This agreement is entered into by and between the Akron-Canton Regional Foodbank, here after referred to as the Foodbank and ____________________________________________, a program partner. The Foodbank and the program partner have agreed that no part of this agreement supersedes any other Foodbank agreement.

All parties agree to the following:

1. The Foodbank and the program partner are required to maintain the confidentiality of client specific information for the protection and privacy of the client.

2. Network partners are not permitted to access or share any information as it relates to clients visiting other hunger relief organizations or attempt to use any of the non-income based information to deny service.

3. The Foodbank may collect data as it relates to poverty statistics and other related trends, however; client specific data will not be compromised.

4. Network partners may request permission to receive data reports from the Foodbank for the areas in which they serve. The format, content, and scope of these reports are at the discretion of the Foodbank.

5. The network partner is solely responsible for providing the necessary equipment, hardware and internet access in order to operate PantryTrak successfully.

6. The network partner is responsible for notifying the Foodbank if a user account needs to be deleted or changed for security purposes. The Foodbank reserves the right to deactivate user accounts that are not being used.

7. The network partner is responsible for collecting necessary information to fulfill the requirements of the electronic version of the Ohio Department of Job and Family Services Eligibility to Take Food Home form (JFS 04221).

8. The network partner will designate a PantryTrak Administrator who will conduct an e-signature audit at the end of each month and make any corrective actions to maintain compliance with ODJFS policies.

9. The Foodbank reserves the right to terminate the usage of PantryTrak to any network partner that compromises client confidentiality and/or does not follow the terms of this agreement, and any other Foodbank agreement.

I have read the above requirements and agree to abide by them, and I am authorized to enter into this agreement on behalf of the program partner.

(Program Contact Printed Name) __________________________ (Program Contact Signature) __________________________ (Date) __________________________

(Network Partner) __________________________
(Account #) __________________________

(ACRFB Rep Printed Name) __________________________ (ACRFB Rep Signature) __________________________ (Date) __________________________