



Caring For Others, Inc.
A Human Services Organization

Partner Agency Membership Application

Organization Name: _____

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
___ 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? _____

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



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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. SE - Atlanta, GA 30354 - 404.761.0133 or 404.768.2798

contactus@caring4others.org - www.caring4others.org



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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 **\$500.00**. An Administration Fee will be charged for each order based on products, and there are three levels of membership:

Level 1 Partnership **\$500.00**

Level 2 Partnership **\$1000.00**
\$500 – credit towards an annual partnership shopping event (all merchandise will be sold at a 15% discount)

Level 3 Partnership **\$1500.00**
\$500 - partnership fee - **\$1000** – credit towards an annual partnership shopping events (all merchandise will be sold at a 15% discount)

These members are given a Care Loft card with a shopping level and will be able to shop on the third Thursday of the designated month, from 10:00a.m. - 2:00p.m. also they will be able to enjoy the benefits of large distributions when notified.

Caring For Others, Inc. Clothing/Household 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 and authorized signature of 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.

At no time can any partner agency approve or accept fees from another agency seeking partnership with any Caring For Others, Inc. NGO. All applications must be submitted to the National headquarters for purposes of legal review and site accommodations. No funds will be accepted or disclosed until the preliminary background and vetting process is complete.



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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.

Accurate Agency Reports must be submitted to the National Headquarters on the tenth (10th) of each month in lieu of or distributing. If the report is not received within ten (10) days of the tenth (10th), the agency will be placed on an immediate sixty (60) day probationary period. If compliance is not met within the sixty (60) days of probation, the termination of this agreement as well as all funds submitted will be forfeited indefinitely.

Disaster Relief is one of Caring For Others' core service programs, therefore agency partners may be called upon at any given time to assist in the disaster relief efforts by sending goods that are properly inventoried and logged to areas affected by the disaster. Accurate reporting is key each month to assist in the strategic and seamless handling of the disaster.

All CFO NGOs and their partners will adhere to the aforementioned guidelines.

****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:
