

TOTES OF HOPE® PROGRAM APPLICATION



A PROGRAMS APPLICATION MUST ALSO BE COMPLETED AND SUBMITTED WITH A NEW TOTES OF HOPE APPLICATION. ALL SECTIONS MUST BE COMPLETED.

Totes consist of 7 to 9 pounds of shelf-stable food items intended for weekend use, providing food to at-risk children and their family when they are not in school. Food is delivered monthly according to Food Bank of Wyoming's delivery schedule.

Participation requirements:

- FBW prefers to work with Partners to serve children in a geographic area where 50% or more of the children residing in the area are eligible for free or reduced-price school meals.
- Food must be distributed directly to schools and to the students receiving the tote.
- Each site is responsible for providing the bag, tote or backpack that the food is packed in at their site.
- Completion of annual Food Safety and Civil Rights certification, provided online and at no charge by FBW.
- Ensure proper storage of food after it is picked up and before distributed to kids.

Totes of Hope® is available year round, including summer. Please let us know your distribution schedule:

Months of Distribution	Month – From	Month - To
School Year Only		
Summer Only		
Year Round		

1. SITE INFORMATION

Site Name:	
Street Address:	
City:	
County:	
Zip Code: + 4	
Site Open Hours:	
Phone Number	()

2. SITE CONTACT INFORMATION

Primary Contact		Secondary Contact	
First Name:		First Name:	
Last Name:		Last Name:	
Phone Number:		Phone Number:	
Alternate Phone:		Alternate Phone:	
Email:		Email:	
Date of Birth (Mandatory)		Date of Birth (Mandatory)	
Position:		Position:	
Background Check – Food Bank of Wyoming and Feeding America require that individuals who participate in Totes of Hope who have direct repetitive contact with children undergo and pass a National Background search. Please review the pages following this application – ACTION REQUIRED.			

3. DESCRIPTION OF PROGRAM - Provide a description of the children’s program offered by your organization and the eligibility process for children receiving a tote: *Example: We are a daycare center providing daily or weekly care for children 1 – 10 years old. Families who receive state subsidies to cover program costs will be invited to participate in the totes program.*

4. SITE ELIGIBILITY INFORMATION

Public School District: _____
 School Name: _____
 Percent Eligible for Free or Reduced Lunches: _____
 Distance to nearest School: _____

5. ANTICIPATED # OF CHILDREN TO BE SERVED WITH TOTES WEEKLY _____

6. AGE RANGE OF PARTICIPATING CHILDREN _____ Years to _____ Years

7. LIST ANY DATES THE SITES WILL BE CLOSED (May attach a school calendar with closures indicated)

8. DAY AND TIME OF THE WEEKLY TOTES DISTRIBUTION _____

9. FOOD STORAGE LOCATION (If different than site address listed on page 1)

Street Address: _____

City: _____

County: _____

Zip Code: + 4 _____

10. LOCATION(S) WHERE TOTES ARE DISTRIBUTED - if your organization distributes totes to multiple school locations, please list the name, address and number of Totes per school:

**RETURN THIS FORM WITH ALL AREAS COMPLETED TO:
Myriam Wolcott mwolcott@wyomingfoodbank.org**

**Wyoming Programs Manager
Food Bank of Wyoming
P.O. Box 1540
Evansville, WY 82636**