

St. Mary's Program Information

Please use this document to record information about the contacts and programs

SMFB ACCOUNT NAME: _____

My St. Mary's Agency Services Representative is:

Name: _____

Phone: _____

Email: _____

***PRIMARY CONTACT FOR ALL SMFB COMMUNICATION**

Websites and Account Information:

Link2Feed.com

Username: _____

Password: _____

Vivory (AZFoodHelp.org)

Username: _____

Password: _____

MealConnect.org (Grocery Rescue only)

Username: _____

Password: _____

SMFB documents: www.SMFBPartner.org

Management Contacts by Department:

Agency Services – Phoenix

September Lopez

smlopez@stmarysfoodbank.org

602-343-2501

Child Nutrition

Cheyann Pham

cpham@stmarysfoodbank.org

602-343-2529

Agency Shopping

shop@stmarysfoodbank.org

602-343-3190

Grocery Rescue

Kim Warren

kwarren@stmarysfoodbank.org

602-343-3139

Home Delivery/Mobile Distribution

Lauren Tomlinson

ltomlinson@stmarysfoodbank.org

928-330-5225

Agency Development Grant

Nat Wheeler

nwheeler@stmarysfoodbank.org

602-344-6237

SMFB Chief Program Officer

Marcos Gaucin

migaucin@stmarysfoodbank.org

602-343-3114

My Organization's St. Mary's Program Information

The Types of Products My Organization Receives Are (check all that apply): **Main Agency #:** _____

| <i>Product Type</i> | <i>Program Account Number</i> | <i>Delivery Day/Time</i> | <i>Distribution Days/Hours</i> | <i>Distribution Process (Paper vs. Live Intake)</i> | <i>Reporting Requirements</i> | <i>Internal Person Responsible</i> |
|--|-------------------------------|--------------------------|--------------------------------|---|--|------------------------------------|
| <input type="checkbox"/> Donated | | | | | L2F entry due within 48 hours of your final distribution for the month. | |
| <input type="checkbox"/> TEFAP | | | | | L2F entries and MIPR due within 48 hours of your final distribution for the month. | |
| <input type="checkbox"/> CSFP Caseload: _____ Last Updated: _____ | | | | | L2F entries and MIR report due within 48 hours of your final distribution for the month. | |
| <input type="checkbox"/> Grocery Rescue | Same as Donated # | | N/A | N/A | Meal Connect, pounds received weighed recorded within 48 hours of receiving product. | |
| <input type="checkbox"/> Shopping/Source | Same as Donated # | | N/A | N/A | N/A | |
| <input type="checkbox"/> Kids Café | N/A | | | | Meal Counts due by Monday of following week. | |
| <input type="checkbox"/> Backpack | N/A | | | Via roster | Due weekly for local sites, monthly for rural sites. | |

Need Assistance? Contact St. Mary's Agency Services: **General Hotline:** (602) 322-7861 **NAZ Hotline:** (602) 344-4100