delivery. Orders can be submitted earlier than 3 business days before, but not later. Orders received after the 3 business day requirement will not be filled.

No changes can be made to an order within 3 business days of your pickup/delivery.

This Amendment shall take effect on September 1, 2024.

Except as set forth in this Amendment, the Agreement is unaffected and shall continue in full force and effect in accordance with its terms. If there is conflict between this Amendment and the Agreement or any earlier amendment, the terms of this Amendment shall prevail.

The Agency's authorized representative's signature below confirms that the Agency has accepted and agreed to abide by all terms of this amendment.

**Agency Signature:**

\_\_\_\_\_  
*Signature (must be signed by the highest authority in the organization, who is responsible for any and all actions of the organization)*

\_\_\_\_\_  
*Print or Type Name and Title of representative who signed this agreement*

\_\_\_\_\_  
*Date*

**TSFB Signature:**

\_\_\_\_\_  
*Signature*

Heather Owens Programs Director  
\_\_\_\_\_  
*Printed Name and Title*

\_\_\_\_\_  
*Date*