



# 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 account*
 *Grocery Rescue*  
(Totes, CACFP, SFSP) (All updates send GR Team)

<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:
<u><b>Program Director:</b></u>	<u><b>Program Contact:</b></u>
Phone:	Phone:
Email:	Email:
Fax:	Fax:

**I hereby certify that the information above is accurate:**

\_\_\_\_\_  
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

**\*\*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 \_\_\_\_\_

**Place copy in Program’s file(s)**



# Program Partner Authorized *Shopper* Update

**THIS PAGE FOR PROGRAM 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