



DIAPER BANK

of North Carolina

Changing lives, one diaper at a time.

Community Partner Application



Checklist

- Agency Information
- Projected Demographics and Program Use
- Partner Agency Agreement
- Collaborative Partnership Agreement
- 501 (c) 3 IRS Determination Letter
- Signature of Program Administrator
- Signature of Executive Director

Diaper Bank of North Carolina
304 E. Trinity Ave
Durham, NC 27701
Info@ncdiaperbank.org
www.ncdiaperbank.org



Diaper Bank of North Carolina Community Partner Application

1. Complete the application and submit to Diaper Bank of NC (DBNC) via email (info@ncdiaperbank.org) or postal mail.
2. The DBNC reserves the right to decline applications based on a variety of criteria and community need.
3. During the application process a site visit and/or agency interview may be requested.
4. Please attach the applicable proof of your organization’s status
 - a. IRS Determination Letter (advanced ruling if applicable) showing 501(c)(3) standing with the IRS.
 - b. Letter of Good Standing from National/Regional Headquarters (if applicable)
 - c. Government Letterhead (if applicable)

Community Partner Information

Agency Name: _____

Mailing Address (If PO Box, also list location of principal office): _____

City/State/Zip: _____

Main Phone: _____ Fax: _____

Website: _____

Program Name Using Diapers/Incontinence Items: _____

Program contact person and title: _____

Email: _____ Phone number and direct extension: _____

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

Executive Director’s Name: _____

Executive Director’s Phone and Extension: _____

Executive Director’s Email: _____

Agency Mission: _____

Diapers are stored and distributed from locations in Durham County, Forsyth County and New Hanover County. Will you be able to transport diapers from these areas to your programs? **Yes No**

Projected Estimation of Client Demographics and Program Use for the Calendar Year

1. Number of unique diaper users per month (count each diaper user only one time): _____
2. Number of duplicated diaper users (count each diaper user each time they receive diapers from you in a month): _____
3. Number of potential diaper users on waiting list: _____ Average time on waiting list (in months) _____
4. Average length of time (in months) diaper users are active in program: _____
5. Percentage of diaper users living at or below the Federal Poverty Level: _____
6. Percentage of diaper users living at less than twice the Federal Poverty Level: _____

% of Total Users by Geographic Location	
Durham County	
Orange County	
New Hanover County	
Brunswick County	
Pender County	
Forsyth County	
Guilford County	
Davidson County	
Davie County	
Surry County	
Yadkin County	
Stokes County	
Randolph County	
Other (please specify):	
TOTAL	100%

% of Total Users by Age	
0-1 years old	
2 years old	
3-5 years old	
6-18 years old	
18+ years old	
TOTAL	100%

% of Total Users by Race/Ethnicity	
White non-Hispanic	
African American/Black	
White Hispanic	
Asian	
Native Hawaiian or other Pacific Islander	
Two or more races	
Other	

% of Diaper Users Receiving	
Case Management	
Emergency Distribution (no casework)	
TOTAL	100%

% of Total Diaper Users by Disability	
With Disabilities	
Without Disabilities	
TOTAL	100%

% of Parents or Guardians by Race/Ethnicity	
White non-Hispanic	
White Hispanic	
African American/ Black	
Asian	
Native Hawaiian or other Pacific Islander	
Two or more races	
Other	

% of Diaper Users or Guardians with Military Status	
Veteran, Active-Duty, or Reserve	
Non-military	
TOTAL	100%

Projected Monthly Diaper Supplies

Please estimate diapering needs for a one-month period to aide with Diaper Bank in planning and budgeting activities. Size needs may fluctuate as babies grow but please try to provide the most accurate representation of your diapering needs. *Estimates are for how many packs needed per month.* **PLEASE NOTE: Diapers are distributed in packs of 25 for sizes NB-5 and packs of 10 for size 6, pull-ups, and adult incontinence supplies. There is an agency maximum of 50 diapers or 30 pull-ups per child per month. The standard for your agency will be set during the DBNC partner approval process.**

Premie/Newborn: _____ 2T-3T: _____
 Size 1: _____ 3T-4T: _____
 Size 2: _____ 4T-5T: _____
 Size 3: _____ Underjams _____
 Size 4: _____ 38-85lbs _____
 Size 5: _____ 85+lbs: _____
 Size 6: _____

TOTAL Amount of Diaper Packs: _____

Community Partner Agreement

The provision of diaper supplies is a cooperative effort between DBNC and our Community Partners. Community Partners agree to the following to ensure the community can continue to receive this service. Please initial next to each number

- _____ 1. To follow all supply request and distribution procedures as determined by the DBNC.
- _____ 2. To provide supplies received from DBNC without discrimination on the basis of race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital or family status
- _____ 3. To certify that any assistance directly or loosely linked to diaper supplies does/will not require attendance at religious services or classes, nor is there any inducement of conversion to a faith group, institution or cause in order to receive assistance.
- _____ 4. To provide supplies to clients in a conscientious manner. No products obtained from DBNC may be sold, traded or bartered, nor may those items be used for fundraising, auctions or raffles. Items may only be used to provide services to the clients of the recipient agency, and may not be used as gifts to staff or volunteers.
- _____ 5. The recipient agency agrees to make every effort to avoid duplication of services with other agencies and to avoid providing diapers to clients who will sell exchange or barter the diapers/incontinence supplies.
- _____ 6. In most cases and with the exception of emergency distributions and food pantries, diaper supplies from DBNC are to be used as one part in a broader effort by the recipient organization to assist those in need. The recipient agency therefore will not distribute diapers to individuals or families without providing some level of case management to the individual or family so they may have the opportunity to work towards self-sufficiency.
- _____ 7. Diaper provided by DBNC will not be redistributed to another agency for use.
- _____ 8. To send a representative from your organization to no more than two meetings per year regarding the communities' ability to ensure that all who need diapers can get them. One of those two meetings will be exclusively for Executive Directors, and one will be for representatives from program staff. The recipient organization will be notified in advance of those meetings.
- _____ 9. To comply with annual DBNC reporting requirements and to notify DBNC of any changes in your organization's contact information or mission
- _____ 10. To complete no less than two activities from the Collaborative Partnership list contained in this document.
- _____ 11. Not to refer client(s) to visit or call DBNC office or warehouse for supplies. DBNC is not a direct social service agency but a support agency. It is the responsibility of the recipient agency to ensure its staff is aware of this provision. The Diaper Bank of NC website however may be used to refer clients to other supply receiving agencies.
- _____ 12. Partner Agencies hereby indemnify, defend and hold harmless Diaper Bank of NC from any and all liabilities for the quality or safety of the product (the "Product"), consisting of diapers or diapering items received as donations or purchased by DBNC and then donated by DBNC to the Partner Agencies, and Partner Agencies hereby forever releases and discharges the Diaper Bank of NC, its officers, directors and/or employees from any and all claims for any known, unknown or future damages, because of the quality or safety of the Product.

Collaborative Partnership

The essence of collaborative partnership is for both parties to mutually benefit from working together. Please check a minimum of two of the boxes below to be completed during the next 12 months. Please let us know when you fulfill these terms:

1. Provide a financial contribution of: \$200 \$400 \$600 Other Amount: _____
2. Provide a non-cash contribution from our wish list (non-diapers). Our current wish list can be found at www.ncdiaperbank.org: _____.
3. Host a diaper drive for DBNC through your agency.
4. Include an article about the DBNC in our agency's newsletter at least once during the coming year, encouraging our supporters to donate diapers. We are happy to provide content and an image for you.
5. Send an email with info about DBNC to your supporters. We are happy to assist with this.
6. Collaborate with DBNC on grants and fundraising.
7. Place a link to www.ncdiaperbank.org on your website (logo will be provided).
8. Have a member of your staff speak at two community events with a DBNC representative (to be coordinated by the DBNC).
9. Invite us to table events you hold or are attending.
10. Additional ideas for collaborative partnership (beyond word of mouth): _____

Tell us about upcoming events! We would love to know about your events so we may attend, participate or sponsor. Please place us on your mailing list and contact us for other ways we can collaborate with you.

The Diaper Bank of NC reserves the right to remove an agency from its recipient list if the agency does not adhere to the terms of this agreement, or if any portion of its application is found to be misstated. Written notice will be provided in the event we will no longer provide diapering supplies to your agency.

Print
Program Director

Sign

Date

Print
Executive Director

Sign

Date