



# Program Partner Update

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

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

Agency Relations account  
  TEFAP account  
  CSFP account  
  Nutrition Network account  
*(Totes, CACFP, SFSP)*

<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 the Rockies  
**Attn: Agency Relations**  
 10700 E. 45<sup>th</sup> Ave  
 Denver, CO 80239  
[Relations@FoodBankRockies.org](mailto:Relations@FoodBankRockies.org)  
 Fax: 303-574-0622

**\*\*For FBR use only\*\***

**(Date & Initial)**

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

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

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

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

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	<b>*For FBR USE ONLY*</b>
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

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 Food Bank of the Rockies  
**Attn: Agency Relations**  
 10700 E. 45<sup>th</sup> Ave  
 Denver, CO 80239  
[Relations@FoodBankRockies.org](mailto:Relations@FoodBankRockies.org)  
 Fax: 303-574-0622