



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
 Nutrition Network account
(Totes)

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
Attn: Samantha Maxfield
 P.O. Box 1540
 Evansville, WY 82636
smaxfield@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)	_____
TEFAP Contact list updated	_____
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 WFBR 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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