



## 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? \_\_\_\_\_  
 \_\_\_\_\_

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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 201 N. Braddock Ave., 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: \_\_\_\_\_