



Fall, 2011

Dear Applicant,

Please find attached the two-year partner agency application package for January 2012-December 2013. There are two sections 1) the application, and 2) the partner agency agreement. While applying, please ensure that you read the terms and conditions of both documents carefully.

Please apply as soon as possible and submit all applicable documents no later than November 6, 2011. Details on how to apply are on the next page. The selection committee will choose our agency partners by November 30, 2011. You will receive your pick-up schedule by mid-December. Pick-ups will begin in January, 2012. Please be aware that we cannot schedule your agency for pick-ups until all documents are submitted. Also, missed pick-ups result in a lot of extra work for our small staff; therefore missed pick-ups may result in the termination of our partner agency contract.

Last year, Windfall processed over \$28 million (retail) worth of new clothing and other basic-needs items. We do our best to meet the needs of your clients, but as with any donation situation, we do not have control over what we receive. Please keep in mind that we are not a holiday agency so please do not rely on us for gifts in December. Also, we are always short of office wear and children's items. There is never enough!

Windfall's By-Law provides that each of our partner agencies may select a representative to become an annual member of Windfall. We invite your agency to name a representative. Please put this person's name, title address, phone number and e-mail at the end of this partnership agreement. We will then be in touch with that person, providing full information on rights and responsibilities.

We thank you for your assistance in helping us reach thousands of people in need! If you have further questions please contact Aled Omer, Operations Manager, at 416-703-8435, ext. 16 or email her at aled.omer@windfallbasics.com.

Regards,

Helen Harakas

Helen Harakas
Executive Director

APPLICATION PACKAGE

CRITERIA FOR AGENCIES

1. The agency must have a Canada Revenue Agency charitable number.
2. The agency must be able to pick up the items from our warehouse or arrange other means of delivery.
3. The agency must be working with clients living in poverty in the GTA.

FILLING IN THE APPLICATION AND PARTNER AGENCY AGREEMENT

- Since original signatures and cheques are needed, applications can be completed by 1) downloading a pdf from our website, printing it out, filling it in and mailing it to us, or 2) we can mail you a hard copy to fill in and mail back.
- All documents must be filled in on a hard copy, signed and mailed with application the fee. **DUE DATE FOR APPLICATIONS: November 6, 2011.**

APPLICATION FEE

- The application fee is \$200.00 per program for a two-year term. This is a non-refundable processing fee, payable upon submission of each program's application.
- Please complete an application for **each** program. For example, the Rosewood Family Services is an agency with two programs:
 - Rosewood Emergency Shelter
 - Rosewood Employment Program(This is considered one agency with TWO different programs therefore we would require two separate applications and two payments).
- Please return all documents by **November 6, 2011** to:

Aled Omer, Operations Manager
WINDFALL
29 Connell Court, Unit 3, Toronto, ON M8Z 5T7

Please include:

- Hard copy of signed agreement
- Hard copy of application
- Audited financial statements
- Your agency/program brochure
- Non-refundable processing fee of \$200 per program
- Cheques payable to WINDFALL

Application page 1 of 5



AGENCY

Name of Agency: _____
(As you would like it listed on our promotional materials)

Name of Executive Director: _____

Mailing Address: _____ Unit/Suite: _____

City: _____ Postal Code: _____ E-mail: _____

Phone Number: _____ Ext: _____ Fax Number: _____

Major Intersection: _____ and _____

Web Site Address: _____

Would you like a link from Windfall's website to yours and vice versa? Yes No

Canada Revenue Agency Charitable Number: _____

*Please attach your agency's most recent audited financial statements. Please attach your agency's brochure.

Can Windfall refer individuals who call us for clothing to your agency? If so, how should we instruct these individuals?

Does this person need to live in your catchment area? Yes No

What hours are you open? _____ Who should they ask for? _____

Does your agency have a store? Yes No

As per our agreement with our donors, Windfall clothing and items must not be sold. What controls are in place to ensure that Windfall items do not get sold and are adequately stored?

THE PROGRAM

Program Name:

(Please submit a separate application for each program applying from your agency)

Program Address:

Program Coordinator/Contact: _____

Phone: _____ Ext: _____ E-mail: _____

Major Intersection: _____ and _____

Please describe your program/agency in two or three sentences, e.g. Rosie Shelter is a ten-bed transition house in Scarborough serving young mothers. Rosie Shelter offers counseling, employment assistance and an on-site high school program.

What is the total number of people your program serves per month? Do your statistics include repeats, i.e. the same people are helped more than once a month?

Please describe how your program will distribute Windfall items to your clients, i.e. hours, staff, volunteers, referrals, etc.

How will your program and your clients benefit from receiving, Windfall items?

ITEM PICK UP AND DISTRIBUTION

Name of contact person (responsible for the pick-up of items from Windfall): _____

Telephone: _____ Ext: _____ Email: _____

Who will do pick-ups? Staff Volunteer Paid Carrier

How often would you like to receive items?

Monthly Every 2 Months

What type of clothing does your program need?

Adult Female Female Youth (16-24) Female Child (1-15)

Adult Male Male Youth (16-24) Male Child (1-15) Infant

In percentages, what are your clothing needs?

_____ % casual _____ % business _____ % general labour

What other basic-needs items would your program wish to receive?

If Windfall were to expand its services, in what additional ways could we help your program/clients?

Approximately how many clients do you serve each year and how many pieces of clothing would each client receive?

Men	Women	Youth (17 -24)	Children (0-16)	Total
# of pieces each	# of pieces each	# of pieces each	# of pieces each	# of pieces each

Will your program accept clothing in need of washing and/or small repairs, e.g., missing buttons, small rips or holes? Yes No

APPLICATION SURVEY QUESTIONS

1. What is your preferred method of communication with Windfall?

Telephone	<input type="checkbox"/>	Fax	<input type="checkbox"/>
Postal Mail	<input type="checkbox"/>	Email	<input type="checkbox"/>

2. We know you have a busy schedule and that pick-ups can be challenging for your agency. To improve efficiency for both your agency and Windfall, would paying a portion of a delivery cost be possible for your agency?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, what amount could you pay for each delivery? \$ _____

3. Currently, Windfall's website lists partner agencies as a resource. If Windfall were to develop a sub-site for agencies to use to communicate and share information/stories, would you find it useful?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, what kind of content would you like to see on the sub-site? _____

4. Does your agency supply clothing and/or basic-needs items to seniors?

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

If yes, how many each month? Women _____ Men _____



PARTNER AGENCY AGREEMENT

Between

WINDFALL BASICS
and

(referred to as “we”)

Agency Name

In consideration of providing clothing and other basic-needs items, we understand that we are entering into an agreement with Windfall until December 30, 2013 and agree to abide by the following terms and conditions:

1. To not sell, barter, exchange, or use for any form of fundraising the items we receive from Windfall.
2. To not distribute the items we receive from Windfall to our staff.
3. To not distribute the items we receive from Windfall to other agencies, unless obtaining written permission to do so from Windfall.
4. To distribute items to clients in a fair, equitable, respectful manner and without cost to them.
5. Whenever possible, to acknowledge and recognize our partnership with Windfall, e.g. in our annual report, print materials and website.
6. To report to Windfall if asked, a) the number of pieces of clothing distributed b) number of men, women, youth and children who receive clothing; and c) stories of how Windfall has made a difference to recipients and helped alleviate their poverty or crisis.
7. To be wholly responsible for transporting the clothing from the Windfall warehouse to our agency at our own cost on the designated pick-up dates.
8. To keep Windfall informed of changes in contact person.

Agreement Page 1 of 2

We understand that upon failure to meet any of these terms and conditions, a review may be conducted by Windfall's Agency/Donor Committee who may at its sole discretion, terminate this agreement.

We hereby release Windfall, its donors and their respective officers, agents and employees from any claims or liability whatsoever arising out of, or resulting from, the donated clothing or other items and agree to indemnify each of them, from and against any and all claims, liabilities, causes of action, losses and damages by anyone arising out of or in any way attributable to the handling or use of any such items.

Name and title of authorized signing authority for your agency

Signature

Date

Have you included?

- Signed Agreement
- Complete Application
- Audited financial statement
- Non-refundable processing fee of \$200.00 per program application. Make cheques or money orders payable to **Windfall**
- Your agency's brochure (for our in-house display)

NAME/TITLE OF AGENCY REP WHO WILL ACT AS A MEMBER OF WINDFALL:

ADDRESS: _____

PHONE NUMBER: _____ **EMAIL:** _____

Please call Aled Omer at the number below if you have any questions about the application process. Incomplete applications will not be processed.



CHANGE OF CONTACT PERSON FORM

(Please keep this form in your files and use if contact person changes)

Please be informed that our agency/program contact person has changed.

Name of Agency: _____

Name of Program: _____

New contact person's name: _____

New contact person's phone number: _____ Ext. _____

New contact person's email address: _____

New contact person's address (if different from organization):

Signature of Authorized Signing Authority: _____

Date: _____