



## Heart of Ohio Diaper Bank 2023 Community Partner Application

1. Please complete the application forms to become a diaper distribution agency.
  - \_\_\_ 1. Community Partner Information
  - \_\_\_ 2. Client Diaper Use and Demographics for the Calendar Year 2022
  - \_\_\_ 3. Projected Monthly Diaper Supplies
  - \_\_\_ 4. Collaborative Partnership Agreement
  - \_\_\_ 5. Community Partner Agreement
  - \_\_\_ 6. Signature of Primary Contact
  - \_\_\_ 7. Signature of Executive Director
  - \_\_\_ 8. 501 (c)(3) IRS Determination Letter (or another certified letter)
  
2. Submit to Heart of Ohio Diaper Bank via:  
email: [shannon@heartofohiodiaperbank.org](mailto:shannon@heartofohiodiaperbank.org)  
phone: 330-488-7558  
mail: P.O. Box 35452 Canton, Ohio 44735
  
3. Heart of Ohio Diaper Bank reserves the right to decline applications based on a variety of criteria and community need.
  
4. During the application process a site visit and/or agency interview may be requested.
  
5. Please attach the applicable proof of your organization's status
  - \_\_\_ IRS Determination Letter showing 501(c)(3) standing with the IRS
  - \_\_\_ Letter of Good Standing from National/Regional Headquarters (if applicable)
  - \_\_\_ Government Letterhead (if applicable)



### Community Partner Information

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

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

City/State/Zip: \_\_\_\_\_

Main Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

Program(s) Using Diapers (please list all that apply): \_\_\_\_\_

### Agency/Program Primary Contact Info

Executive Director: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # & Ext: \_\_\_\_\_

Diaper Bank Contact / Title: \_\_\_\_\_

Email: \_\_\_\_\_ Phone # & Ext: \_\_\_\_\_

Agency Mission / Service: \_\_\_\_\_

Program Description: (This statement will be used to provide referrals for services and placed on our website)

**Diapers are stored and distributed at the Faith Family Church located at 8200 Freedom Ave. NW, North Canton, OH 44718.**

Will you be able to transport diapers from that space to your location? YES \_\_\_\_\_ NO \_\_\_\_\_



## Client Diaper Use and Demographics for the Calendar Year 2022

1. Do you currently provide diapers to your clients? YES \_\_\_\_\_ NO \_\_\_\_\_
2. How does your agency currently obtain diapers (mark all that apply)?  
 \_\_\_\_\_Purchase Retail \_\_\_\_\_Purchase Wholesale \_\_\_\_\_Diaper Drives \_\_\_\_\_Infrequent Donations
3. Do you currently turn away clients due to lack of diapers? YES \_\_\_\_\_ NO \_\_\_\_\_
4. Number of unique diaper users per month (count each diaper user only one time): \_\_\_\_\_
5. Number of duplicated diaper users ( total # of times clients receive diapers from you in a month): \_\_\_\_\_
6. Number of potential diaper users on waiting list: \_\_\_\_\_ Average time on waiting list: \_\_\_\_\_
7. Average length of time (in months) diaper users are active in program: \_\_\_\_\_
8. Do you measure outcomes for your program? YES \_\_\_\_\_ NO \_\_\_\_\_
9. How will the diapers be used by this program?  
 \_\_\_Emergency supplies for families (off site)\_\_\_ Outreach \_\_\_ Foster Care\_\_\_ Daycare \_\_\_  
 On-site residential program \_\_\_Alcohol/Drug Recovery \_\_\_Domestic Violence shelter\_\_\_ Other

% Total Users by Age	
0-1 Years Old	_____
2 Years Old	_____
3-5 Years Old	_____
6+ Years Old	_____
<b>TOTAL</b>	<b>100%</b>

% Diaper Users with Military Status	
Veteran, Active-Duty or Reserve	_____
Non-military	_____
<b>TOTAL</b>	<b>100%</b>

% Users by Poverty Level	
Federal Poverty level or below	_____
1-2 times above FPL	_____
Greater than 2 times FPL	_____
Unknown	_____

% Diaper Users Receiving	
Case Management	_____
Emergency Distribution	_____
<b>TOTAL</b>	<b>100%</b>

% Total Users by Race/Ethnicity	
White non-Hispanic	_____
African American/Black	_____
White Hispanic	_____
Asian	_____
Native Hawaiian / Pacific Islander	_____
Two or More Races	_____
Other	_____

% Total Diaper Users by Disability	
With Disabilities	_____
Without Disabilities	_____
<b>TOTAL</b>	<b>100%</b>



## Projected Monthly Diaper / Incontinence Supplies

Please estimate your agency's projected diaper and incontinence needs for a **one-month period** to assist the Heart of Ohio Diaper Bank's planning and budgeting activities. Please keep in mind diaper size needs may fluctuate as babies grow.

***Provide the number of packs needed per month below.***

**PLEASE NOTE: Diapers are distributed in packs of 25 for sizes NB-5 and packs of 15 for size 6 and pull-ups. There is an agency maximum of 50 diapers (size NB-5) or 30 diapers (size 6, 7 & pullups) per child per month. The standard monthly distribution for your agency will be set during Heart of Ohio Diaper Bank partner approval process.**

Newborn (≤ 10lbs):	_____	Size 4:	_____
Size 1:	_____	Size 5:	_____
Size 2:	_____	Size 6:	_____
Size 3:	_____	Size 7:	_____
Pull-Ups 2T-3T:	_____	Pull-Ups 3T-4T:	_____
Pull-Ups 4T-5T:	_____	Adult Briefs:	_____
 Total Packs:	_____		

## Projected Monthly Period Supplies

Please estimate your agency's projected period needs for a **one-month period** to assist the Heart of Ohio Diaper Bank's planning and budgeting activities.

***Provide the number of packs needed per month below.***

**PLEASE NOTE: Pad Packs are distributed in packs of 20 - 10 liners, 5 mediums, and 5 overnights. Tampon Packs are distributed in packs of 30 - 10 liners, 5 mediums, and 5 tampons. The standard monthly distribution for your agency will be set during your Heart of Ohio Diaper Bank partner approval process.**

Pad Packs: \_\_\_\_\_ Tampon Packs: \_\_\_\_\_



## Community Partner Agreement - 2023

The distribution of diapers is a cooperative effort between Heart of Ohio Diaper Bank (HODB) and its Community Partners. Community Partners agree to the following to ensure the community can continue to receive this service. Please initial next to each number.

\_\_\_\_\_1. We agree to follow all supply request and distribution procedures as determined by the HODB.

\_\_\_\_\_2. We will ensure a representative from our agency will attend the HODB Annual Meeting.

\_\_\_\_\_3. We will offer supplies received from HODB without discrimination based on race, color, national origin, gender, religion, age, disability, political beliefs, sexual orientation, marital or family status.

\_\_\_\_\_4. We validate that any assistance directly or loosely linked to diaper supplies does/will not require attendance at religious services or classes, nor is there any inducement of conversion to a faith group, institution or cause in order to receive assistance.

\_\_\_\_\_5. We will provide supplies to clients in a conscientious manner. NO products obtained from HODB will be sold, traded, or bartered, nor used for fundraising, auctions, or raffles. Items will only be used to provide services to the clients of the recipient agency and will not be used as gifts to staff or volunteers.

\_\_\_\_\_6. We agree to make every effort to avoid duplication of services with other agencies and to avoid providing diapers to clients who will sell, exchange, or barter the diapers/supplies.

\_\_\_\_\_7. In most cases and with the exception of emergency distributions and food pantries, diaper supplies from HODB will be used as one part in a broader effort our organization to assist those in need. We will not distribute diapers to individuals or families without providing some level of case management to the individual or family so they may have the opportunity to work toward self-sufficiency.

\_\_\_\_\_8. We agree that diapers provided by HODB will not be redistributed to another agency for use.

\_\_\_\_\_9. We will comply with annual HODB reporting requirements and to notify HODB of any changes in our organization's contact information or mission.

\_\_\_\_\_10. We will complete no less than two activities from the Collaborative Partnership list contained in this document.

\_\_\_\_\_11. We will provide Community Based Outcome Data Sheet to clients upon distribution and aid in filling out (if necessary) before submitting to HODB on a monthly basis.

**CONTINUED ON NEXT PAGE**

\_\_\_\_\_ **12.** We will not refer clients to visit or call HODB office for supplies. HODB is a support agency and not a direct social service agency. It is the responsibility of our agency to ensure our staff is aware of this provision. HODB website ([www.heartofohiodiaperbank.org](http://www.heartofohiodiaperbank.org)) may be used to refer clients to other supply receiving agencies. \*In case of emergency, we may contact HODB in an effort to receive additional services for our clients but may not refer clients directly.

\_\_\_\_\_ **13.** We hereby indemnify, defend, and hold harmless HODB from any and all liabilities for the quality or safety of the product (the 'Product'), consisting of diapers or diapering items received as donations or purchased by HODB and then donated by HODB to the Partner Agencies. We hereby forever release and discharge HODB, its officers, directors, and/or employees from any and all claims for any known, unknown, or future damages, because of the quality or safety of the Product.

\_\_\_\_\_ **14.** We understand that HODB reserves the right to stop/reduce distributions based on resources available to us.

\_\_\_\_\_ **15.** We understand that HODB reserves the right to remove an agency from its recipient list if the agency does not adhere to the terms of this agreement, or if any portion of this application is found to be misstated. Written notice will be provided to an agency in the event diapers will no longer be supplied by the HODB.

### **Collaborative Partnership Agreement - 2023**

The Heart of Ohio Bank wants to work collaboratively with its partners. In order to do so, it is essential that both parties mutually benefit from working together. Please check a minimum of three of the boxes below that your agency will provide the Heart of Ohio Diaper Bank within the next 12 months as a requirement of the Community Partner Agreement and provide us with the dates that these activities will occur.

- 1. Success stories of clients receiving diapers. (Mandatory quarterly.)
- \_\_\_ 2. Provide a financial contribution of: \$ \_\_\_\_\_
- \_\_\_ 3. Host a diaper drive for HODB through your agency/building.
- \_\_\_ 4. Include an article about HODB in your agency's newsletter at least once during the next 12 months.
- \_\_\_ 5. Send an email with info about HODB to your supporters. We are happy to assist.
- \_\_\_ 6. Place a link to [www.heartofohiodiaperbank.org](http://www.heartofohiodiaperbank.org) on your website and the HODB Facebook Page.
- \_\_\_ 7. Staff or volunteers host/attend a Heart of Ohio Diaper Bank Volunteer Day to help wrap diapers.
- \_\_\_ 8. Additional ideas for collaborative partnership (beyond word of mouth): \_\_\_\_\_

\_\_\_\_\_  
Print Sign Date  
Primary Contact

\_\_\_\_\_  
Print Sign Date  
Executive Director