



# 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)*

- Program Support
  TEFAP
  CSFP
  Food for Kids  
*(Totes, CACFP, SFSP)*
 Grocery Rescue

<b>Program Name:</b>	<b>Program No.:</b>
<b>Mailing/Billing address:</b>	<b>Food Storage address, if different:</b>
City, State, Zip:	City, State, Zip:
<b>Program Director:</b>	<b>Program Contact:</b>
Phone:	Phone:
Email:	Email:
Fax:	Fax:

I hereby certify that the information above is accurate:

\_\_\_\_\_  
Signature of Primary Program Contact

\_\_\_\_\_  
Date

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

**(Date & Initial)**

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

CERES updated on \_\_\_\_\_ by \_\_\_\_\_

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

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

FFK Master updated \_\_\_\_\_

FFK CHEARS updated \_\_\_\_\_

Update Delivery Manifest (if appl) \_\_\_\_\_

**Place copy in Partner file(s)**

**Email, Fax or mail completed form to:**

Food Bank of the Rockies

**Attn: Partner Support**

10700 E. 45<sup>th</sup> Ave

Denver, CO 80239

[PartnerSupport@FoodbankRockies.org](mailto:PartnerSupport@FoodbankRockies.org)

Fax: 303-574-0622



# Program Partner Authorized *Shopper* Update

**THIS PAGE FOR PARTNER SUPPORT ONLY:** Please list up to four (4) authorized shoppers. There must be one (1) authorized representative present to sign invoices for order pickup.

**Program Name/No:**

<b><u>Remove</u> Shoppers</b>	<b><u>Add</u> Shoppers</b> Any shoppers NOT listed will be removed
Name: _____  	<b>Shopper 1:</b> Name: _____ Email: _____ Phone # _____ <input type="checkbox"/> Pick-Up order/FFC <input type="checkbox"/> AE Online Shopper <input type="checkbox"/> Both
Name: _____  	<b>Shopper 2:</b> Name: _____ Email: _____ Phone# _____ <input type="checkbox"/> Pick-Up order/FFC <input type="checkbox"/> AE Online Shopper <input type="checkbox"/> Both
Name: _____  	<b>Shopper 3:</b> Name: _____ Email: _____ Phone # _____ <input type="checkbox"/> Pick-Up order/FFC <input type="checkbox"/> AE Online Shopper <input type="checkbox"/> Both
Name: _____  	<b>Shopper 4:</b> Name: _____ Email: _____ Phone # _____ <input type="checkbox"/> Pick-Up order/FFC <input type="checkbox"/> AE Online Shopper <input type="checkbox"/> Both

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 Program Contact

\_\_\_\_\_  
Date

Email, Fax or mail completed form to:  
 Food Bank of the Rockies  
**Attn: Partner Support**  
 10700 E. 45<sup>th</sup> Ave  
 Denver, CO 80239  
[PartnerSupport@FoodbankRockies.org](mailto:PartnerSupport@FoodbankRockies.org)  
 Fax: 303-574-0622