



Thank you for your interest in becoming a Food Bank of Wyoming (FBW) partner and joining us to meet our mission of *Fighting Hunger and Feeding Hope* through our food distribution program. FBW works with Colorado's Food Bank of the Rockies in Denver. (Western Slope is like us just another Colorado warehouse along with Nome. We are all satellite warehouses for FBR.)

Your application packet to become a partner agency with FBW includes:

1. An Application/Information Form
2. A Liability Release Form
3. Member Agency Guidelines & Agreement
4. Agency Site Visit Form
5. Program Descriptions
6. Program Budget Form*

Your completed application must include:

- *A scanned copy of your US Dept. of Treasury Letter of Determination
Which states your 501(c)(3) tax-exempt status*
- *Any descriptive material or pamphlets on your organization*
- *A copy of your Wyoming Sales Tax Exemption Certification*
- *A letter of Authority issued by the Department of Revenue*
- *Our Credit application*
- *Board Member Listing & Contact Info**
- *Copy of Health Inspection (when applicable)*
- *Copy of Food Handler Certifications (if available)*
- *Any descriptive material or pamphlets on your organization*

Please email a scanned copy of your completed application packet to mwolcott@wyomingfoodbank.org or mail your application to:

Agency Applications
Food Bank of Wyoming
P.O. Box 1540
Evansville, WY 82636



Food Bank of Wyoming *Agency Application*

QUESTIONS NEW PARTNERS OFTEN ASK

INTRODUCTION

Food insecurity and hunger are a reality facing every community in Wyoming; it affects 72,260 of our neighbors. Hunger does not discriminate against age, background, education, employment, or familial status. Wyoming's unique characteristics can present real challenges to those who live at or below the poverty line. For those that live at or below the poverty line it is a day to day struggle to put food on the table. Sadly, food is the most dispensable item on the list of household expenses. Thankfully, **we can** alleviate hunger by ensuring that a steady stream of good quality, healthy food is made available to those who need it.

WHAT IS A FOOD BANK?

A food bank is a large, centrally located distribution facility that collects, sorts, repackages, and shares all types of food and nonfood items to; partnering food pantries, schools, faith based organizations, community meal programs, and other 501(c)(3) charitable social services. FBW provides support to those pantries/agencies so they can more effectively serve the food insecure families, children and seniors of Wyoming.

WHAT DOES Food Bank of Wyoming DO?

Fights Hunger and Feeds Hope. FBW is a non-profit organization that distributed over 8.1 million meals (that's over 10.1 million pounds of food) in FY2017 throughout Wyoming. This can only happen because our partnerships with 247 nonprofit hunger relief agencies in all 23 Wyoming counties that provide healthy, quality, nutritious food to Wyoming's food-insecure. By being a member of Feeding America, FBW leverages their national agreements, as well as our own local Wyoming agreements, with retail food rescue partners, this is known as the Grocery Rescue Program.

HOW DOES FBW DISTRIBUTE ITS FOOD?

Any IRS-certified 501(c)(3) nonprofit organization with a hunger-relief program that serves the ill, need, or children may apply to be one of FBW's partner agencies. There is no membership fee. Shelters, food pantries, emergency assistance programs, child-welfare centers, senior citizen nutrition programs, faith-based communities, community centers, halfway houses and other similar organizations receive food from FBW.



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WHY WOULD AN AGENCY USE FBW?

The food from our warehouse is handled safely, professionally and in accordance with all food industry, government agency, health and sanitation standards. FBW provides the most cost-effective way for an agency to access the greatest variety of food and necessities en masse. FBW professionals can obtain the best product available at the best price. Not only do hunger-relief programs save significantly, FBW offers education, support, resources (and often free produce) to our partners; helping them to enhance and expand their programs and funding.

At FBW, we leverage food purchases through our affiliations with Food Bank of the Rockies in Denver and their membership with Feeding America, a national hunger-relief nonprofit organization. FBW also receives donated food items, which are distributed to our partner agencies at no cost along with produce, bread, dairy and meat obtained through the Grocery Rescue Program. Consequently, each agency partner receives a “mix” of purchased, donated and rescued food items, which significantly reduces the overall food cost per pound.

We work hard to keep our operating costs low: 96¢ of every \$1.00 donated to FBW goes directly to purchase and distribute food.

DO PARTNER AGENCIES HAVE TO PURCHASE THE FOOD THEY RECEIVE?

To cover transportation and warehouse costs, partner agencies contribute an Agency Support Fee (ASF), permitted by the IRS. These fees range from 0¢-19¢ per pound; according to a National Audit Firm, the average agency contributes is 7¢ per pound. The average value of FBW inventory is \$1.72 per pound. To encourage consumption and reduce spoilage, most fresh produce and all bread items are distributed **FREE**. Last year FBW distributed millions pounds of food free (with no ASF.) Products donated to FBW through food drives and fundraisers are ALWAYS distributed back to their local communities without a fee.



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BUDGET FORM TO BE SUBMITTED WITH APPLICATION:

Program Name: _____
 Program Budget Form for fiscal year _____ to _____ (mo/day/yr)

INCOME

<u>Support</u>	<u>Amount</u>
Government grants	\$
Foundations	\$
Corporations	\$
United Way or other federated campaigns	\$
Individual contributions	\$
Fundraising events and products	\$
Membership income	\$
In-kind support	\$
Investment income	\$
<u>Revenue</u>	
Government contracts	\$
Earned Income	\$
Other (specify)	\$
Other (specify)	\$
Total Income	\$

EXPENSES

	<u>Amount</u>	<u>\$FT/PT</u>
Salaries and wages (breakdown by individual position and indicate full- or part-time.	\$	
	\$	



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	\$	
	\$	
Insurance, benefits and other related taxes	\$	
Consultants and professional fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and copying	\$	
Telephone and fax	\$	
Postage and delivery	\$	
Rent and utilities	\$	
In-kind expenses	\$	
Depreciation	\$	
Food expenses (for program only – do not include entertainment or travel food expenses)	\$	
Other (specify)	\$	
Other (specify)	\$	
Other (specify)	\$	
Total Expense	\$	
DIFFERENCE (Income less Expense)	\$	



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Program Application

Date: _____

I. ORGANIZATION INFORMATION

Name of Organization: _____

Phone: (_____) _____ Fax (_____) _____

Mailing/Billing Address: _____

City _____ State _____ Zip Code _____ - _____ County _____
(Must include last 4 digits)

Address of Food Storage/Distribution Facility:

If more than one location, submit separate listing of all storage and food distribution addresses.

City _____ State _____ Zip Code _____ - _____ County _____
(Must include last 4 digits)

Director Name: _____ Phone (_____) _____

Director Email: _____

Federal Employer Identification Number: _____

Liability Insurance Carrier: _____

How long has your organization been in operation? _____

Have you been a past FBW Partner Agency? Y – N

If yes, list year(s) of past Partnership: _____

Is your organization an affiliate of this organization? Y – N

If yes, list name and address of this organization? _____

City _____ State _____ Zip Code _____ - _____ County _____
(Must include last 4 digits)

Does your organization possess a 501©3/Public Charity Status? Y – N

If yes, submit copy of IRS Determination letter with application.



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II. KEY & AUTHORIZED PERSONNEL

Food Program Contact Name: _____

Phone: (_____) _____

Food Program Contact Email: _____

FOOD PICKUP & ORDERING AUTHORIZATION

List up to 4 people who are authorized to pick up & order food product from FBW on behalf of your organization:

1.	_____	_____	_____
	Name	Email	Phone
	_____	_____	_____
	Address	City, State	Zip
2.	_____	_____	_____
	Name	Email	Phone
	_____	_____	_____
	Address	City, State	Zip
3.	_____	_____	_____
	Name	Email	Phone
	_____	_____	_____
	Address	City, State	Zip
4.	_____	_____	_____
	Name	Email	Phone
	_____	_____	_____
	Address	City, State	Zip

How many staff/volunteers help you operate your food program?

Staff _____ Volunteers _____

Staff total weekly hours: _____ Volunteers total weekly hours: _____

Does your organization have an active board? Y – N

If yes, how often do they hold board meetings? _____

Please submit a list of Board Members and contact information.



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III. ORGANIZATION SERVICES & CLIENT INFORMATION

Please describe your organization's purpose/mission statement:

1. Please define the geographic area or boundaries your organization serves:

Are there restrictions on where clients reside? Y – N
Example: Clients must reside in designated zip codes or street boundaries to be eligible for assistance.

2. If a religious organization, is your food assistance program open to non-church members? Y – N

3. How does your organization notify the public about your hunger relief program?

Check all that apply:

Signs on property Website Radio Newspaper
 Other: _____

4. Who are your clients?

Client Demographic

____% African American ____% Asian ____% Caucasian ____% Hispanic ____% Other
____% American Indian or Alaska Native ____% Native Hawaiian or Pacific Islander

Check Clients served by your hunger relief program. Check only one:

Children Only (0 – 18 years of age) Seniors (60+ in age)
 Households/Families (included children & seniors)

Check boxes reflective of your food program. Check all that apply:

Shelter Soup Kitchen Pantry Other _____

Are 50%+ of the clients served considered low income and/or participating in government assistance programs? Y – N

Examples of assistance programs: WIC, SNAP, LEAP, TANF, ect.

5. How will your organization determine if a client is eligible for your food program? Check all that apply:

Photo ID Proof of Income Proof of Address Intake/Counseling Process
 Other: _____ None of the above

6. Please list non-food services your organization provides to clients: Check all that apply:

Clothing Rent Assistance Medical/Prescription
 Utility Assitance Fuel Vouchers/Bus Tokens After School Activities
 Life Skills Classes Other: _____



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IV. FINANCES

Please complete and submit the attached Organization/Food Program Budget form. You may submit your Organization's budget form in place of the template provided.

1. How is your food program funded? Check all that apply:

<input type="checkbox"/>	Donations (Congregation/Private Funders)	<input type="checkbox"/>	Events/Fundraisers
<input type="checkbox"/>	Grants	<input type="checkbox"/>	Organization Budget
<input type="checkbox"/>	Other: _____		

2. Of the above funding methods, how often did you conduct/apply during your last fiscal year?

_____ # of Grants applied for
 _____ # of Events/Fundraisers conducted
 _____ # of Food Drives conducted

Explain how you outreach and raise awareness for private donations?

3. Will you charge clients for your food program? _____

If yes, please explain: _____

4. What will be your annual food budget? \$ _____

5. Please break down by % your anticipated food resources to support your program:

_____ % Food Drives & Food Donations
 _____ % Grocery Rescue (donated product picked up from local retailers)
 _____ % Vendors (purchased from local retailers)
 _____ % Food Bank of the Rockies
 _____ % **Total of all above percentages to equal 100%**

Outreach & Media

Please check all forms of outreach that applies:

<input type="checkbox"/>	Organization website address: _____				
<input type="checkbox"/>	Facebook	<input type="checkbox"/>	Twitter	<input type="checkbox"/>	Instagram
<input type="checkbox"/>	Other: _____				



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V. FOOD STORAGE LOCATION & TRANSPORTATION

1. Building facility type. Please check the one which best describes your facility:

Business Warehouse School Residential Other: _____

If School, list name of School & District: _____

If residential, is this your primary address in which you reside? Y - N
FBW prefers to not have hunger relief programs housed in one's private residence.

2. Name on the building/facility: _____

3. List the school district and elementary school near your distribution site, if your facility is not an actual school location.

District: _____

School Name: _____

4. Pest Control Company Name: _____
If pest control is monitored by organization staff, please state this in your answer.

5. Food Storage Information:

Will food be stored in a locked area / cabinet? Y - N

Does the facility have an operating kitchen? Y - N Residential Commercial

Dimensions of dry storage: Height X Length X Depth

Total # of Freezers / Chest Upright Walk In
Total # of Refrigerators / Upright Walk In
Total # of Shelving Units

6. Does your organization have its own designated parking lot? Y - N
If yes, size: ft x ft. Paved? Y - N

7. What type and how many of each of the following vehicles does your organization have for food product transport to your food program facility?

Cars/SUV Pick Up Box Truck Van



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VI. "ON SITE" FOOD PROGRAM

If clients are consuming food product "on site" in the form of hot/cold meals or snacks, please complete this section.

1. Is an on-site feeding program currently in operation? Y – N
If yes, since when? _____

2. What types of meals are being consumed? Check all that apply:
 Hot Meal Cold Meal (Packaged) Snack Other: _____

3. Which days and hours will you serve meals?

	List Hours of Distribution				
	Snack	Breakfast	Lunch	Dinner	Frequency
<i>Example/Sunday:</i>			11:30-12:30		weekly
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

4. Are the meals served only seasonally or during holidays? Y – N
If yes, list holidays or seasons: _____
Example: Summer camps, snacks at community festivals | Thanksgiving outreach. Holiday meals

5. How many clients will be fed at each serving period?
 _____ Snacks _____ Breakfast _____ Lunch _____ Dinner

6. Do clients contribute a fee in which to partake in the meal? Y – N
If yes, please explain: _____

7. Has the Health Department inspected your facilities? Y – N
If yes, date of last inspection: _____

Please submit copy of last inspection form with application.

8. Name of person in charge of food preparation: _____

9. Has this person had food handling training? Y – N

10. Do any of the food preparers have a Food Handlers Card/certification on file? Y – N

Name: _____ Date expires: _____

Name: _____ Date expires: _____

If available, please submit copies of Food Handlers certification.



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VII. "FOOD BOX" FOOD PROGRAM

If clients are receiving food product to take home for preparation and consumption, please complete this section.

1. Is a food pantry program currently in operation? Y – N
If yes, since when? _____

2. Which days and hours will clients be able to receive food boxes?

	List Hours of Distribution			
	Morning	Afternoon	Evening	Frequency
<i>Example/Monday:</i>	9:00 – 12:00	1:00 – 4:00		Every 4th week
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

3. How many unduplicated households will be served monthly? _____
Example: Household "A" visits your food pantry every Thursday. Household "A" is only counted one time for the month.

4. How often can an individual access your food pantry? _____

5. Are the food boxes only a seasonal/holiday distribution? Y – N
If yes, list holidays or seasons: _____
Example: Summer camps, snacks at community festivals | Thanksgiving outreach. Holiday meals

6. What is most true about your distribution method? Check only one.

- Client Choice – (Clients are able to choose ALL items they receive)
- Preassembled Boxes – (Clients are handed a box/bag of pre-packed food products – no choice or ability to express dietary needs)
- Mix of Client Choice/Preassembled Boxes – (A combination of both styles)
- Other Method: _____



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VIII. TO BE COMPLETED BY ALL APPLICANTS

How did you hear about Food Bank of Wyoming?

Check one:

FBW Website FBW Social Media

Referral from another FBW Partner Agency:
Who? _____

Other: _____

Did you remember to include

- Copy of your 501c3 letter?
- Copy of your Sales Tax
- Exemption Certificate?
- Budget?
- List of Board of Directors?
- Required Signatures?

Please check programs your organization would be interested in Partnering with FBW. Refer to pages 3 & 4 for a description of each. Check all that apply:

Partner Agency

TEFAP

CSFP

Kids Café

Totes of Hope – Children™

By signing below, we agree that the information provided is complete and accurate to the best of our knowledge:

Chairperson, Board of Directors – Print Name

Email

X _____
Signature, Chairperson, Board of Directors

Phone

Organization Director – Print Name

Email

X _____
Signature, Organization Director

Phone

Food Program Director – Print Name

Email

X _____
Signature, Food Program Director

Phone