

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 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 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.



BUDGET FORM TO BE SUBMITTED WITH APPLICATION:

Program Name:		
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	\$	
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

I. ORGANIZATION INFORMATION	Date:			
Name of Organization:				
Telephone: ()	Fax ()			
Mailing/Billing Address:				
City State Zip C	ode County (Must include last 4 digits)			
Address of Food Storage/Distribution Facility:				
*Submit separate listing of all storage and food di	stribution addresses, if more than one location.			
City State Zip C	ode 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 operati	on?			
Have you been a past FBR Partner Agency? Y - If yes, list year(s) of past Partnership:				
ls your organization an affiliate of a larger organ	nization? Y - N			
If yes, list name and address of this organization	n?			
CityStateZip C	ode 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

rogr	am Contact Email:		
PICK	UP & ORDERING AUTHORI	ZATION	
to 4 p zatio		ed to pick up & order food product from	n FBR on behalf of your
1			
-	Name	Email	Phone
	- Address	City, State	Zip
2	 Name	 Email	Phone
	 Address	City, State	
3			_
	Name	Email	Phone
	 Address	City, State	Zip
4			
	Name	Email	Phone
	Address	City, State	Zip
	Volunteers	operate your food program?	
tota	l weekly hours:	Volunteers total weekly hours:	

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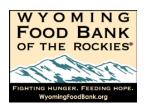
	II. Organization Services & Client Information ease describe your organization's purpose/mission statement:
_	
1.	Please define the geographic area or boundaries your organization serves:
	Are there restrictions on where clients reside? Y – N Example: Clients must reside in designated zip codes or street 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

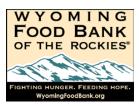
*Please complete and submit the attached Organization/Food Program Budget form. You may submit you Organization's budget form in place of the template provided.

1.	How is your food program funded? Check all that apply:					
	□ Donations (Congrega	tion/Private Funders)	■ Events/Fundraisers			
	□ Grants □ 0	Organization Budget	☐ Food Drives			
	Other:					
2.	Of the above funding r	nethods, how often did y	ou conduct/apply during your last fiscal year?			
	# of Grants applie	ed for				
	# of Events/Fundr	aisers conducted				
	# of Food Drives	conducted				
	Explain how you outred	ich and raise awareness	for private donations?			
				- -		
3.	Will you charge clients f	or your food program? _				
	If yes, please explain:					
4.	What will be your annua	al food budget? \$				
5.	Please break down by 9	% your anticipated food r	resources to support your program:			
	% Food Drives & Fo	od Donations				
	Grocery Rescue	(donated product picke	ed up from local retailers)			
	% Vendors (purcho	ased from local retailers)				
	% Food Bank of the	e Rockies				
	% Total of all above	e percentages to equal 1	100%			
Oı	utreach & Media					
Ple	ease check all forms of or Organization websit					
	☐ Facebook	□ Twitter	□ Instagram			
	□ Other:					



V. FOOD STORAGE LOCATION & TRANSPORTATION

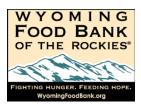
1.	Building facility type. Please check the one which best describes your facility:
	□ Business □ Warehouse □ School □ Residential □ Other:
	If School, list name of School & District:
	If residential, is this your primary address in which you reside? Y - N *FBR prefers to not have hunger relief programs 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 actu 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:XX 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 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

If client	s are consuming fo	od product "on	site" in the form of	hot/cold meals	or snacks, pleas	e complete this section.
1. Is ar	on-site feeding p	orogram currer	ntly in operation?	? Y - N		
If y	es, since when? _					
	at types of meals (Hot Meal 🗖 Cold					
	iormodi 2 cold	rwedi (i dekag	jour Donack	2 Office		_
2 1//h	ich days and hou	ıra will volusony	nogle?			
S. VVI	iich days and noc	Snack	Breakfast	Lunch	Dinner	Frequency
			List	Hours of Distribu	tion	
	Example/Sunday:			11:30-12:30		weekly
	Sunday					
	Monday					
	Tuesday					
	Wednesday					
	Thursday					
	Friday					
	Saturday					
5. How —6. Do	the meals served es, list holidays or *Example: Sum many clients willSnacks clients contribute es, please explair	seasons:	cks at community h serving period Lunch to partake in th	r festivals Thank ? Dinner ne meal? Y – N	sgiving outreac	h, Holiday meals*
lf y **Pl	s the Health Depo es, date of last ins lease submit copy of time of person in c	pection: of last inspection	form with applica	ation.		
9. Ho	ıs this person had	food handling	training? Y - N			
11. Do	any of the food	preparers have	e a Food Handle	rs Card/certifico	ation on file? Y	- N
Name	:		Dat	e expires:		
Name	:		Dat	e expires:		

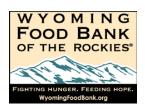
^{**}Please submit copies of Food Handlers certification, if available.



VII. "FOOD BOX" FOOD PROGRAM

If clients are receiving	a food	product to take	home for pre	paration and	consumption.	please con	nplete this section.
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1. Is a food pantry program currently in operation? Y - N						
	If yes, since when?					
2.	Which days and h	ours will clients b	oe able to recei	ve food boxes?	ş	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
			Hours of Distribut			
		Morning	Afternoon	Evening	Frequency	_
	Example/Monday:	9:00 - 12:00	1:00 - 4:00		Every 4th week	_
	Sunday					_
	Monday					_
	Tuesday					_
	Wednesday					_
	Thursday					_
	Friday					_
	Saturday					
4.	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 *Example: Summer	camps, snacks c	at community fest	ivals Thanksgiv	ring outreach, Holi	iday meals*
6.	What is most true	about your dist	ribution method	? Check only	one.	
	Client Choice - (C	Clients are able t	to choose ALL it	ems they recei	ve)	
 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: _					



VIII. TO BE COMPLETED BY ALL APPLICANTS

How did you hear about Food Bank of the Rockie	9S ²
Check one: ☐ FBR Website ☐ FBR Social Media	Did you remember to include
□ Referral from another FBR Partner Agency: Who?	☐ Copy of your 501c3 letter?☐ Copy of your Sales Tax
Other: Please check programs your organization would interested in Partnering with FBR. Refer to pages	□ Budget? □ List of Board of Directors? be □ Required signatures?
a description of each. Check all that apply:	3 & 4 101
□ Partner Agency □ TEFAP □ CSFP □ Kids Café □ Totes o	of Hope – Children™
By signing below, we agree that the information per the best of our knowledge: Chairperson, Board of Directors – Print Name	erovided is complete and accurate to Email
	Telephone
XSignature, Chairperson, Board of Directors	
Organization Director – Print Name	Email
XSignature, Organization Director	Telephone
Food Program Director – Print Name	Email
XSignature_Food Program Director	Telephone