

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:
 Food Bank of Wyoming
Attn: Samantha Maxwell
 P.O. Box 1540
 Evansville, WY 82636
smaxwell@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



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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