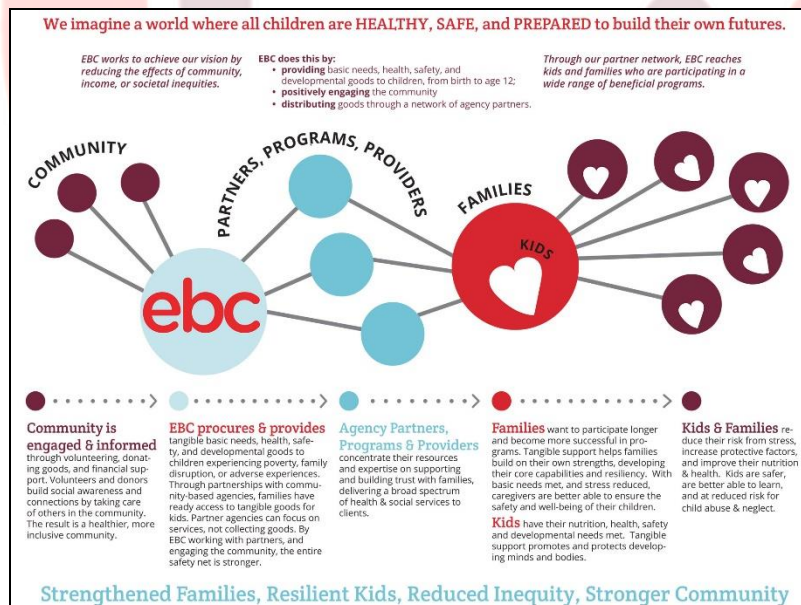


## EBC- Eastside Baby Corner Agency Partner Application

Thank you for your interest in joining the EBC - Eastside Baby Corner Agency Partner network. The EBC model is built upon strong relationships with our Partner Agencies. Through the collaboration of our amazing donors, volunteers and partners like yourself, EBC makes a positive difference in the lives of children and their families.

Eastside Baby Corner helps children- birth to 12 years have what they need to grow, play, learn and thrive. We do this by providing essential care, safety, and health goods for children who are experiencing homelessness, poverty, or family disruption. By becoming a partner, an agency partner would have access to more than 200 different products free of charge; some of which are gently used and some that are brand new bought by Eastside Baby Corner. Eastside Baby Corner also provides expectant and postpartum mothers maternity wear, personal care goods, and mother-infant support items. All the products that are donated by the community are checked for quality, hygiene and safety before making them available for program recipients.

Eastside Baby Corner believes in supporting community as a whole by following our Theory of Change model.



At our **EBC – Central (Issaquah)** and **EBC – Northshore (Kenmore)** branches we provide items for unborn babies through age 12 (children’s clothing up to size 14), and at our **EBC – West Sound** branch (Bremerton) we provide items for unborn babies through age 5 (children’s clothing up to size 7). All three of our braches provide items for expectant and new moms.



## Agency Partner Application

By being an established partner, you will gain access to Eastside Baby Corner's ordering system to access goods for the families that your program serves. Not to mention, Eastside Baby Corner strives to maintain above 98% of order fulfilment rate for all 50 weeks of the year.

To become an EBC Agency Partner, a potential partner agency starts the process by filling out the application with most up to date information that Eastside Baby Corner will then use to review alignment with our established criteria, and availability of partner agency slots in the network etc. The process of applying for partnership, which includes the application, interviews/discussion of needs, and signing of a Memorandum of Understanding, can take anywhere from one to three months.

For questions on completing the application and/or the application process, please email our Partner Services Coordinator Ruchi Charekar, at [ruchic@babycorner.org](mailto:ruchic@babycorner.org) or call at 425-865-0234, ext. 704.

For more clarity on the terminology please see below definitions:

- **Agency Partner:** a collective name for reporting organizations, its programs and program (staff) providers.
- **Program:** the name of the department of the reporting Agency Partner that manages services to meet social need(s).
- **Provider:** the person who interacts with program recipients and has access to the EBC ordering system on behalf of the program.
- **Site:** physical location from where a program operates

When submitting a completed application, attach a copy of your 501(c)(3) tax-exempt determination letter. Please also attach your current non-discrimination policy, client confidentiality policy/agreement and most recent demographics of the children/families you serve. This critical and non-negotiable for considering your interest for partnership.

**Submit completely filled out application with other requested attachments via email to [ruchic@babycorner.org](mailto:ruchic@babycorner.org).**

## SECTION A: DETAILS OF THE AGENCY

### A.1.0 General Information *Please provide information of the reporting "Parent Organization"*

A.1.1. Agency [Legal] Name \_\_\_\_\_

A.1.2. Tax ID (e.g. IRS EIN) Please attach copy of the first page of most recent filed 990.

- ☐ 501(c)(3) nonprofit:  
    ☐ Human or other service  
    ☐ Hospital/medical clinic  
    ☐ Church/faith based org
- ☐ Individual School  
☐ School District
- ☐ Government/Quasi Government

A.1.3. Physical Address:

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A.1.4. Mailing Address if different than physical address:

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A.1.5. How did you learn about EBC?

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## Agency Partner Application

### A.1.6. Why would you like to partner with EBC?

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### A.1.7. Does the agency have a written client nondiscrimination policy?

- ☐ Yes. If yes, please attach a copy.  
☐ No

### A.1.8. Does the agency have a written confidentiality policy?

- ☐ Yes. If yes, please attach a copy.  
☐ No

A.1.9. Website: 

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### A.1.10. Agency Description:

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**A.1.11. Mission Statement:** A concise statement to define the purpose the agency is aiming to achieve, describe the community served and often state the values which this agency defines its standards.

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## Agency Partner Application

### **A.2.0. Contact Information-** *This information will be necessary to create agency account in EBC system once the agency is accepted as a partner*

#### **A.2.1. Contact details: Executive Director/CEO/Senior Leadership who will be signing MoU with EBC**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

☐ Check a box if this person wants to receive biannual partnership report of distribution of goods from EBC?

#### **A.2.3. Contact details: CFO/Accountant or assigned staff member/volunteer who handles finances**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

☐ Check a box if this person wants to receive biannual partnership report of distribution of goods from EBC?

#### **A.2.4. Contact details: Development or Communications person or a staff member**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

☐ Check a box if this person wants to receive biannual partnership report of distribution of goods from EBC?



## Agency Partner Application

### A.2.5. Contact details: Any other admin person as a contact for the agency

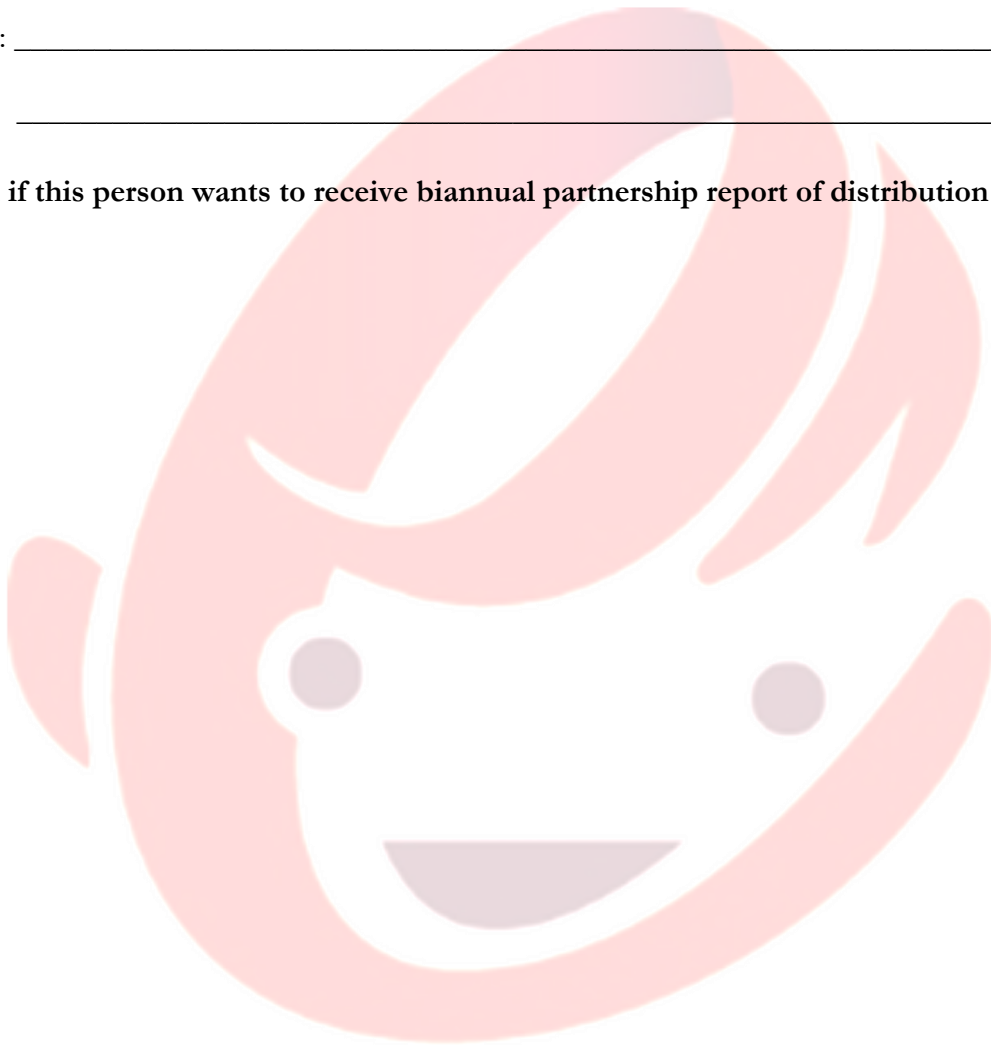
Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

☐ Check a box if this person wants to receive biannual partnership report of distribution of goods from EBC?





## Agency Partner Application

### SECTION B: DETAILS OF THE PROGRAM APPLYING FOR

**B.1.0 Program Information:** *Please tell us about the Program(s) within your agency providing services would be coordinating services through EBC. Please fill in details for the program site/s that will be requesting products through EBC. The Program information will help EBC analyze capacity needs to ensure we can fully support your Program. For **multiple programs**, please attach additional page.*

**B.1.1. Program Name:** \_\_\_\_\_

**B.1.2. Program(s) Description:** *Describe the program(s), its purpose and how children/families in need are served on a **weekly** basis. If you are hoping to order for multiple programs under same agency, please describe both the programs separately.*

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**B.1.3. Tell us about the individuals that your program serves.** *Age range, income range, ethnicity, special needs, geography etc. Also, describe briefly the program's client intake process to include how client eligibility is determined.*

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**B.1.4. Tell us about program's client intake process and include how client eligibility is determined.**

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**B.1.5. Does the agency receive state or federal funding for all or portion of children served under program applied for?**

☐ Yes

☐ No

☐ Other: \_\_\_\_\_



## Agency Partner Application

**B.1.6. How would the partnership help your families? What difference it will be make for you and your families?**

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**B.1.7. Is your agency willing to provide individual demographic data with client consent?** *Demographic information will be required for the EBC ordering process. This will be stored in a secure web-based application and will be used in aggregate for reporting purposes.*

☐ Yes

☐ No

**B.1.8. Is EBC going to be the primary, supplemental or emergency source of providing essential goods?**

☐ Primary

☐ Supplemental

☐ Emergency

☐ Other: \_\_\_\_\_

**B.1.9. List top 5 items you anticipate ordering from EBC on a routinely basis.**

*EBC has more than 200 items on its item catalogue for you to order for your program recipients. However knowing top 5 items that are most needed for your program will help us analyze are capacity and inventory while making a decision.*

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**B.1.10. Does the program location have the ability to store goods received from EBC in case they are not picked up by the families immediately?**

☐ Yes

☐ No

☐ Other: \_\_\_\_\_





## Agency Partner Application

### B.2.0 Partner Agency Ordering Information

**B.2.1. Frequency of Ordering** EBC expects Programs to place and pick-up orders on a scheduled basis. Though EBC's preferred cycle is weekly, there are alternative cycles that may better meet the needs of the Program, (e.g. frequency clients are screened, distance between the Program and closest EBC Hub, etc.)

- ☐ Weekly
- ☐ Twice Monthly
- ☐ Monthly
- ☐ Quarterly

**B.2.2. Preferred location/branch for picking up the orders.**

- ☐ Central (Issaquah)
- ☐ Northshore (Kenmore)
- ☐ West Sound (Bremerton)

**B.2.3. Is your agency Staff or designated volunteer willing to schedule a pick-up slot and pick-up orders from respective location/branch?** Since March of 2020, in response to the governor's directive of social distancing, we ask our partner programs to schedule for a pick up slot ahead of time every week.

- ☐ Yes
- ☐ No

**C.1.0 Program Staff and other details (or volunteers in lieu of paid staff)** *This is the physical location a client would go receive services from your program. Locations (addresses) Program is located at: E.g. List each Head Start Center separately. Or for Housing program, list each shelter separately. Fill out this section for each additional location.*

### C.1.1. Program Location 1

**Location Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

# of kids 0-3 years and/or 3+ years served annually at this location:

0-3 years: \_\_\_\_\_

3+ years: \_\_\_\_\_

# of pregnant and lactating mothers served annually at this location: \_\_\_\_\_

How many individuals do you expect to place an order for routinely (rough estimate is okay):

\_\_\_\_\_

What cities do the families live in that receive services here?

\_\_\_\_\_

\_\_\_\_\_

Details of the person accessing EBC ordering system on behalf of the program-

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

Reporting supervisor details-

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

### C.1.2. Program Location 2

Location Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

# of kids 0-3 years and/or 3+ years served annually at this location:

0-3 years: \_\_\_\_\_

3+ years: \_\_\_\_\_

# of pregnant and lactating mothers served annually at this location: \_\_\_\_\_

How many individuals do you expect to place an order for routinely (rough estimate is okay):

\_\_\_\_\_

What cities do the families live in that receive services here?

\_\_\_\_\_

\_\_\_\_\_

Details of the person accessing EBC ordering system on behalf of the program-

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

Reporting supervisor details-

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

### C.1.3. Program Location 3

**Location Name:** \_\_\_\_\_

**Physical Address:** \_\_\_\_\_

# of kids 0-3 years and/or 3+ years served annually at this location:

0-3 years: \_\_\_\_\_

3+ years: \_\_\_\_\_

# of pregnant and lactating mothers served annually at this location: \_\_\_\_\_

How many individuals do you expect to place an order for routinely (rough estimate is okay):

\_\_\_\_\_

What cities do the families live in that receive services here?

\_\_\_\_\_

\_\_\_\_\_

Details of the person accessing EBC ordering system on behalf of the program-

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_

Reporting supervisor details-

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Contact number: \_\_\_\_\_

Email address: \_\_\_\_\_



## Agency Partner Application

**By signing this form, you acknowledge the above data is accurate to the best of your ability and understand that this application does not guarantee acceptance as an EBC Agency Partner.**

**Printed Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Email address:** \_\_\_\_\_

**Date:** \_\_\_\_\_

