



**FURNISHING DIGNITY**

**PARTNERSHIP APPLICATION**

(Please email completed application to [partners@furnishingdignity.org](mailto:partners@furnishingdignity.org))

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

Website: \_\_\_\_\_

Address: \_\_\_\_\_

Liaison Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ E-Mail: \_\_\_\_\_

**HOW DID YOU LEARN ABOUT FURNISHING DIGNITY? (please be as specific as possible)**

**BRIEF DESCRIPTION OF AGENCY, PROGRAMS, AND ONGOING PARTICIPANT SUPPORT:**

**STATEMENT OF TYPICAL PARTICIPANT'S LIVING SITUATION AND NEEDS:**



**HOW WILL THIS AGENCY PROMOTE FURNISHING DIGNITY?**

**ESTIMATED NUMBER OF REFERRALS THIS AGENCY WILL MAKE: \_\_\_\_\_**  
**PER MONTH/YEAR (PLEASE CIRCLE)**

**As a Furnishing Dignity Partner, this agency agrees to (please check):**

- Provide copy of IRS confirmation of tax-exempt status and annual update regarding any change in status unless Partner is a government agency.**
- Refer only qualified and eligible participants whose needs have been verified.**
- Help support and promote Furnishing Dignity by:**
  - **Referring any potential furnishing donations to Furnishing Dignity for which the agency Partner does not have an immediate need.**
  - **Partnering, when possible, to secure funding or grants for Furnishing Dignities operating costs or special programs.**

**Application submitted by: \_\_\_\_\_**

**Title: \_\_\_\_\_ Date: \_\_\_\_\_**

**Accepted by Furnishing Dignity by: \_\_\_\_\_**

**Title: \_\_\_\_\_ Date: \_\_\_\_\_**