Thank you for your interest in becoming a Wyoming Food Bank of the Rockies (WFBR) partner and joining us to meet our mission of Fighting Hunger and Feeding Hope through our food distribution program. WFBR works with the 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 WFBR 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 khuber@foodbankrockies.org or mail your application to:
Agency Applications
Wyoming Food Bank of the Rockies
P.O. Box 1540
Evansville, WY 82636
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. WFBR provides support to those pantries/agencies so they can more effectively serve the food insecure families, children and seniors of Wyoming.

WHAT DOES WYOMING FOOD BANK OF THE ROCKIES DO?
Fights Hunger and Feeds Hope. WFBR 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, WFBR 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 WFRB DISTRIBUTE ITS FOOD?
Any IRS-certified 501(c)(3) nonprofit organization with a hunger-relief program that serves the ill, need, or children my apply to be one of WFRB’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 organization receive food from WFBR.
WHY WOULD AN AGENCY USE WFBR?

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

At WFBR, 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. WFBR 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 WFBR 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 WFBR inventory is $1.72 per pound.

To encourage consumption and reduce spoilage, most fresh produce and all bread items are distributed FREE. Last year WFBR distributed millions pounds of food free (with no ASF.) Products donated to WFBR through food drives and fundraisers are ALWAYS distributed back to their local communities without a fee.
### Wyoming Food Bank of the Rockies

**Agency Application**

#### Budget Form to be Submitted with Application:

<table>
<thead>
<tr>
<th>INCOME</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government grants</td>
<td>$</td>
</tr>
<tr>
<td>Foundations</td>
<td>$</td>
</tr>
<tr>
<td>Corporations</td>
<td>$</td>
</tr>
<tr>
<td>United Way or other federated campaigns</td>
<td>$</td>
</tr>
<tr>
<td>Individual contributions</td>
<td>$</td>
</tr>
<tr>
<td>Fundraising events and products</td>
<td>$</td>
</tr>
<tr>
<td>Membership income</td>
<td>$</td>
</tr>
<tr>
<td>In-kind support</td>
<td>$</td>
</tr>
<tr>
<td>Investment income</td>
<td>$</td>
</tr>
<tr>
<td><strong>Revenue</strong></td>
<td>$</td>
</tr>
<tr>
<td>Government Contracts</td>
<td>$</td>
</tr>
<tr>
<td>Earned Income</td>
<td>$</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>$</td>
</tr>
<tr>
<td>Other (specify)</td>
<td>$</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td>$</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>EXPENSES</th>
<th>Amount</th>
<th>F/T/PT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Salaries and wages (breakdown by individual position and indicate full- or part-time)</td>
<td>$</td>
<td></td>
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<tr>
<td>$</td>
<td></td>
<td></td>
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<tr>
<td>$</td>
<td></td>
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<tr>
<td><strong>Insurance, benefits and other related taxes</strong></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>Consultants and professional fees</strong></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>Travel</strong></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>Equipment</strong></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>Supplies</strong></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>Printing and copying</strong></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>Telephone and fax</strong></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>Postage and delivery</strong></td>
<td>$</td>
<td></td>
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<tr>
<td><strong>Rent and utilities</strong></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>In-kind expenses</strong></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>Depreciation</strong></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>Food Expenses (for program only – do not include entertainment or travel food expenses)</strong></td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td>Other (specify)</td>
<td>$</td>
<td></td>
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<tr>
<td>Other (specify)</td>
<td>$</td>
<td></td>
</tr>
<tr>
<td><strong>Total Expense</strong></td>
<td>$</td>
<td></td>
</tr>
</tbody>
</table>

**Difference (Income less Expense)** $
Program Application

I. ORGANIZATION INFORMATION

Name of Organization: ____________________________________________

Telephone: (____) __________ Fax (____) ____________

Mailing/Billing Address: ________________________________________

City __________________ State _____ Zip Code _______ - _______ County __________

(Must include last 4 digits)

Address of Food Storage/Distribution Facility:

*Submit separate listing of all storage and food distribution addresses, if more than one location.

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 FBR Partner Agency? Y - N

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

Is your organization an affiliate of a larger 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(c)3/Public Charity Status? Y - N

*If yes, submit copy of IRS Determination letter with application.
Wyoming Food Bank of the Rockies
Agency Application

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 FBR 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.
Wyoming Food Bank of the Rockies
Agency Application

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 (Includes 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, etc.

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:
   [ ] Clothing [ ] Rent Assistance [ ] Medical/Prescription
   [ ] Utility Assistance [ ] Fuel Vouchers/Bus Tokens [ ] After School Activities
   [ ] Life Skills Classes [ ] Other: ____________________________
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:
   - [ ] Donations (Congregation/Private Funders)
   - [ ] Events/Fundraisers
   - [ ] Grants
   - [ ] Organization Budget
   - [ ] Food Drives
   - 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:
   - [ ] Organization website address: ________________________________
   - [ ] Facebook
   - [ ] Twitter
   - [ ] Instagram
   - [ ] Other: ________________________________________
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
   *FBR prefers to not have hunger relief programs hosted 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 facility have an operating kitchen? Y - N
   - Residential
   - Commercial

   Dimensions of dry storage: ___________ X ___________ X ___________
   Height Length 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: _______
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?

<table>
<thead>
<tr>
<th></th>
<th>Breakfast</th>
<th>Lunch</th>
<th>Dinner</th>
<th>Frequency</th>
</tr>
</thead>
<tbody>
<tr>
<td>Example/Sunday</td>
<td></td>
<td>11:30-12:30</td>
<td></td>
<td>weekly</td>
</tr>
<tr>
<td>Sunday</td>
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<tr>
<td>Saturday</td>
<td></td>
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</tr>
</tbody>
</table>

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: __________________________

   **Please submit copies of Food Handlers certification, if available.**
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?

<table>
<thead>
<tr>
<th>List Hours of Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>Morning</td>
</tr>
<tr>
<td>Example/Monday: 9:00 - 12:00</td>
</tr>
<tr>
<td>Sunday</td>
</tr>
<tr>
<td>Monday</td>
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<tr>
<td>Tuesday</td>
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<td>Wednesday</td>
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<tr>
<td>Thursday</td>
</tr>
<tr>
<td>Friday</td>
</tr>
<tr>
<td>Saturday</td>
</tr>
</tbody>
</table>

3. How many unduplicated households will be served monthly? ______________

   How many unduplicated individuals 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: __________________________
Wyoming Food Bank of the Rockies
Agency Application

VIII. TO BE COMPLETED BY ALL APPLICANTS

How did you hear about Food Bank of the Rockies?
Check one:
- FBR Website
- FBR Social Media
- Referral from another FBR Partner Agency:
  Who?
- Other:

Please check programs your organization would be interested in Partnering with FBR. Refer to pages 3 & 4 for a description of each. Check all that apply:
- Partner Agency
- TEFAP
- CSFP
- Kids Café
- Totes of Hope – Children™

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?

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

Telephone ________________

X___________________________
Signature, Chairperson, Board of Directors

__________________________________________________________________________
Organization Director – Print Name

Email

Telephone ________________

X___________________________
Signature, Organization Director

__________________________________________________________________________
Food Program Director – Print Name

Email

Telephone ________________

X___________________________
Signature, Food Program Director