Business Name______________________________________________________________

Address _____________________________________________________________________

Name and Title of Contact Person______________________________________________

Phone Number ___________________________ E-Mail Address _______________________

Unincorporated Community Name: ____________________________________________ NAICS Code: __________________________

1. Are you currently donating your surplus food? □ Yes (if yes, use survey for business that donate) □ No
2. Are you part of a chain? □ Yes □ No
   a. If yes, please specify corporate or trade name: __________________________________________
   b. If yes, # of outlets in Los Angeles County? __________________________
3. Are you a member of any business associations? □ Yes (Name of Association: ____________) □ No
4. Please check all that apply to your business:
   a. Business Type:
      □ Bakery □ Fast Food □ Full Service Restaurant □ Catering □ Produce Mart □ Market/Grocery
      □ Food Distribution □ Food Manufacturing □ Venue □ Other __________
   b. Business Size: # of Employees: ______ Facility Size (sf): _______ # of Seats (for restaurant only): ______
   c. Food Preparation:
      □ Full Preparation Onsite □ Pre-Package/Made to Order □ Other __________
   d. Type of Food Generally Disposed:
      □ Uncooked/Expiring Fresh Items Diary/Meat/Produce □ Prepared Hot Items □ Prepared Cold Items
      □ Packaged/Canned Foods □ Food Prep/Trim (inedible) □ Other __________
   e. Food Composition:
      □ Variety (meat, seafood, dairy, produce, baked goods) □ Specialty Food Items (Please list): __________
5. Does your business utilize any software program that helps manage inventories through efficient ordering?
   □ Yes (Name of the Software: ________________________) □ No
6. Would you be interested in donating your excess food? □ Yes □ No (If no, please skip to question 10).
7. What type(s) of food would you like to donate?
   a. How many pounds and/or pallets of each type of food do you have left over for donation? (Circle whether lbs or pallets)
      Type of Food: __________ lbs/pallets Type of Food: __________ lbs/pallets
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   b. If the food is perishable, do you have refrigerator and/or freezer space to store it for donation? □ Yes □ No
   c. Would you be able to drop off the food at a non-profit? □ Yes □ No
      If no, which day(s) of the week would be the best time to pick up the food for donation?
      □ M □ Tu □ W □ Th □ F □ Sa □ Su
      Which hours would work best for pick-up?
      □ 6am-9am □ 9am-12pm □ 12pm-3pm □ 3pm-6pm □ 6pm-9pm □ Other: __________
   d. Are you the best person to contact to discuss food donation? □ Yes
      □ No (Name and position of the person to contact: ______________________ Phone Number: _____________)
8. Would you be comfortable with us connecting you to non-profit agencies on your behalf? □ Yes □ No
9. Do you and your staff have a California Food Handler Card, Certified Food Protection Manager Certificate, or ServSafe Certificate?
   □ Yes □ No
10. We would like to recognize your business (including logo and highlight) on County’s Smart Business Recycling website for donating your excess food. Would you be interested in having us contact you regarding the recognition? □ Yes □ No

Revised: 09/2018
11. Why do you not want to participate in a food donation program? (skip this question if business answered “Yes” to question 6)
   □ Food donation is a liability. (inform business about Bill Emerson Good Samaritan Law)
   □ I have no storage available for excess food. (SCS provides recommendations)
   □ I tried donating food before but the non-profit agency never came to pick it up. (SCS provides recommendations)
   □ I do not have edible food leftover at the end of a workday.
   □ It adds more work. (share SB1383 requirements)
   □ Other, please explain: ____________________________________________________________

   The County may be able to help you donate your excess food through its food donation program called Food DROP. When can we follow up with you again?  □ In one (1) month  □ In three (3) months  □ In six (6) months  □ In twelve (12) months

12. Do you know any business in the area that is currently donating excess food or may be interested in food donation program? Please list: ____________________________________________________________

13. Are you aware of SB 1383?  □ Yes  □ No

Completed by (Please print): ____________________________  Date: ______________________

Recommendations (For SCS Use Only)

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<tr>
<th>Name of Non-Profit Organization</th>
<th>Reason of Selection</th>
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<tbody>
<tr>
<td>1.</td>
<td>□ Nearby the Business □ Provide Pick-up Service □ Accept Prepared Food, Meat, Produce, or Other Special Items □ Other ________________</td>
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<tr>
<td>2.</td>
<td>□ Nearby the Business □ Provide Pick-up Service □ Accept Prepared Food, Meat, Produce, or Other Special Items □ Other ________________</td>
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<tr>
<td>3.</td>
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<tr>
<th>Reason of No Interest in Food Donation</th>
<th>Recommendation of the Next Step(s)</th>
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