



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



Wyoming Food Bank of the Rockies *Agency Application*

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 WFBR DISTRIBUTE ITS FOOD?

Any IRS-certified 501(c)(3) nonprofit organization with a hunger-relief program that serves the ill, need, or children may apply to be one of WFBR'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.



Wyoming Food Bank of the Rockies

Agency Application

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:

Program Name: _____		
Program Budget Form for fiscal year _____ to _____ (mo/day/yr)		
INCOME		
<u>Support</u>	Amount	
Government grants	\$	
Foundations	\$	
Corporations	\$	
United Way or other federated campaigns	\$	
Individual contributions	\$	
Fundraising events and products	\$	
Membership income	\$	
In-kind support	\$	
Investment income	\$	
<u>Revenue</u>		
Government Contracts	\$	
Earned Income	\$	
Other (specify)	\$	
Other (specify)	\$	
Total Income		\$
EXPENSES		
	Amount	\$FT/PT
Salaries and wages (breakdown by individual position and indicate full- or part-time.)	\$	
	\$	
	\$	
	\$	
Insurance, benefits and other related taxes	\$	
Consultants and professional fees	\$	
Travel	\$	
Equipment	\$	
Supplies	\$	
Printing and copying	\$	
Telephone and fax	\$	
Postage and delivery	\$	
Rent and utilities	\$	
In-kind expenses	\$	
Depreciation	\$	
Food Expenses (for program only – do not include entertainment or travel food expenses)	\$	
Other (specify)	\$	
Other (specify)		
Other (specify)	\$	
Total Expense		\$
DIFFERENCE (Income less Expense)		\$



Wyoming Food Bank of the Rockies Agency Application

Program Application

I. ORGANIZATION INFORMATION

Date: _____

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.*



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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: _____



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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: _____



A Feeding America Partner



Wyoming Food Bank of the Rockies Agency Application

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?

	Snack	Breakfast	Lunch	Dinner	Frequency
	List Hours of Distribution				
Example/Sunday:			11:30-12:30		weekly
Sunday					
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					

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

11. 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.**



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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?

	List Hours of Distribution			
	Morning	Afternoon	Evening	Frequency
Example/Monday:	9:00 - 12:00	1:00 - 4:00		Every 4th week
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

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: _____



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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

☐ Kids Café

☐ CSFP

☐ 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

X _____
Signature, Chairperson, Board of Directors

Telephone

Organization Director – Print Name

Email

X _____
Signature, Organization Director

Telephone

Food Program Director – Print Name

Email

X _____
Signature, Food Program Director

Telephone