

Partner Agency Application Form

Thank you for your interest in becoming a WestSide Baby Partner Agency. Our Partner Agency Selection process involves a four (4) step process: 1. Agencies interested in partnership must complete and submit the Partner Agency Application Form; 2. Agencies that are selected to move on to the next round will be contacted to schedule a site visit; 3. WestSide Baby will review applications and site visit notes and determine whether or not the agency is approved; 4. Approved agencies must complete a New Agency Orientation before ordering privileges are granted.

Note: *To be considered, the agency must be within WSB's service area and provide proof of 501(c)(3) or charitable organization status.*

Applications are reviewed based on various criteria including: mission/vision alignment, commitment to serve communities that face disproportionate need, demonstrated ability to provide culturally relevant services and directly engage with, and seek feedback from communities most impacted by the program, and agency's capacity to use WestSide Baby's system and processes for placing and picking up orders. WestSide Baby's capacity to onboard and fulfill requests for this agency is also taken into consideration. **It is our goal to provide the best service possible to our Agency Partners and approval is solely at the discretion of WestSide Baby.**

Please note that agencies with multiple programs and/or locations require a separate application for each program and/or site.

Agency Information

Agency Name:			
Program Name:			
Site Name/Location: (if multiple locations)			
Main Agency Mailing Address:			Site Address (if different):
Website			
Agency/Program Director	Name:	Phone:	Email:
Main Contact for WSB Partnership (if different):	Name:	Phone:	Email:

**Please indicate which WestSide Baby location you would prefer to pick up your orders at
(if no preference, please mark both):**

White Center	OR	South Lake Union Branch
10002 14 th Ave SW, 98146		435 8 th Ave N, Seattle WA 98109

For basic consideration, each Agency must answer these questions affirmatively (yes):

- 1) Do you have the ability to collect and submit accurate recipient data including, but not limited to: caregiver employment status, family housing status, race/ethnicity, language spoken at home?
Yes
No
- 2) Do you have the ability to provide accurate age, weight, and size information for recipients?
Yes
No
- 3) Do you have the capacity to place orders for children online?
Yes
No
- 4) Do you have the capacity to pick up orders directly from WestSide Baby during Provider Pick Up Hours? Either at **White Center** Pick Up Hours: Tuesdays 9am-1pm, Thursdays 12pm-3pm or **South Lake Union** Pick Up Hours: Tuesdays & Thursdays 11am-3pm
Yes
No

Additional Criteria:

- 1) What geographic region do you serve? Please check ALL that apply:
North Seattle (98133, 98125, 98117,98115,98107,98103,98105)
Central Seattle (98199, 98119, 98109, 98102, 98112, 98122, 98134, 98144, 98104, 98101, 98121)
South Seattle (98116, 98136, 98126, 98106, 98108, 98118)
South King County (98146, 98168, 98178, 98166, 98148, 98158, 98188, 98178, 98198)
Renton/Kent (98056, 98057, 98055, 98032, 98031, 98030, 98059, 98058, 98042)
Greater Eastside/Bellevue (98033, 98052, 98053, 98074, 98075, 98029, 98027, 98038, 98051, 98004, 98005, 98006, 98007, 98008)
Other, please specify: _____
- 2) How many children (up to age 12) does your Agency Site serve **annually**?
 - a. Of those children, how many do you anticipate ordering items for on a **monthly basis**?
- 3) Which specific items (diapers, clothing, car seats, etc.) are most needed by families enrolled in your program? List in priority order.
- 4) What number of individuals at your agency or program (social workers, admin workers, interns, etc.) do you estimate would order from WestSide Baby on behalf of their clients?
- 5) Are there other services available for you to access children's essentials for your clients? (This will NOT preclude you from partnership) If so, please list:
 - i. **YES**, we have the following additional services available to our Agency:
 - 1.
 - 2.
 - 3.
 - ii. **NO**, we do not have access to other resources providing children's essentials.

Partnership Request

In 300-500 words, describe your interest in becoming a WestSide Baby agency partner.

Please address the following bullets, as applicable:

- Include the mission, vision, and values of your organization
- Tell us about your program, service delivery model, and impact/outcomes it has for children and families
- Describe how partnering with WestSide Baby will help meet your organization's needs as well as the needs of the families it serves
- Tell us about the families your program serves. Include aggregate demographic data.
- Consider how your program is accountable to the communities it serves:
 - Does staff/leadership represent the diversity of the community it serves?
 - Does the program provide culturally relevant services?
 - How does the organization engage with & seek feedback from communities most impacted by the program?



WestSide Baby Partnership Agreement:

I, _____ apply on behalf of, _____
(Agency/Program), to become a Partner Agency with WestSide Baby. I am authorized to submit this application. I understand that WestSide Baby accepts a limited number of Partner Agencies based on a variety of criteria. **I understand that this application does not guarantee acceptance as an Agency Partner.**

It is the policy of WSB not to discriminate against applicants for our services based on race, color, citizenship, status, national origin, ancestry, gender, sexual orientation, age, religion, creed, physical or mental disability, marital status, veteran status, political affiliation, or any other factor protected by law. We will not partner with agencies that do discriminate based upon any of the aforementioned factors.

_____	_____	_____
Agency Applicant (please print)	Signature	Date

_____	_____	_____
Executive Director/CEO (please print)	Signature	Date