

Dear Food Program Coordinator:

Thank you for your interest in Wyoming Food Bank of the Rockies and joining us to meet our mission of *Fighting Hunger and Feeding Hope* through our food distribution program. We hope that we will be able to serve your organization's needs.

The enclosed packet contains information about Wyoming Food Bank of the Rockies (WFBR) and what we do. In addition, you will find our membership application that you may fill out and return to us at your convenience.

Becoming a member is easy. To become a member agency of WFBR, your organization should:

- Have 501(e)(3) Federal non-profit tax exempt status. A copy of your organization's 501(c)(3) must be attached to your application. (WFBR provides exceptions for certain churches. If you organization does not have a 501(c)(3) status, please call WFBR for additional information.)
- Have a Federal Employer Identification Number (please attach a copy of the letter)
- Provide to the ill, needy or infants (children under 18 years of age)
- Have adequate dry, cooler and freezer storage to insure wholesomeness of food until used or redistributed.

Please email a scanned copy of your application packet to: khuber@foodbankrockes.org or mail your application to:

Agency Applications Wyoming Food Bank of the Rockies P.O. Box 116 Mills, WY 82644

Thank you again for your interest, and please do not hesitate to call if you have any questions. We look forward to working with you and your agency to *Fight Hunger and Feed Hope*.



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@foodbankrockes.org or mail your application to:

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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 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 0ϕ - 19ϕ per pound; according to a National Audit Firm, the average agency contributes is 7ϕ 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.



BUDGET FORM TO BE SUBMITTED WITH APPLICATION:

1		
Program Name: to to (mo/day/yr)		
INCOME		
Support	Amount	
Government grants	\$	
Foundations	\$	
Corporations	\$	
United Way or other federated campaigns	\$	
Individual contributions	\$	
Fundraising events and products	\$	
Membership income	\$	
In-kind support	\$	
Investment income	\$	
Revenue		
Government Contracts	\$	
Earned Income	\$	
Other (specify)	\$	
Other (specify)	\$	
Total Income	e \$	
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)	\$	



Program Application

DRGANIZATION INFORMATION Date:	
ame of Organization:	_
lephone: () Fax ()	
ailing/Billing Address:	_
tyStateZip Code County (Must include last 4 digits)	
ddress of Food Storage/Distribution Facility:	
*Submit separate listing of all storage and food distribution addresses, if more than one location.	
tyState Zip Code County (Must include last 4 digits)	
rector Name: Phone: ()	_
rector Email:	
deral Employer Identification Number:	
ability Insurance Carrier:	
ow long has your organization been in operation?	
ive you been a past FBR Partner Agency? Y – N If yes, list year(s) of past Partnership:	
our organization an affiliate of a larger organization? Y - N	
yes, list name and address of this organization?	_
tyState 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.



II. Key & Authorized Personnel

ood Progr	am Contact Email:		
OOD PICK	UP & ORDERING AUTHORI	ZATION	
st up to 4 rganizatio		ed to pick up & order food product from	n FBR on behalf of your
1			
	Name	Email	Phone
	- Address	City, State	Zip
2	 Name		
	 Address		
	Address	enty state	2.19
3	 Name	Email	Phone
	Address	City, State	Zip
4	 Name		Phone
	Name	Ellidii	Pilone
	Address	City, State	Zip
Staff	Volunteers	operate your food program?	
Staff tota	Il weekly hours:	Volunteers total weekly hours:	

4976 Paige Street • P.O. Box 116 • Mills WY 82644 • 307.265.2172 • 877.265.2172 • Fax 307.472.1869

A United Way Agency www.wyomingfoodbank.org Member of Feeding America



	III. Organization Services & Client Information ease 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
	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

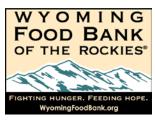
*Please complete and submit the attached Organization/Food Program Budget form. You may submit you Organization's budget form in place of the template provided.

1.	How is your food pro	ogram funded? Check all th	at apply:	
	□ Donations (Congr	regation/Private Funders)	□ Events/Fundraisers	
	☐ Grants	☐ Organization Budget	☐ Food Drives	
	Other:			
2.	Of the above fund	ing methods, how often did y	ou conduct/apply during your last fiscal year?	
	# of Grants a	pplied for		
	# of Events/F	undraisers conducted		
	# of Food Dri	ves conducted		
	Explain how you ou	utreach and raise awareness	for private donations?	
3.	Will you charge clie	ents for your food program? _		
	If yes, please explai	in:		
4.	What will be your a	nnual food budget? \$		
5.	Please break down	by % your anticipated food r	esources to support your program:	
	% Food Drives	& Food Donations		
	% Grocery Res	cue (donated product picke	d up from local retailers)	
	% Vendors (pu	rchased from local retailers)		
	% Food Bank o	of the Rockies		
	$_\\%$ Total of all a	bove percentages to equal 1	00%	
Oı	utreach & Media			
Pl€		of outreach that applies: ebsite address:		
	□ Facebook	□Twitter	□ Instagram	
	Other:			



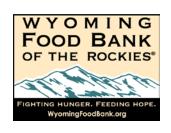
V. FOOD STORAGE LOCATION & TRANSPORTATION

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 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 xft. 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/SUVPick UpBox TruckVan



VI. "ON SITE" FOOD PROGRAM

fclien	ts are consuming fo	ood product "on :	site" in the form of	hot/cold meals or	snacks, pleas	e complete this section
1. Is ar	n on-site feeding p	orogram curren	tly in operation?	Y - N		
If y	es, since when? _					
	at types of meals Hot Meal 🗖 Cold					
	101 Modi = 0010	a modi (i dekag	2 01140K			_
3 WH	nich days and hou	ırs will vou serve	e meals?			
		Snack	Breakfast	Lunch	Dinner	Frequency
			List	Hours of Distributi	on	
	Example/Sunday:			11:30-12:30		weekly
	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
5. Hov	es, list holidays or *Example: Sum v many clients will Snacks	mer camps, sna	cks at community n serving period?	festivals Thanks	giving outreac	h, Holiday meals*
	clients contribute es, please explair					
lf y **P	s the Health Depo es, date of last in: lease submit copy ame of person in o	spection: of last inspection	form with applica	tion.		
	anio oi poisonini	onalgo on loca	proparation:			
. Ho	as this person had	food handling	training? Y - N			
1. Do	any of the food	preparers have	a Food Handler	s Card/certifica	tion on file? Y	- N
Name	:		Date	e expires:		
Name	:		Date	e expires:		
**	Please submit co	pies of Food H	landlers certific	ation, if availa	ble.	



VII. "FOOD BOX" FOOD PROGRAM

If c	lients are receiving	food product to	take home for pre	paration and co	nsumption, please	complete this section.
1.1	s a food pantry pr	ogram current	ly in operation?	Y - N		
	If yes, since when	ıś				
2. \	Which days and h	ours will clients	<u>be able to recei</u>	ve food boxes	?	1
	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 <u>only</u> 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:



To be completed by all applicants:

low did you hear about Wyoming Food Bank of	the Rockies?
signing below, we agree that the information pe best of our knowledge:	provided is complete and accurate to
Chairperson, Board of Directors – Print Name	Email
Signature, Chairperson, Board of Directors	Telephone
signature, Chairperson, Board of Directors	
rganization Director – Print Name	Email
	Telephone
Signature, Organization Director	
ood Program Director – Print Name	Email
	Telephone
Signature, Food Program Director	