



Essential Goods for Basic Needs (EG4BN) Agency Agreement Form

Official Agency Name: _____ **Tax ID #** _____

Agency Phone Number: _____ **Agency Fax Number:** _____

Agency Website: _____

Agency Mailing Address:

Street Address: _____

Address Line 2: _____

City: _____ State: _____

Zip code: _____ County: _____

Agency Physical Address:

Please fill out this section if you would like to receive/store donations at an address different from the mailing address.

Street Address: _____

Address Line 2: _____

City: _____ State: _____

Zip code: _____ County: _____

Chief Executive Officer (CEO) Contact Information

Name: _____

Agency Telephone: _____

Agency Email: _____

Authorized Individuals to Receive Donation Notification Contact Information:

Please provide us with the contact information of any individual that is authorized to receive donations notifications within your agency.

PERSON # 1:

Title: _____

Name: _____

Agency Telephone: _____

Agency Email: _____

PERSON # 2:

Title: _____

Name: _____

Agency Telephone: _____

Agency Email: _____



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Agency Related Questions

Please answer the following agency related questions in their entirety.

Please provide us with your agency's mission:

Please provide us with a description of the programs and services your organization provides that will benefit from participation in UWWP's Essential Goods for Basic Needs program:

Please select which items you most commonly utilize and would hope to receive through our Essential Goods for Basic Needs program:

- | | |
|--------------------------------------|---|
| <input type="checkbox"/> Baby Items | <input type="checkbox"/> La-Z-Boy Brand Recliner Chairs |
| <input type="checkbox"/> Bedding | <input type="checkbox"/> Personal Items |
| <input type="checkbox"/> Books | <input type="checkbox"/> School Supplies |
| <input type="checkbox"/> Clothing | <input type="checkbox"/> Toys |
| <input type="checkbox"/> Electronics | <input type="checkbox"/> All of the Above Items |
| <input type="checkbox"/> Home Goods | |

Nonprofits who are members of UWWP's Essential Goods for Basic Needs program can order donated items at a discounted rate through our Good360 membership. These items (diapers, backpacks, mattresses, holiday presents, etc.) will be available on a limited basis as per the Good360 marketplace. The ordering nonprofit is required to provide payment upfront. Orders will be shipped directly to the nonprofit agency. Please let us know if you would be interested in participating in this program.

YES NO



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Are you able to receive large scale donations?

Please identify if you have access to appropriate transportation (e.g. van, large SUV, U-Haul truck) and staff to receive large scale donations. If you only have access to a small, standard passenger vehicle or cannot lift large items, please do not answer "yes" to this email.

YES NO

If you answered "yes" to the previous question, do you also have a loading dock at your agency?

YES NO

Please tell us how far you are willing to travel to pick up goods: _____ Miles (e.g. 10, 25, 50, 100)

Populations Served Demographics

Please answer the following questions so we can have a better understanding of the populations your agency serves.

Does your agency serve the ALICE population?

In Westchester and Putnam counties, 4 out of 10 households are living paycheck-to-paycheck or in poverty. They are considered the ALICE population. ALICE is an acronym for Asset Limited, Income Constrained, Employed-households that earn more than the Federal Poverty Level, but less than the basic cost of living for the county (The ALICE threshold). Combined, the number of ALICE and poverty-level households equals the total population struggling to afford basic needs. The number of households below the ALICE threshold changes over time; households move in and out of poverty and ALICE status as their circumstances improve or worsen

YES NO

If yes, what percentage of your clients are ALICE? _____ %

What percentage of your clients are below the Federal Poverty Level (FPL)? _____ %

What percentage of your clients are below the 200% Poverty Level? _____ %

Please select the gender identity of the population you serve.

Female

Male

Non-Binary / Third Gender

All Genders



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Please select the age groups of the populations you serve:

- Infants and Toddlers 0-4
- School Aged Children and Teens 5-17
- Adults 18-24
- Adults 25-34
- Adults 45-54
- Adults 55-64
- Senior Adults 65+
- All Ages

Do you serve any of the following populations?

- Disabled Adults and/or Children
- Incarcerated Individuals
- LGBTQ Identifying Individuals
- Pregnant Women
- Refugees
- Veterans

Please list all the counties/cities/municipalities where your clients are served:



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AGREEMENT, made on the _____ day of _____ 20____ by and

between the United Way of Westchester and Putnam, a not-for-profit corporation

("UWWP") and _____, a not- for profit organization ("Member").

Please initial each item. By initialing and signing below, you agree to meet and maintain compliance with the criteria and affirm that the information provided in this agreement is accurate and true to the best of your knowledge

1. Your agency or organization must submit proof of current 501(c)(3) status from the IRS.
2. Your agency or organization may use donated goods only as direct charitable donations to people in need.
3. Donations cannot be used for fundraisers, raffles, auctions, given to volunteers or staff members, or sold in retail stores, on websites, in flea markets, or in any other manner.
4. Agency/organization representatives must be the one to call a UWWP donor. A member's client/customer is NEVER to be given a donor's personal information without explicit, written permission from the donor. A Member's client/customer is NEVER to go to the home or office of a UWWP donor unaccompanied by a representative of the Member's agency. Members, not the Member's clients, are responsible for scheduling pickups with UWWP donors.
5. In the case of retail stores, should a donation be available, the paperwork given to you to be completed upon pickup MUST be faxed or emailed to us IMMEDIATELY.
6. UWWP has sole discretion for allocating donations, not the donor.
7. When accepting large and/or heavy donations it is the Member's responsibility to ensure the appropriate number of capable people are available to lift and transport the items. Donors are not required to help move their donations.
8. Your agency or organization consents to a site visit to be scheduled at a later date.
9. Your agency or organization agrees to submit impact stories related to the goods they received.
10. As an Essential Goods member, you are a partner with UWWP and we ask that you display our logo on your website.



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Signature of Member CEO

Date

Printed Name: _____

Agency Name: _____

Signature of UWWP Representative

Date

Printed Name: _____

Printed Title: _____

We reserve the right to disenroll your agency at any time at our discretion.

**Please complete all parts of this form and email
along with proof of your 501(c)3 status
to infogik@uwwp.org**