



Collaborating Partner Agency (CPA) APPLICATION / CONTRACT

This application/contract for Furniture for Families Inc. (FFF) CPA membership must be signed by the Executive Director/President/CEO/Minister or otherwise elected head of the non-profit organization making the application. Information will be reviewed by FFF staff and a "determination of eligibility" for membership will be made within 15 days and a signed copy returned to the applying agency. When approved, the Annual CPA Membership Fee should be paid in order to complete application & contract process. **Submit completed application to Woody Hall – FFF Executive Director –Fax> 254-781-2299, Email> FFF@hot.rr.com, or Mail> 1314 Brock Drive in Killeen, Texas 76543.** For information Woody can be contacted at 254-702-0715.

AGENCY CONTACT INFORMATION:

Agency Name _____ Application Date _____

Address _____ City _____ State _____ Zip _____

Physical Address if Different from Mailing Address _____

Primary Phone _____ Secondary Phone _____

Fax _____ Other Contact _____

Email _____ Website _____

Name of Primary Contact Person for your Agency _____

AGENCY OPERATIONAL INFORMATION:

Is your agency a non-profit organization that has 501© Tax Exempt Status? _____
(Please attach a copy of your exemption letter to this application)

How is your organization classified?

___ Social Service/Human Service Agency

___ Community/Social Group

___ Church/Faith Based Group

___ Federal/State Agency

___ Civic Club/Youth Service or OTHER (Explain) _____

How many years have you provided services to the transitional homeless/crisis population?

___ 0-2yrs ___ 2-5yrs ___ 10-15yrs ___ 15-20yrs ___ More than 20 yrs

What is the MISSION of your organization? (You may also attach a brochure/flyer that describes your services)



How do clients access your services?

Referred by other agency

Drop/walk-In

Membership

OTHER (Explain) _____

What are the primary services you offer?

Domestic Violence Assistance

Veterans Assistance

Disaster Relief

Job Training

Housing

Youth Services/Child Care/Social Service

Mental Health Services

Faith Based Services

Individual/Family Counseling

Temporary Shelter

Food/Clothing Pantry

OTHER _____

Do you have a structured case management program to assist clients with their various needs? _____

If not, how do you currently determine, confirm, and assist with client's needs? (Explain) _____

How will your organization insure that your client has a true need for furniture? _____

Does/will your organization track clients after they are referred to FFF? _____ (Explain How) _____

Do you currently have a direct furniture provision component built into your program services or does your organization operate a thrift store that provides furniture? _____

Approximately how many families/individuals do you anticipate seeing in an average month who you estimate will need furniture assistance? _____

Are you a United Way Agency? _____ If so, which one? _____

Are your services offered year-round? _____ If not, explain _____

(Use back of this sheet for additional information you would be helpful to FFF)



Please list the **person/s** who will serve as liaison for your agency to FFF. (Please print or type)

Name _____ Title _____
Phone _____ Email _____

Name _____ Title _____
Phone _____ Email _____

FFF/CPA MEMBER AGENCY AGREEMENT/CONTRACT

Furniture for Families Inc. (FFF) agrees to:

1. Collect donations of usable furniture and limited household items from individuals and organizations in Killeen-Fort Hood-Harker Heights-Nolanville-Belton-Temple & Bell County Area.
2. Maintain a warehouse in the area for storage and distribution of these donated items.
3. Provide furnishings and household items free of charge to clients, as available on a "greatest need basis", as referred by our Collaborating Partner Agencies.

The Collaborating Partner Agency (CPA) agrees to:

1. Pay a non-refundable annual service fee of **\$100** which entitles the agency to refer clients during a one year time period.
2. Identify primary contact person(s) for the FFF Exec Dir and notify FFF of any updates or changes in their information.
3. Refer donations of furniture and household items directly to Furniture for Families Inc.
4. Accept any Furniture for Families Inc. staff decision as to the usability of donated items. Items will be distributed to clients in the condition in which they are donated. Furniture for Families Inc. offers no warranty or guarantee on donated items.
5. Adhere to the specific referral procedures and guidelines provided by FFF on the CPA/Client General Information Sheet & Furniture Request Form.
6. Assist in the arrangement for furniture donations on behalf of clients in need and help to insure that the purpose of the request is not to resell or transfer the items in exchange for money, goods, or services.
7. Agree to report any discrepancies from these guidelines by clients.
8. Complete the FFF Furniture Request Form for each client referral, including information about the client's eligibility, age, gender, and race. Furniture for Families Inc. requires this information for reporting and evaluation purposes.
9. Notify Furniture for Families Inc. immediately if:
 - If your status as a tax-exempt organization changes.
 - You wish to discontinue your FFF furniture program participation.
 - Your location or contact persons/ information changes.

Collaborating Partner Agency Representative – PRINTED NAME

Signature

CPA Application/Contract Membership Eligibility & Disposition

___ **Approved** for a CONTRACT YEAR beginning _____ and ending _____

Signature of Furniture For Families Inc Representative

Date

Annual CPA Membership Approved & Fee accepted by FFF on _____ by _____

___ **Disapproved** for the reason/s listed in writing to your primary contact person listed on page 1.