

Thank you for your interest in becoming a partner agency.

Dignity U Wear Foundation Inc. was birthed out of the compassion of our founder Henry Landwirth.

Mr. Landwirth states "I started Dignity U Wear because I was in the concentration camps for five years with no clothes. After I left the camps, I was 18 years old and I was homeless. And I promised myself that one day, God willing, I would be able to help other people not to suffer as much as I did."

Please visit our website to become familiar with his story and how we became Dignity U Wear.

We work with the apparel industry to procure brand new clothing, which they gracefully donate to us. In turn, we <u>only</u> donate the clothing to <u>non profit organizations</u> that align with our mission and have identified critical needs in their communities.

Every organization is taken through a vetting process before becoming one of our valued partner agencies. Now that you have submitted the questionnaire via our website, the next step in the process is to complete and submit the following documents.

☐ Copy of your organization's 501c3 or tax ID/EIN form

☐ Agency Application (attached)

Please complete and return the attached documents either via Fax to 904-636-8649 or email to order@dignityuwear.org. Please visit our website to learn more about our mission at www.dignityuwear.org. We look forward to serving you and your organization.

Regards,

Cheryl D. Estevez

Agency Relations Manager



Partner Agency Application

Organization Name:	Scho	ol Distric	t of Clay County		
Executive Director/CEO:		Supt. Ch	arlie Van Zant		
Primary Contact:	Fra	ances Ce	lis		
Primary Contact Email ad	ldress:	frances.	celis@myoneclay.	net	
Mission Statement:T	he School D	istrict of	Clay County exists	to prepare life-long learners for	
sı	uccess in a g	global an	d competitive work	place and in acquiring life skills.	
Website Address:w	ww.oneclay	net			
Physical Address:	900 Walr	ut Street	21170784		
City: Green Cove	Springs		St	FL Zip Code: 32043	
Phone #: (904) 529-	-5721		F	ax #:(904) 529-2170	
Do you have a clothes closet? X Yes No If yes, where is it located: Orange Park HS					
Number of clients your Organization serves per month: 40 to 50					
What is the primary focus of your Organization? Check all that apply:					
Women & Girls	Sc	nool Chi	dren	Veterans	
☐ Homelessness		☐ Hor	nelessness	☐ Homelessness	
☐ Training/Education Programs	nal	□ Fos	ter Care	☐ Training/Educational Programs	
□ Pregnancy Assista	ance		cational grams	Percentage of Veterans you serve?	
☐ Human Trafficking	7			Men	
How many women are veterans?				Women	
				I	
the shipping costs. Pleas	ct donation e provide s	from Dig	nformation:	sk our partner agencies to cover	
Shipping Address:					
City:			St:	Zip Code:	
				ax to 904-636-8649	

All organizations that are a partner agency with Dignity U Wear Foundation Inc. are expected to:

- 1. Dignity U Wear has a commitment to its clothing donors to redistribute clothing donations to organizations that can, in turn, give them free of charge to people in need. We ask that you help us with this commitment by not selling any of the clothing we provide. By signing below you are agreeing that these items received from Dignity U Wear will be <u>only</u> distributed to people in need at <u>no cost</u> to the recipient and will not be used for fundraisers, giving it to volunteers or staff, sold, bartered, traded for goods or services.
- 2. Refrain from obtaining any improper personal benefit from clothing donations from Dignity U Wear.
- 3. To cover <u>all</u> shipping costs from Dignity U Wear to your agency (Required)
- 4. If your organization operates a clothing thrift, consignment or resell store you agree <u>not</u> to sell any merchandise that you receive from Dignity U Wear.
- 5. As a partner agency we request that we receive feedback after a donation. Please provide pictures and testimonials from your staff and volunteers about how the donation affects the people you serve.
- 6. We request that you include Dignity U Wear on your website, Facebook, Twitter and Instagram social media sites.

The undersigned hereby affirm that they are authorized agents of the applicant organization, and their legal signatures do bind the applicant organization to the term, conditions and limitations of application agreement. I declare that the foregoing is true and correct.

rinted Name of Agency Executive Director/CEO		
	Date:	