

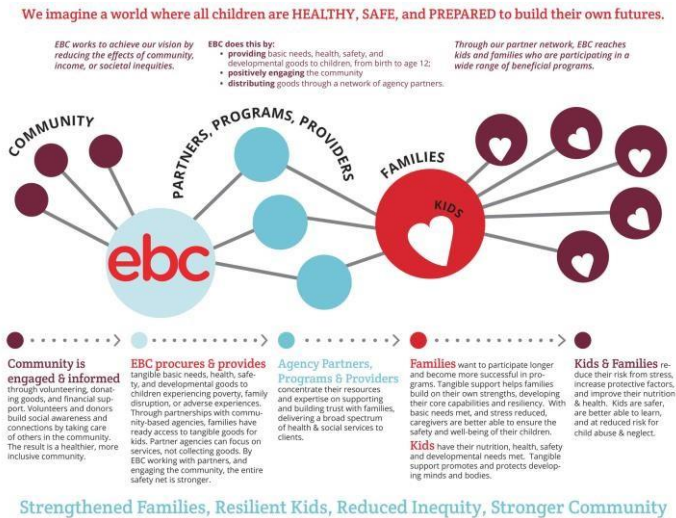


## -Partnership Application- Standard Partner

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

KidVantage 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 would have access to more than 200 different products free of charge; some of which are gently used and some that are brand new and bought by KidVantage. KidVantage 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 at the partnering agency.

KidVantage believes in supporting the community as a whole by following our Theory of Change model.



. **Note:** EBC is now KidVantage, mission and the business model are the same, only the NAME has changed!

At the **Issaquah**, and **Shoreline** hub locations we provide products for children from birth through age 12 (children’s clothing up to size 14), and at the **Bremerton** hub, we provide items for children from birth through age 5 (children’s clothing up to size 7). All three hubs provide products for expectant and new moms. The **Kent** hub location is a

## Partnership Application (Standard)

distribution only site we established in south King county to partner with smaller, community-led organizations for easier access so more kids and families can receive the essentials they need.

By being an established standard partner, the agency will gain access to our system to order products for the clients that the program serves. Ordering through the established system is similar to any online shopping experience. Not to mention, KidVantage strives to maintain an above 98% of order fulfillment rate for all 50 weeks of the year.

To become our Partnering Agency, a potential partner would start the process by filling out the application **(in the editable pdf format)** with the most up-to-date information that KidVantage will then use to review alignment with established criteria, availability of partner agency slots in the network, etc. The process of applying for a partnership, which includes the application, interviews/discussion of needs, resource alignments, and signing of a partnership agreement, 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 Leigha Griffin, at [leighag@kidvantage.org](mailto:leighag@kidvantage.org) or call 425-372-7524.

For more clarity on the terminology please see below definitions:

- **Agency Partner:** a collective name for reporting organizations, their programs, and program (staff) providers.
- **Program:** the name of the department of the reporting Agency Partner that manages services to meet the social need(s).
- **Provider:** the person who interacts with program recipients and has access to the 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, and a client confidentiality policy/agreement**. This is critical and non-negotiable for considering your interest in the partnership.

**Submit a completely filled-out application (in editable pdf form version ONLY) with other requested attachments via email to [leighag@kidvantage.org](mailto:leighag@kidvantage.org).**

Please note that the application review process takes place **twice every year** (quarter two and quarter four). Application **MUST** be submitted before the start of quarter two and quarter four to be considered in the respective review cycle.



# APPLICATION FORM

**SECTION A: DETAILS OF THE AGENCY**

**General Information** Please provide information on the reporting “Parent Organization”

**A.1.0. Agency [Legal] Name** \_\_\_\_\_

**A.1.1. Tax ID (e.g. IRS EIN and UBI)** \_\_\_\_\_

- 501(c)(3) nonprofit:
  - Human or other services
  - Hospital/medical clinic
  - Church/faith-based org

- Individual School
- School District
- Government/Quasi Government

**A.1.2. Physical Address:**

\_\_\_\_\_

**A.1.3. Mailing Address if different than physical address:**

\_\_\_\_\_

**A.1.4. How did you learn about KidVantage?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A.1.5. Why would you like to partner with KidVantage?**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A.1.6. Does the agency have a written client nondiscrimination policy?**

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



**A.1.7. Does the agency have a written confidentiality policy?**

Yes. **If yes, please attach a copy.**  No

**A.1.8. Website:**

\_\_\_\_\_

**A.1.9. Agency Description:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**A.1.10. Mission Statement:** A concise statement to define the purpose the agency is aiming to achieve, describe the community served, and often state the values to which this agency defines its standards.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**SECTION B: DETAILS OF THE PROGRAM APPLYING FOR (continued...)**

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

**B.1.0. Program Name:** \_\_\_\_\_

**B.1.1. Program(s) Description:** Describe the program(s), its purpose, and how children/families in need are served every week. If you are hoping to order multiple programs under the same agency, please describe both programs separately.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B.1.2. 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.1.3. Tell us about the program’s client intake process and include how client eligibility is determined.**

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**B.1.4. Does the agency receive state or federal funding for all or portion of children served under the program applied for?**

- Yes
- No
- Other: \_\_\_\_\_

**B.1.5. How would the partnership help your families? What difference it will make for you and your families?**

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**B.1.6. Is your agency willing to provide individual demographic data with client consent?** Demographic information will be required for the ordering process. This will be stored in a secure web-based application and will be used in the aggregate for reporting purposes.

- Yes
- No

**B.1.7. Does the agency or the program have an existing partnership with any diaper bank?**

- Yes
- No

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

- Primary
- Supplemental
- Emergency
- Other: \_\_\_\_\_

**B.1.9. List the top 5 products you anticipate ordering from KidVantage on a routine basis.**

We have more than 200 items in our product catalog for you to order for your program recipients. However, knowing the top 5 products that are most needed for your program will help us analyze our capacity and inventory while deciding.

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

- Yes
- No
- Other: \_\_\_\_\_



**SECTION B: DETAILS OF THE PROGRAM APPLYING FOR (continued...)**

**Ordering Information for the program applying for:**

**B.2.0. Frequency of Ordering** we expect Programs to place and pick up orders on a scheduled basis. Though our preferred cycle is weekly, there are alternative cycles that may better meet the needs of the Program, (e.g. frequency of clients screened, the distance between the Program and the closest Hub, etc.)

- Weekly
- Twice Monthly
- Monthly

**B.2.1. Preferred hub for picking up orders.**

- Issaquah
- Kent
- Shoreline
- Bremerton

**B.2.2. Is your agency Staff or designated volunteer willing to schedule a pick-up slot and pick up orders from the respective hub location?** Since March 2020, in response to the governor’s directive of social distancing, we ask our partner programs to schedule a pickup slot ahead of time every week.

- Yes
- No



**Program Staff and other details (or volunteers instead 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 the 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 expecting and postpartum moms 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?

\_\_\_\_\_



**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 expecting and postpartum moms 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?

\_\_\_\_\_

**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 a KidVantage Agency Partner.**

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

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

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

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

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

**\* Thank you for your interest in partnering with us. \***



[www.KidVantageNW.org](http://www.KidVantageNW.org)

