



## Shelter Partnership S. Mark Taper Foundation Shelter Resource Bank

### Application Requirements

In order to qualify to receive product donations from Shelter Partnership, your agency must meet ALL of the following requirements:

1. Serve individuals experiencing homelessness or poverty.
2. Be a 501(c)(3) non-profit agency, school, or a government program.
3. Be in operation for at least two years.
4. Provide supportive services such as case management, job placement, counseling, housing navigation, etc. (unless an established food bank or Meals on Wheels). We do not serve pay shelters or agencies that only provide pop-up services.
5. Be located in Los Angeles County. Agencies located in surrounding counties will be considered on a case-by-case basis.
6. Be in good financial standing (receive either public and/or private funding) and maintain active status with both the Internal Revenue Service and California Secretary of State.
7. **Agree that Shelter Partnership product donations that are provided to your agency can NEVER be bartered, used for fundraisers, raffled, sold (directly or through a thrift store), traded, or given to agency staff or volunteers for personal use.** Product donations can never be re-distributed outside of the United States. Donations must be stored in a secured/locked area to prevent theft or misuse.
8. Provide feedback and success stories to Shelter Partnership through thank you letters and social media posts that may be shared with our donors.

If your agency meets the requirements above, please complete the following application and include:

1. A 501(c)(3) letter from the IRS, or letter with tax ID (on letterhead) if a school or government agency.
2. Photographs of the locked storage area where Shelter Partnership product donations will be stored (interior and exterior).
3. Signed Program Rules.
4. Completed Application (typed application only).

Email completed application and all required documents to [rvillanueva@shelterpartnership.org](mailto:rvillanueva@shelterpartnership.org).

Once the application is approved or denied, Shelter Partnership will contact you with further information.





# Shelter Partnership

## S. Mark Taper Foundation Shelter Resource Bank

### Application

#### Agency Information

*All applicants must complete this section*

Agency Legal Name		Program / Department	
Federal Tax ID Number		State Entity Number	
Main Address		City / State / Zip	
Executive Director / CEO		Contact Number	
Email		Website	
Program Address		City/State/Zip	
Contact Person		Title	
Contact Number:		Email:	
Facebook:	Instagram:	Twitter:	

***Please describe your agency and the services that you provide including the number of people served annually:***

***Describe how your agency distributes, or plans to distribute, product donations:***



## Shelter Partnership S. Mark Taper Foundation Shelter Resource Bank

<b>Would your agency prefer to order product donations on a quarterly basis or only for special events?</b>	Quarterly <input type="checkbox"/>	Special Events <input type="checkbox"/>	
<b>Populations that will be receiving product donations</b>	Men <input type="checkbox"/>	Women <input type="checkbox"/>	Children <input type="checkbox"/>
<b>Does your agency receive grants or public funding?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>If yes, list the three largest grants or public funding sources and amounts for the latest fiscal year:</b>			
<b>Number of foster and emancipated youth served annually:</b>			
<b>Is your agency affiliated with a religious organization?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<b>If yes, is client participation in religious services required to receive services?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	

<b>Do you provide services in the City of Los Angeles?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>Do you provide services in/near Long Beach?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>List all Los Angeles County Supervisorial Districts where services are provided (1-5)</b>		

In an effort to ensure product donations are not sold, traded, raffled, or given to staff or volunteers, please answer the following:

<b>Describe the secured storage your agency uses to store product donations:</b>
<b>What protocol does your agency have in place to ensure product donations are not sold, traded, raffled, or given to staff or volunteers?</b>

<b>Does your agency operate a thrift store?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, do you store Shelter Partnership product donations with thrift store items?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

List all Thrift Stores Operated by your Agency (*use separate sheet if more space is needed*):

<b>Name of Thrift Store:</b>	<b>Phone Number</b>	
<b>Street Address</b>	<b>City / State / Zip</b>	

***Shelter Partnership Product Donations can never be sold in thrift stores.***



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In an effort to ensure dignity to product donor recipients, answer the following questions:

<b>Are recipients of product donations required to wait in line in excess of one hour in order to receive product donations?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, explain:</b>		
<b>Are recipients of product donations required to be photographed in order to receive product donations?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, explain:</b>		
<b>Are recipients of product donations required to volunteer in exchange for product donations?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, explain:</b>		

### Complete *only* one of the sections (A-C)

#### Section A: Complete if you are a Non-Profit Agency:

<b>Does your agency charge clients any fees?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, explain:</b>		
<b>Do you conduct outreach services?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, describe how you conduct outreach, e.g., frequency, locations, target populations, and services provided:</b>		

#### Complete if you operate a Housing Program:

<b>Do you provide interim housing (e.g., emergency housing, bridge housing, transitional housing, safe parking, recuperative care programs, crisis shelter beds)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, how many beds do you provide nightly?</b>		
<b>Do you provide permanent housing (e.g., supportive housing, affordable housing, rapid rehousing programs)?</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<b>If yes, how many units do you operate / manage?</b>		



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Other than your main address, list any other Housing Programs that will be receiving Shelter Partnership Product Donations (*use separate sheet if more space is needed*)::

Name of Program		Phone Number	
Street Address		City / State / Zip	
Type of Housing		Number of Beds	Number of Units

Name of Program		Phone Number	
Street Address		City / State / Zip	
Type of Housing		Number of Beds	Number of Units

Name of Program		Phone Number	
Street Address		City / State / Zip	
Type of Housing		Number of Beds	Number of Units

Name of Program		Phone Number	
Street Address		City / State / Zip	
Type of Housing		Number of Beds	Number of Units

Name of Program:		Phone Number	
Street Address		City / State / Zip	
Type of Housing		Number of Beds	Number of Units

### Section B: Complete if you are a School

Name of School District:		
Are you a Title I School?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

### Section C: Complete if you are a Government Program

Will your program be distributing product donations received from Shelter Partnership to schools or non-profit agencies?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If yes, list the schools and non-profit agencies to which the donations will be distributed:		

For office use only:

Site visit/Interview date		Conducted by		Approved <input type="checkbox"/>	Regular <input type="checkbox"/>	Special <input type="checkbox"/>
If not approved (reason)						



# Shelter Partnership

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### Program Rules

Agency Legal Name: \_\_\_\_\_

By signing below, I agree to the following:

1. Participating agencies must be in good financial standing and maintain active status with both the Internal Revenue Service and California Secretary of State. Shelter Partnership reserves the right to request financials from your organization. Shelter Partnership periodically checks the IRS and California Secretary of State websites to ensure agency compliance.
2. Product donations that are provided to your agency can **NEVER** be bartered, used for fundraisers, raffled, sold (directly or through a thrift store), traded, or given to agency staff or volunteers for personal use. Product donations can never be re-distributed outside of the United States.
3. Donations must be stored in a secured/locked area to prevent theft or misuse.
4. Do not order donations that cannot be used or stored appropriately.
5. Any changes in staff (e.g., program contact and or Executive Director) or to programs (e.g., merging, closing, growth, etc.) must be reported to Shelter Partnership immediately. Shelter Partnership may also request that your agency update application forms or arrange a site visit to ensure the integrity of our program.
6. Participating agencies are to order **ONLY** for approved programs. If there are additional programs within your agency that could use donations, please request an application from Shelter Partnership.
7. You understand that product donations received from Shelter Partnership will be received in "as Is" condition and some donations may contain defects.
8. You agree to hold Shelter Partnership and its subsidiaries and affiliates, as well as their board of directors, employees, volunteers, and attorneys harmless against any and all claims, suits, damages, liabilities, costs and expenses that may arise from the receiving, handling, or transportation of any donation received or any other activity.
9. Shelter Partnership reserves the right to terminate any agency or program for failure to comply with these rules. If participating agency is found to be in violation of these terms, they will be placed on a No Donation List.

***By signing below, you agree to abide by these rules set forth by Shelter Partnership, Inc. If the Executive Director is the Program Contact, a Board Member signature is required.***

Executive Director: \_\_\_\_\_ Date \_\_\_\_\_  
Print Name / Signature

Program Contact: \_\_\_\_\_ Date \_\_\_\_\_  
Print Name / Signature