



PARTNER AGENCY ANNUAL APPLICATION

Please fill out the information below to apply to be an Indiana Diaper Bank Partner Agency.

ORGANIZATION / AGENCY INFORMATION

Legal Name of Agency: _____

Other Names Used by the Organization: _____

Your Agency is:

- 501(C)(3)
- Religious Organization
- Government Organization

Mailing Address: _____

City/State/ZIP: _____

EIN: _____

Organization Main Phone: _____ Fax: _____

Agency Website: _____

Social Media Handle[(s) list all that apply including separate diaper program pages]:



PARTNER AGENCY CONTACT INFORMATION

Primary Program Contact Person: _____

Email: _____ Phone (Ext): _____ Mobile: _____

Agency Executive Director Name: _____

Email: _____ Phone (Ext): _____ Mobile: _____

DIAPER PROGRAM DESCRIPTION/STATUS

Program Name using diapers/baby essentials:

Agency mission/service provided to the community:

Brief Program Description (This statement will be used to provide referrals for services and placed on our website):



Has there been any change in your non-profit status (as defined by the IRS), your corporate status, your organization's name, or your mission/vision?

- YES - please attach supporting documentation
- NO Change

Source of Funding (Check all that apply):

- Grants – Foundations
- Grants – Government
- Donations
- Sponsorship
- Other

Organization's Annual Revenue:

CLIENT DIAPER USE

If you are an applicant that currently does not have a diaper distribution, please fill out the following fields to the best of your ability.

Do you currently provide diapers to your clients?

- YES
- NO

If yes, how often does your organization distribute diapers to clients (if applicable)?

- Weekly
- Monthly
- Emergency Only
- Other _____

How does your agency/organization currently obtain diapers (check all that apply)?

- Purchase Retail
- Purchase Wholesale
- Diaper Drives
- Infrequent Donations
- Other agencies or diaper banks
- We don't



Do you currently turn away clients due to lack of diapers?

- YES
- NO

Does your agency budget for purchasing diapers/baby essentials?

- YES
- NO

How will the diapers be distributed (check all that apply):

- On-Site residential program
- Outreach
- Emergency supplies for families
- Day Care
- Fostercare
- Alcohol/Drug Recovery Domestic Violence Shelter
- Other (please explain):

How do you measure outcomes for your programs?

Please share how your program helps move families to self-sufficiency. Is there a success story you can share how diapers helped a family in need?

(Optional) Is there anything else you would like to tell us about your agency or your diaper program?



PARTNER AGENCY POPULATION SERVED / DEMOGRAPHICS INFORMATION

(If new Partner Agency Applicant, please fill out to the best of your ability)

% of Diaper Recipients by Poverty Level

Federal Poverty Level or below _____

1-2 times above _____

> 2 times _____

% of Total Diaper Recipients by Age

0-1 Years Old _____

2 Years Old _____

3-5 Years Old _____

6+ Years Old _____

% of Total Diaper Recipients by

Race/Ethnicity White non-Hispanic

African American / Black _____

White Hispanic _____

Asian _____

Pacific Islander _____

Other _____



PARTNER AGENCY PROJECTED MONTHLY DIAPER SUPPLIES

Indiana Diaper Bank uses child-based distribution for estimating a partner agency's diaper needs. Please complete the following table by indicating the number of children your agency serves or projects to serve on a **monthly** basis. During the application process, we will review these needs to ensure we will be able to supply your agency and assign you the appropriate Partnership Tier Level. Write in the number of children for each diaper size needed.

DIAPER SIZE	# OF CHILDREN YOUR AGENCY SERVES IN EACH DIAPER SIZE PER MONTH
NB	
SIZE 1	
SIZE 2	
SIZE 3	
SIZE 4	
SIZE 5	
SIZE 6	
PULL-UPS 2T-3T	
PULL-UPS 3T-4T	
PULL-UPS 4T-5T	

Distribution Alteration

The National Diaper Bank Network recommends the best practice for disposable diaper distribution is 50 diapers or 30 pull ups per child. The standard for your agency will be set during Indiana Diaper Bank's Partner Agency approval process. If you need to alter your Partner Tier level based on an increase or decrease of children served, please contact the Senior Program Manager directly.



_____ I certify that I am in a position within my organization to complete this application on behalf of our organization. I certify that I have filled out this application to the best of my ability with the most accurate and up-to-date information about our organization.

_____ I have read the IDB's Partner Agency Handbook and understand that the potential partnership between Indiana Diaper Bank and my organization is a collaborative partnership.

_____ I have read IDB's Data Collection Manual and understand that it is vital to the ongoing mission of Indiana Diaper Bank. As an applicant, I understand that upon approval as a partner agency, we will be required to complete Indiana Diaper Bank's data collection process.

_____ I have read and understand that there is a Shared Maintenance Fee associated with being a partner agency in Indiana Diaper Bank's Diaper Distribution Program. I understand that the Shared Maintenance Fee is based on Indiana Diaper Bank's projected overhead cost per diaper and NOT the cost of the diaper.

_____ I have read and understand that by submitting this application, I agree to complete all aspects of the application process including, but not limited to: partner agency interviews, site visits, completion of the Partner Agency Agreement, Collaborative Agreement, and any other information that IDB deems necessary to best determine if our organization should be accepted into their diaper distribution program.

Applicant Signature Date

Please email application and attach the following documents to rachael@indianadiaperbank.org:

501(c)(3) Status Upload
Most Recent 990 Upload