

*Section 4. Appendices*

*4.1 Handbook Acknowledgement Form*

**PARTNER AGENCY HANDBOOK ACKNOWLEDGEMENT FORM**

As a partner agency of the Palm Beach County Food Bank, I understand that our agency, \_\_\_\_\_, must adhere to the rules and guidelines of being a partner agency. The rules and guidelines are outlined in the Partner Agency Handbook, which I certify that I have read and understood. I understand if I have questions about any aspect of being a Palm Beach County Food Bank partner agency, I should contact the Programs team.

I, \_\_\_\_\_, acknowledge that I have read the Handbook Acknowledgement Form on behalf of my agency, \_\_\_\_\_, in order to participate as a partner agency with the Palm Beach County Food Bank. I commit to sharing the information with the appropriate staff members and/or volunteers at my agency.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date