



Caring For Others, Inc.

'A Homelessness Prevention Program'

Clothing Membership Application

Caring for Others, Inc. Clothing Bank Program provides new children's and adult clothing and miscellaneous items to nonprofit organizations to assist at-risk families and needy children.

All memberships must be renewed no later than March 30th each year. The Annual membership fee per Agency is **\$1,000.00 per year** Agencies will be given three (3) clothing distributions per year they are: April, July and October /November.

Sorry, no credits will be granted and member agencies must be in compliance before products are issued. Payments must be made by agency check or money order.

Organization Name: _____

Organization Phone Number: _____ Fax: _____

Executive Director's Name: _____

Executive Director's E-Mail Address: _____

Mailing/Billing Address: _____

Web Site Address: _____

Program/Project Name: _____

Contact Name: _____ Title: _____

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

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

Tax ID/EIN: _____ Date: _____

What county (ies) do you serve? _____

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

How many people do you serve monthly or annually in your Outreach: _____



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

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: _____

Also we are requiring organizations to:

- Fax completed application form along with current IRS 501(c)3 certification letter to:
404-761-0678.
OR
- Mail completed application form along with current IRS 501 (c) 3- certification letter to:
C.F.O., Inc. Clothing Bank Program
3537 Browns Mill Rd, Ste 2
Atlanta, GA 30354
404-761-0133 Office
404-761-0678 Fax
caringforothers1@bellsouth.net



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Membership Agreement

Our organization, _____, understands that all C.F.O., Inc. Clothing Furniture Bank Program clothing and miscellaneous items must be used for the benefit of at-risk families and needy children and cannot be sold. All products will be offered "as-is" and are not returnable. The recipient agency must agree to **NEVER SELL** any product donations or to distribute it to any one that intends to sell the products. Donations from C.F.O. cannot be "sold, bartered, or used for fund raising purposes."

Each member agency will be allowed up to two (2) authorized persons to pick up clothing. Member agency 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 C.F.O., Inc. to reschedule for pickup. Member agencies will:

Member agencies are required to: provide a monthly report to C.F.O., 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.

Member agency must attend an orientation class. The IRS states: "No fee for administrative cost or otherwise may be charged in connection with the transfer of donated property directly from an organization to the ill, needy individuals or minors." (Section E-3)

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:
