

# Program Partner Update



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

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

Agency Relations account     TEFAP account     CSFP account     Totes of Hope account

<b>Agency/Program Name:</b>	
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:**  
Food Bank of Wyoming  
**Attn: Help Desk**  
P.O. Box 1540  
Evansville, WY 82636  
[helpdesk@wyomingfoodbank.org](mailto:helpdesk@wyomingfoodbank.org)  
Fax: 307-472-1869

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

(Date & Initial)

Shared with other departments \_\_\_\_\_

CERES updated \_\_\_\_\_

Site Visit Scheduled (if applicable) \_\_\_\_\_

Added to/removed from NeoGov \_\_\_\_\_

Label updated (if applicable) \_\_\_\_\_

TEFAP Contact list updated \_\_\_\_\_

Totes Master updated \_\_\_\_\_

**Place copy in Agency's program file(s)**

# Program Partner Authorized Shopper Update



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 WFBR USE ONLY*
Name: _____	<b>Shopper 1:</b> Name: _____ Email: _____ Phone # _____	<input type="checkbox"/> Attended Orientation? Date: _____ Invite Sent: _____ RSVP: _____
Name: _____	<b>Shopper 2:</b> Name: _____ Email: _____ Phone# _____	<input type="checkbox"/> Attended Orientation? Date: _____ Invite Sent: _____ RSVP: _____
Name: _____	<b>Shopper 3:</b> Name: _____ Email: _____ Phone # _____	<input type="checkbox"/> Attended Orientation? Date: _____ Invite Sent: _____ RSVP: _____
Name: _____	<b>Shopper 4:</b> 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

**Email, Fax or mail completed form to:**  
 Food Bank of Wyoming  
**Attn: Help Desk**  
 P.O. Box 1540  
 Evansville, WY 82636  
[helpdesk@wyomingfoodbank.org](mailto:helpdesk@wyomingfoodbank.org)  
 Fax: 307-472-1869