

**TOTES OF HOPE® PROGRAM APPLICATION**

**A PROGRAMS APPLICATION MUST ALSO BE COMPLETED AND SUBMITTED WITH A NEW TOTES OF HOPE APPLICATION. ALL SECTIONS MUST BE COMPLETED.**

Totes consist of 7 to 9 pounds of shelf-stable food items intended for weekend use, providing food to at-risk children and their family, when they are not in school. Pick up of the totes food is at Food Bank of the Rockies each Friday between the hours of 9:00 a.m. to 3:00 p.m.

Participation requirements:

- FBR prefers to work with partners who serve children in a geographic area where 50% or more of the children residing in the area are eligible for free or reduced-price school meals.
- Food must be distributed directly to schools and to the students receiving the tote
- **Distribute a minimum of 20 totes per week**
- Commitment to pickup weekly. Missed pickups without prior notification may result in removal of partner from the program.
- Each site is responsible for providing the bag, tote or backpack that the food is packed in at their site
- Completion of annual Food Safety and Civil Rights certification, provided online and at no charge by FBR
- Ensure proper storage of food after it is picked up and before distribute to kids

**Totes of Hope® is available year round, including summer. Please let us know your distribution schedule:**

Months of Distribution	Month – From	Month - To
School Year Only		
Summer Only		
Year Round		

**1. SITE INFORMATION**

<b>Site Name:</b>	
<b>Street Address:</b>	
<b>City:</b>	
<b>County:</b>	
<b>Zip Code: + 4</b>	
<b>Site Open Hours:</b>	
<b>Phone Number</b>	

**2. SITE CONTACT INFORMATION** *(though duties may be delegated, this listing should be the person(s) responsible for the site and all program paperwork)*

Primary Contact		Secondary Contact	
First Name:		First Name:	
Last Name:		Last Name:	
Phone Number:		Phone Number:	
Alternate Phone:		Alternate Phone:	
Email:		Email:	
Position:		Position:	
<b>Background Check</b> - Food Bank of the Rockies and Feeding America require that individuals who participate in Totes of Hope who have <b>direct repetitive contact</b> with children undergo and pass a National Background search. Please review the pages following this application – ACTION REQUIRED.			

**3. DESCRIPTION OF PROGRAM** - Provide a description of the children’s program offered by your organization and the eligibility process for children receiving a tote: *Example: We are a daycare center providing daily or weekly care for children 1 – 10 years old. Families who receive state subsidies to cover program costs will be invited to participate in the totes program.*

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**4. SITE ELIGIBILITY INFORMATION**

Public School District: \_\_\_\_\_  
 School Name: \_\_\_\_\_  
 Percent Eligible for Free or Reduced Lunches: \_\_\_\_\_  
 Distance to nearest School: \_\_\_\_\_

**5. ANTICIPATED # OF CHILDREN TO BE SERVED WITH TOTES WEEKLY** \_\_\_\_\_

**6. AGE RANGE OF PARTICIPATING CHILDREN** \_\_\_\_\_ Years to \_\_\_\_\_ Years

**7. LIST ANY DATES THE SITES WILL BE CLOSED** (May attach a school calendar with closures indicated)

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**8. DAY AND TIME OF THE WEEKLY TOTES DISTRIBUTION** \_\_\_\_\_

**9. FOOD STORAGE LOCATION** (If different than site address listed on page 1)

Street Address: \_\_\_\_\_

City: \_\_\_\_\_

County: \_\_\_\_\_

Zip Code: + 4 \_\_\_\_\_

10. **FOOD STORAGE:** What type of storage capacity does your site have?

Dry Storage

Refrigeration

11. **LOCATION(S) WHERE TOTES ARE DISTRIBUTED** - if your organization distributes totes to multiple school locations, please list the name, address and number of Totes per school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RETURN THIS FORM WITH ALL AREAS COMPLETED TO:**

**Nick Kasinec [nkasinec@foodbankrockies.org](mailto:nkasinec@foodbankrockies.org)**

**Mail (please keep a copy):**

**Food Bank of the Rockies Food For Kids Department  
10700 E. 45<sup>th</sup> Avenue Denver CO 80239**