



Gluten-Free Restaurant Awareness Program Application

Company Information:

Name of Establishment: _____

Address: _____ Suite: _____

City: _____ State: _____ Zip: _____ Country (if outside the U.S.): _____

Phone: _____ URL (if any): _____

Owner/Manager: _____ Owner/Manager e-mail: _____

Contact Person: _____ Title: _____

Contact Person's e-mail: _____ Phone: _____

Billing Information:

Billing Contact: _____ Title: _____

Billing Address is same as above? Yes ___ No ___ (if no, provide billing address below)

Billing Address: _____

City: _____ State: _____ Zip: _____

Billing Contact's: Phone: _____ Fax: _____

Email: _____

Type of Establishment:

___ Single location restaurant

___ Multiple restaurant locations. Number of locations? _____

___ All sites use the same menu ___ Each location offers different menu

___ Other: _____

Please attach these documents to Application:

- _____ Gluten free menu/options
- _____ Standard allergen policies, processes and training used to control cross-contamination

Additional information for your establishment’s listing for the GFRAP website:

Tell us what makes your establishment unique – gluten-free options, décor, cuisine, service, etc.

Type of Cuisine: _____

GFRAP Pricing Structure

Our establishment would like to participate in the Gluten-Free Restaurant Awareness Program (GFRAP) as outlined here.

Level of Participation	Price	Quantity	Subtotal Price
Basic Level	\$ 100 + *\$25 for each additional location with same menu		
Advanced Level	\$ 1000		
GFFS Level	\$ GIG Quote		
*Multiple Locations Discount pricing available for kits & decals			

	Benefits - All participants receive the GFRAP window decal; GFRAP manual, kit and training materials; and placement on GFRAP website.
Basic	<ul style="list-style-type: none"> • GFRAP reviews restaurant-developed GF menus
Advanced	<ul style="list-style-type: none"> • GFRAP dietitians develop GF menus based on purchasing and recipes information provided by restaurant. Includes up to 30 hours ingredient, recipe and menu evaluation by qualified dietitian. Additional hours charged at \$50/hr.
Gluten- Free Food Service Accreditation	<ul style="list-style-type: none"> • Setting Best Practices in Management, Quality Control, and Training through established policies, procedures, training and auditing. • Manual includes sample policies, procedures, forms, etc. • Company website linked and listed on GFRAP and GFFS websites • PR Releases to community and appropriate food and other industries.

Payment of services is due with receipt of this application. This application will not be processed without payment. By signing this application, the following agreement is made between GFRAP and the Establishment:

1. **The Establishment Understands:**
 - a. All information provided to GIG by the Establishment is held in strict confidence by GIG as part of our commitment to non-disclosure of trade and proprietary information.
 - b. A GIG qualified dietitian will review the Establishment’s menus .
 - c. Shall follow the guidelines set forth by the GFRAP program for safe gluten-free (GF) ingredients and production methods
 - d. The Establishment will work with GIG’s staff dietitian for review of changes in menus, recipes and ingredients.

- e. The Establishment must renew their participation on an annual basis in order to remain in the program.
- f. The renewal fee will be one-half the cost of the original application
- g. If GIG has not received the renewal fee within 30 days after the Notice of Renewal has been sent, the Establishment's logo and link information may be removed from the website.

2. Use of GFRAP Logo



This symbol is a trademark of the Gluten-Free Restaurant Awareness Program (GFRAP), a program of the Gluten Intolerance Group of North America (GIG) and may only be used as part of this agreement for GFRAP program participation.

3. Violations of terms of this agreement

If GFRAP determines there is a violation of this Agreement, GFRAP may take reasonable actions appropriate to correct/remedy the violation. GFRAP shall not be liable for any damages the Establishment may incur or sustain as a result of actions taken under this Section. The Establishment acknowledges that the provisions of this Agreement are reasonable and necessary in order to ensure proper administration of GFRAP according to its mission, vision, and values.

4. Confidentiality

Except as may otherwise be required by law, GFRAP shall not disclose to, or use for the benefit of, any other person, partnership, association or corporation, any trade secrets, formulas, or secret processes, recipes, etc. used or employed by the Establishment in connection with their food production

Agreement:

I agree to the terms of this agreement and understand all of my rights and obligations:

_____ Date

Payment Method: (Payment accepted in USA funds only)

Check ___ Number: _____ Credit card: Visa ___ or MasterCard ___

Credit Card Number: _____

Exp. Date: _____ 3 digit security code _____ Amount: _____

_____ Date

_____ Title

Please return this application agreement , along with payment and requested information *in electronic form (preferred)* and/or print form for review to:

Gluten-Free Restaurant Awareness Program
 Gluten Intolerance Group of North America
 31214-124th Ave SE
 Auburn, WA 98092-3667
 Phone: 253-833-6655 Fax: 253-833-6675
 E-mail: Rebecca.Powell@gluten.net



Look for this symbol