2024 Updated Account Information Form
Please fill out & return a <u>separate form</u> for each member account.

Agency: _____ Account #: _____ Completed by: _____

I verify that the information below is accurate to my knowledge.

_____   _____

==Executive Director Name (Print)==   ==Executive Director (Signature)==   ==Date==

SECTION 1. **Log in to Primarius online and fill out this section.**

SECTION 1 requires that you log in to Primarius online. Please note that you cannot make changes directly online. Make any changes using the form below and we will make updates to your account. If you need more room, please attach another sheet with the updates.

==AGENCY INFO== tab. <u>This shows us your agency's **main program information**.</u>
☐ Everything looks correct. No update(s) for Agency Info is needed at this time.
☐ Update(s) needed to the following information:
   ☐ Program Contact   ☐ Phone or Email   ☐ Address   ☐ Other: _____
<u>Write the update(s) for the main program information here:</u>

==LOCATIONS== tab. <u>This shows us where we need to **send mailings to** and **to whom**.</u>
☐ Everything looks correct. No update(s) for Locations is needed at this time.
☐ Mailing update(s) needed to the following mailing locations:
   ☐ Executive Director   ☐ Billing Address   ☐ Program Contact ☐ Other: _____
___There's an error with the listed **LOCATION** address, the **correct** address is:

___There's an error with the listed **MAILING** address, the **correct** address is:

==CONTACTS== tab. <u>This shows us a **listing of your agency's program contact information & authorizations**.</u>
☐ Everything looks correct. No update(s) for Contacts is needed at this time.
☐ Update(s) needed *only* to remove or edit the following contacts**.** <u>Do not write in *new* names</u>.

☐ **Program Contact**   ___Remove from Account   ___Information Edited

Name: _____ Ph: _____ Email: _____

☐ **Shopper**   ___Remove from Account   ___Information Edited

Name: _____ Ph: _____ Email: _____

☐ **POL**   ___Remove from Account   ___Information Edited

Name: _____ Ph: _____ Email: _____

☐ **Bill To** ___Remove from Account ___Information Edited

Name: _____ Ph: _____ Email: _____

☐ **Stats** ___Remove from Account ___Information Edited

Name: _____ Ph: _____ Email: _____
New Stats contacts need to be trained by Food Bank staff. Contact us, if you have a new person.

☐ **Food Safety Certified** ___Remove from Account ___Information Edited
If your agency has replaced a *Food Safety Certified* person, or you would like to add one to your account, **please attach a copy of their license or certificate.** Share *Food Safety Trained Person* handout with staff for roles & responsibilities.

Name: _____ Ph: _____ Email: _____

RECALLS – Please list any staff & volunteers who should be notified of a food recall. Review & update your current *Recall* people listed in your Contacts tab. Your <u>current</u> *Food Safety Certified* people already receive them, so no need to add them. Add other staff or volunteers who will be or are responsible for checking recalls at your agency.

Name: _____Title: _____ Email: _____

Name: _____Title: _____ Email: _____

If there are any updates needed for the positions below, please update the information **and send us the changes on your agency's letterhead for our hard copy records, per Food Bank policy.**

☐ **Executive Director** ___Remove from Account ___Information Edited

Name: _____ Ph: _____ Email: _____

☐ **Program Contact** ___Remove from Account ___Information Edited

Name: _____ Ph: _____ Email: _____

HOURS tab. <u>This tab notes when your food program is **open** and **your service area**</u>. Review the Hours Comments for zip code, towns/cities, # of allowed visits, languages spoken & handicapped accessible.
☐ Everything looks correct. No update(s) are needed at this time.
☐ Update(s) needed for the following: ☐ Hours of Operation ☐ Service Area/Comments
<u>List updates to your Hours/Comments in detail here:</u>

SECTION 2. ALL AGENCIES please fill out section below.

Percentage of Food Inventory
What % of your inventory do you estimate is from the Food Bank and our associated programs? **_____%**

Days of Food Estimation – Food Pantries Only **(guide sheet enclosed)**
How many Days of Food does your pantry provide to each person in each household? **_____days**