



Western Pennsylvania Diaper Bank

Partner Agency Application

Instructions:

1. Please complete the entire application
2. The agency director must sign the application
3. Please include a copy of your IRS/US Dept of Treasury Letter of Determination that states your 501c3 status or letter of good standing from denominational headquarters.
4. Please return all information together. The Western Pennsylvania Diaper Bank will notify you upon receipt of the application.
5. The Diaper Bank reserves the right to make a site visit during the application process.

Agency/Organization Name: _____

Contact person for the Diaper Bank program: _____

Email of contact person: _____

Secondary contact person for the Diaper Bank program: _____

Email of secondary contact person: _____

Does your organization operate from more than one location? _____

If yes, will diapers be distributed at any of those locations? _____

If so, please provide contact information for each location:

Mailing Address 1:	Mailing Address 2:	Mailing Address 3:
Phone 1:	Phone 2:	Phone 3:
Fax 1:	Fax 2:	Fax 3:

	501c3 or in application process
	Church in good standing
	School Resource Center

Agency Mission Statement: _____

How will having diapers further your mission? _____

How many clients does your agency serve now? _____

Of these clients, how many children would need diapers? (Actual number, not percentage) _____

What percentage of the population you serve is low-income? _____
 (Low-income: income below 200 percent of the federal poverty level (FPL); currently \$37,000 per year for a family of four)

What percentage of the population you serve lives in poverty? _____
 (Poverty: income below the federal poverty level (FPL); currently \$18,850 per year for a family of four)

How will you let your clients know you have diapers to distribute? _____

How will you decide if a client is eligible to receive diapers? _____

The Diaper Bank needs participating agencies to pick up diapers from our warehouse at 2546 Centre Avenue, Pittsburgh, PA at a specific appointed time each month, does your agency have the capacity to do this?

Is your agency willing to collect demographic information from clients receiving diapers in order to further the mission of the Diaper Bank? _____

May we put a link to your agency on our website? _____

If yes, please provide the web address below.

Web Address: _____

Please include the most current brochure from your organization with your application.

Director's name: _____

Date: _____

Director's Signature: _____