

2025 Updated Account Information Form

Please fill out & return a separate form for each member account.

RICFB Use Only

Date Rec'd:

Staff Initials:

Date Filed:

Agency: _____ Account #: _____

Program Contact Name (Print)

Program Contact (Signature)

Date

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

SECTION I. Log-in to Primarius & fill out this section.

Log-in to **Primarius** online here <https://onlineordering.rifoodbank.org/PrimariusWW/login.aspx> or click the **AGENCY ORDERING** button. The Primarius **LOGIN** box will pop up; fill in your Agency Ref & Username (same #) and Password. Click the **My Agency** link in the top right corner. Please check your account information, review it carefully, and make edits on this form. You cannot make changes directly online. Make any changes using this form and we will update your account.

AGENCY INFO tab. This shows us your agency's main program information in left hand column.

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: _____

Write the update(s) for the main program information here:

LOCATIONS tab. These are the addresses we send mailings to and to whom.

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. These are your agency's trained staff & volunteers and their contact info.

Everything looks correct. No update(s) for Contacts is needed at this time.

Update(s) needed *only* to remove or edit the following contacts. Do not write in new names. *If there are any updates needed for the Executive Director and/or Program Contact, please **send us the updates on your agency's letterhead for our hard copy records by mail or email, per Food Bank policy.**

Executive Director* ___ Remove from Account ___ Information Edited

Name: _____ Ph: _____ Email: _____

Program Contact* ___ Remove from Account ___ Information Edited

Name: _____ Ph: _____ Email: _____

Shopper ___ Remove from Account ___ Information Edited

New Shoppers need to be trained by Food Bank staff. Contact us if you have a new person.

Name: _____ Ph: _____ Email: _____

Shopper ___ Remove from Account ___ Information Edited

Name: _____ Ph: _____ Email: _____

POL Order (person who places food orders online) ___ Remove from Account ___ Information Edited

Name: _____ Ph: _____ Email: _____

Bill To ___ Remove from Account ___ Information Edited

Name: _____ Ph: _____ Email: _____

Statistics ___ 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 Manager (Food Handler) ___ 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.**

Name: _____ Ph: _____ Email: _____

Recall (Staff & volunteers who should be notified of a food recall)

Review & update *Recall* people listed. Your agency is required to have two recall contacts including the Food Safety person listed on the account. Your *Food Safety Manager(s)* already receives recall alerts so there is no need to add them here.

- Everything looks correct. No update(s) for Recall contacts is needed at this time.
- Update(s) needed for the following contacts. Add, remove or edit staff & volunteers responsible for checking recalls at your agency.

Name: _____ Email: _____ Add Remove Edit

Name: _____ Email: _____ Add Remove Edit

HOURS tab. This tab notes when your food program is open and your service area. Review for zip code, towns/cities you serve, # of allowed visits, languages spoken & accessibility.

Everything looks correct. No update(s) are needed at this time.

Update(s) needed for the following: Hours of Operation Service Area/Comments

List updates to your Hours/Comments in detail here:

SECTION II. 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? _____%

*******FINAL STEP*******

ONCE SECTIONS I & II ARE COMPLETE, please: electronically submit, mail, fax OR scan-to-email documents.

MAIL: Jennifer Hazard, RICFB, c/o Community Programs
200 Niantic Ave., Providence, RI 02907

FAX: 401-942-2328

EMAIL: jhazard@rifoodbank.org

After we review and update your information, you will receive an email confirmation.

If we do not receive your completed paperwork by January 31, 2025, we will temporarily suspend your account. We appreciate your cooperation with this process.

Please call or email Jennifer Hazard @ 401-230-1709 jhazard@rifoodbank.org, if you have any questions.