



Program Partner Update

Please use this form to notify us of any changes to your program's location or contacts.

I would like FBR to update: (please check all that apply)

Agency Relations
 TEFAP
 CSFP
 Nutrition Network account
 Grocery Rescue
(Totes, CACFP, SFSP) (All updates send GR Team)

Agency/Program Name:	
Mailing/Billing address:	Food Storage address, if different:
City, State, Zip:	City, State, Zip:
Agency Director:	Program Contact:
Phone:	Phone:
Email:	Email:
Fax:	Fax:

I hereby certify that the information above is accurate:

_____ Signature of Primary Agency Contact

_____ Date

Email, Fax or mail completed form to:
 Wyoming Food Bank of the Rockies
 P.O. Box 1540
 Evansville, WY 82636
bjewkes@foodbankrockies.org
 Fax: 307-472-1869

****For WFBR use only****

(Date & Initial)

Shared with other departments _____

CERES updated _____

Site Visit Scheduled (if applicable) _____

Label updated (if applicable) _____

NN Master updated _____

NN CHEARS updated _____

Place copy in Agency's program file(s)



Program Partner Authorized *Shopper* Update

THIS PAGE FOR AGENCY RELATIONS ONLY: Please list up to four (4) authorized shoppers. There must be one (1) authorized representative present to sign invoices for order pickup.

***Shoppers not listed below will be removed.**

Agency/Program Name: _____

<u>Remove Shoppers</u>	<u>Add Shoppers</u> Any shoppers NOT listed will be removed	*For FBR USE ONLY*
Name: _____	Shopper 1: Name: _____ Email: _____ Phone # _____	<input type="checkbox"/> Attended Orientation? Date: _____ Invite Sent: _____ RSVP: _____
Name: _____	Shopper 2: Name: _____ Email: _____ Phone# _____	<input type="checkbox"/> Attended Orientation? Date: _____ Invite Sent: _____ RSVP: _____
Name: _____	Shopper 3: Name: _____ Email: _____ Phone # _____	<input type="checkbox"/> Attended Orientation? Date: _____ Invite Sent: _____ RSVP: _____
Name: _____	Shopper 4: Name: _____ Email: _____ Phone # _____	<input type="checkbox"/> Attended Orientation? Date: _____ Invite Sent: _____ RSVP: _____

I hereby certify that the information above is accurate. I also guarantee that all authorized shoppers have attended orientation or will RSVP to an upcoming orientation.

Signature of Primary Agency Contact

Date

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