



Caring For Others, Inc.

'A Homelessness Prevention Program'

Partner Agency Membership Application

Organization Name: _____

Please provide your Tax ID or EIN number and date of establishment

Tax ID/EIN: _____ Date: _____

Mailing/Street Address: _____

City: _____ State: _____ Zip _____

Organization Phone Number: _____ Fax: _____

Executive Director's Name: _____

Executive Director's E-Mail Address: _____

Web Site Address: _____

Program/Project Name: _____

Contact Name: _____ Title: _____

Do you have a 501 (c) 3 status? Yes: _____ No: _____

Primary Contact: _____ Title: _____

Email Address: _____ Phone: _____

When was your organization Founded? _____

What is your agency

Mission? _____

How many families and children are served per year? _____

What is the size of your church/organization? ___ 0-100 ___ 100-250 ___ 250-500

___ 250-500 ___ 500-1000 ___ 1000+

What county (ies) do you serve? _____

What type of human services do you provide for the community? _____

What is the target population to be served by these donations? _____



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Do you collaborate with other agencies? If so, which ones? (Please list top three)

How do you measure the outcomes? _____

How long does it take to distribute products to clients? _____

What are your days and times of operation? _____

Do you have a place to store these items? Yes: _____ No: _____

If so, please provide the physical address: _____

Please provide a date within the next 30-90 days when CFO can visit your site: _____

Please provide our organization with the following:

- Copy of the organization 's letter certifying IRS 501(c) 3 tax-exempt status.
- List of your organization's board of director's roster including name and professional affiliation and title.
-
- Mail or fax information to:

Caring For Others, Inc.

ATTN: Partner Agency Membership Program

3537 Browns Mill Rd, Suite 2 - Atlanta, GA 30354 - 404.761.0133 or 404.768.2798

caringforothers1@bellsouth.net - www.caringforothers1@bellsouth.net



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Membership Agreement

Our organization, _____, understands that All memberships must be renewed no later than March 30th each year. The Annual membership fee per Agency is **\$300.00 per year**. An Administration Fee will be charged for each order based on products.

Caring For Others, Inc. Clothing/Furniture Bank Program and miscellaneous items must be used for the benefit of at-risk families and needy children and cannot be sold, bartered or exchanged. All products will be offered "as-is" and are not returnable. The recipient agency must agree to **NEVER SELL, BARTERED OR EXCHANGE**. Donations from Caring For Others, Inc. cannot be "sold, bartered, or used for fund raising purposes."

Each Partner Agency will be allowed up to two (2) authorized persons to pick up products. Agency Partner must provide its own suitable transportation when receiving products. It is understood that all products will be pre-packaged. All appointments must be kept. If appointments are missed, member agency must contact Caring For Others, Inc. to reschedule for pickup.

Partner Agency are required to provide a monthly report to Caring For Others, Inc. regarding how the distribution of products received have impacted the community. Member agencies will not charge fees of any kind (real or in-kind) to the recipient, individual or family and no specific donation will be requested.

****Sorry, no credits will be granted and Agency Partner must be in compliance before products are issued. Payments must be made by agency check, cashier's check, credit card and money order.***

Member Agency Executive Director

Date

Authorized Shopper #1 (Print Name)

Authorized Shopper #2 (Print Name)



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OFFICE USE ONLY

Date Application Received: _____

Site Visit Confirmed: _____
Date Contact Person

C.F.O., Inc. Approval _____ Date _____

Application Denied _____ Reason _____ Date _____

Comments: _____

Directions to Member Agency:

