



2010 DONATION APPLICATION FORM
MUST BE RECEIVED BY MARCH 26, 2010

My New Red Shoes' Clothing for Confidence program provides underprivileged children in the Bay Area with \$50 gift cards to major clothing retailers and a new pair of appropriately sized athletic shoes so that they may experience the magic of back-to-school shopping and greet the school year with pride.

It is our priority to distribute gift cards and shoes in the order of those who need it most. This will be assessed during the application process.

Legal Name of Agency/Organization (For multiple sites, please complete page 3 of the application)

Address City Zip Code

Contact Person/Title Phone Number

Email Address Website

Backup Contact Person/Title Phone Number

Backup Contact Person's Email Address

Please attach (*Note: past participants of the program need only attach item 3*):

1. Any literature and/or brochure regarding your program and the specific needs of the participants.
2. A copy of your agency's 501(c)(3) exempt certificate (Tax ID Number: _____).
3. At least one client story about a child who would benefit from our program. Please include the child's gender, age, name (if possible), family background, and what new clothing would mean to the child. *Applications submitted without a client story will not be considered.*

4. At least one story about a parent who would benefit from our program. Please include the parent's gender, age, name (if possible), family background, and what new clothing would mean to their child. *Applications submitted without a parent story will not be considered.*

Our ability to assist your agency is dependent on the generosity of the community. Please submit a realistic estimate of homeless students in your request for donation.

Estimated number of very low-income children at your site in June:

Ages 5-11: _____ Ages 12-18: _____

How will your organization distribute the gift cards and/or shoes?

TERMS OF AGREEMENT - 2010

Please INITIAL each line indicating your agreement to fulfill the program requirements below.

- Submit at least one client and one parent story by April 2, 2010. _____
- Submit client information via email by July 2, including children's names, ages, and shoe sizes. (In June, My New Red Shoes will provide a template by email for your use). _____
- Pick up donations on Friday, July 30 between 9:00 AM and 1:00 PM. _____
- Distribute donations by the first day of school or Monday, August 9, 2010 whichever is sooner. _____
- Administer and submit follow-up agency/client surveys by Thursday, September 2, 2010. _____
- Submit two follow-up client stories via email by Thursday, September 9, 2010. _____
- Submit client THANK YOU notes by Monday, September 13, 2010. _____

Your organization, by requesting donated clothing and shoes through My New Red Shoes, represents the following:

1. It is a nonprofit organization with 501(c)(3) status from the Department of the Treasury.
2. The goods will be given solely to underprivileged children and used only in relation to the tax-exempt purposes of the organization.
3. The goods will not be transferred by the organization in exchange for money, property, or other services.
4. Donations will be distributed by the recipient organization directly to those in need, free of charge. Donations cannot be used for fundraisers, raffles or auctions; given to volunteers or staff members; or sold in retail stores or flea markets. My New Red Shoes reserves the right to limit or restrict the quantities of donations your organization requests.
5. Organizations using donated products for purposes other than those intended will be a material breach of this contract entitling My New Red Shoes to rescind this contract and recover any and all such goods donated.

Signature: _____ Date: _____

Print Name: _____

Print Title: _____

Please Submit Applications BY MARCH 26 to:
My New Red Shoes, 111 Anza Blvd, Suite 100, Burlingame CA 94010
PHONE: (650) 375-2641 FAX: (650) 376-1491
Questions? Contact Rachel Odessky, Program Manager at
rachel@mynewredshoes.org

AGENCIES WITH MULTIPLE SITES

Please complete the following information only if your agency has more than one site applying for participation in the Clothing in Confidence Program.

Site Name: _____

Estimated number of children at this site in June: Ages 5-11: _____ Ages 12-18: _____

Contact Person: _____

Phone: _____

Email: _____

Backup Contact Person: _____

Phone: _____

Email: _____

Site Name: _____

Estimated number of children at this site in June: Ages 5-11: _____ Ages 12-18: _____

Contact Person: _____

Phone: _____

Email: _____

Backup Contact Person: _____

Phone: _____

Email: _____

Site Name: _____

Estimated number of children at this site in June: Ages 5-11: _____ Ages 12-18: _____

Contact Person: _____

Phone: _____

Email: _____

Backup Contact Person: _____

Phone: _____

Email: _____

Site Name: _____

Estimated number of children at this site in June: Ages 5-11: _____ Ages 12-18: _____

Contact Person: _____

Phone: _____

Email: _____

Backup Contact Person: _____

Phone: _____

Email: _____

Site Name: _____

Estimated number of children at this site in June: Ages 5-11: _____ Ages 12-18: _____

Contact Person: _____

Phone: _____

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Backup Contact Person: _____

Phone: _____

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Site Name: _____

Estimated number of children at this site in June: Ages 5-11: _____ Ages 12-18: _____

Contact Person: _____

Phone: _____

Email: _____

Backup Contact Person: _____

Phone: _____

Email: _____