

# Program Partner Update



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

*I would like FBW 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: HelpDesk**  
P.O. Box 1540  
Evansville, WY 82636  
[helpdesk@wyomingfoodbank.org](mailto:helpdesk@wyomingfoodbank.org)  
Fax: 307-472-1869

**\*\*For FBW use only\*\***

(Date & Initial)

Shared with other departments \_\_\_\_\_  
CERES updated \_\_\_\_\_  
Site Visit Scheduled (if applicable) \_\_\_\_\_  
TEFAP Contact list updated \_\_\_\_\_  
Added to/removed from NEOGOV \_\_\_\_\_

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

# Program Partner Authorized Shopper Update



Please list up to three (3) 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 FBW USE ONLY*
Name: _____	<b>Main Shopper:</b> Name: _____ Email: _____ Phone # _____	<input type="checkbox"/> Attended Orientation? Date: _____ Invite Sent: _____
Name: _____	<b>Secondary Shopper:</b> Name: _____ Email: _____ Phone# _____	<input type="checkbox"/> Attended Orientation? Date: _____ Invite Sent: _____
Name: _____	<b>Third Shopper:</b> Name: _____ Email: _____ Phone # _____	<input type="checkbox"/> Attended Orientation? Date: _____ Invite Sent: _____

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: HelpDesk**  
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Evansville, WY 82636  
[helpdesk@wyomingfoodbank.org](mailto:helpdesk@wyomingfoodbank.org)  
Fax: 307-472-1869