

# Center for People in Need

## “Truckloads of Help”

### *Application Overview*

The Center for People in Need has secured funding to develop and implement a program called Truckloads of Help. This program will assist human service agencies by providing basic need items for their low-income/high-need clients. Agencies can also use the products for agency use.

The Center for People in Need has secured free warehouse space and has purchased products through the Gifts In Kind International Program. The Lincoln/Lancaster United Way, County Commissioners, and the Human Service Federation pays the membership fee to Gifts In Kind, which is a United Way of America partner.

The Center purchases large quantities of products (by the Truckloads) from Gifts In Kind. These products can include personal care products, clothing, household items, school supplies, office supplies, and other items which may be available. Some well-known companies that donate to Gifts In Kind include Office Depot, Bed Bath & Beyond, Old Navy, GAP, Sears, and Mattel. The Center for People in Need never guarantees that certain items will be available. Selection will depend upon what is available through the Gifts In Kind program. These products will then be offered **at no cost** to agencies that serve low-income/high need families, children and individuals.

Agencies can apply to receive items from this program by completing the attached application form. Once you have reviewed the application to determine your eligibility, we ask that you send a signed copy of the application and acknowledgment of regulations form, along with a copy of your 501(c)(3) acknowledgment letter, to:

Center for People in Need  
Attn: Deb Daily,  
3901 N 27<sup>th</sup> Street, Unit 1  
Lincoln, NE 68521-4177

Distribution of the products are usually on a monthly basis, or as Truckloads of items are available. Agencies will be notified of the distribution dates and times by email and will be responsible for shopping for the items they receive. Agencies must provide their own transportation when picking up the donated products. All products must either be given to clients or used by the agency receiving the products. Items cannot be sold, used as raffle items or given to staff or volunteers. .

For more information, agencies can contact Beatty Brasch or Deb Daily at the Center for People in Need at 402-476-4357.

# Truckloads of Help Enrollment Application

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

Directors Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Email Address of Contact Person:

\_\_\_\_\_

Is your agency a 501(c)3 non-profit agency?                      Yes                      No

Please provide us with a copy of your a 501(c)3 acknowledgment letter.

**Agency Annual Budget**

- |  |  |
|--|--|
| <input type="checkbox"/> Under \$100,000           | <input type="checkbox"/> \$2,500,000 to \$5,000,000  |
| <input type="checkbox"/> \$100,000 to \$250,000    | <input type="checkbox"/> \$5,000,000 TO \$10,000,000 |
| <input type="checkbox"/> \$250,000 to \$500,000    | <input type="checkbox"/> Over \$10,000,000           |
| <input type="checkbox"/> \$500,000 to \$1,000,000  |  |
| <input type="checkbox"/> \$1,00,000 to \$2,500,000 |  |

**Agency Mission:**

**Target Population: Check all that apply**

- |   |  |
|---|--|
| <input type="checkbox"/> Low Income                           | <input type="checkbox"/> Individuals with Disabilities |
| <input type="checkbox"/> Refugees/immigrants/<br>undocumented | <input type="checkbox"/> Homeless                      |
| <input type="checkbox"/> Domestic Violence Victims            | <input type="checkbox"/> Children (1 to 12)            |
| <input type="checkbox"/> Women                                | <input type="checkbox"/> Youth (13 to 18)              |
| <input type="checkbox"/> Other: Please list: _____            | <input type="checkbox"/> Seniors                       |

How many unduplicated individuals do your agency serve annually? \_\_\_\_\_

Please indicate the number of your clients that are:  
(Please use numbers, not percentages.) (Please fill in every line. If you do not have clients in a certain category, please place a 0 there.)

African American \_\_\_\_\_

Hispanic \_\_\_\_\_

Asian \_\_\_\_\_

Native American \_\_\_\_\_

Caucasian \_\_\_\_\_

Children/Youth \_\_\_\_\_

Women \_\_\_\_\_

Disabled \_\_\_\_\_

Seniors \_\_\_\_\_

How many of your clients are refugees, immigrants, or of an undocumented status?

Does your agency mainly serve:

Rural areas

Urban areas

What counties does your agency serve? (Please designate if county is outside Nebraska).

How will the program help your clients? (circle all that apply)

Self sufficiency

Stretch budget

Assist with employment

Increase self-esteem

Serve basic needs

Incentive items

Other \_\_\_\_\_

**Please help us by listing items that your agency would consider high need items for your clients. Please check all that apply.**

- |   |   |
|---|---|
| <input type="checkbox"/> <b>Personal Products</b>   | <input type="checkbox"/> <b>Other Household Items</b> |
| <input type="checkbox"/> <b>Women's Clothing</b>    | <input type="checkbox"/> <b>Other</b> _____           |
| <input type="checkbox"/> <b>Children's Clothing</b> | <input type="checkbox"/> <b>Other</b> _____           |
| <input type="checkbox"/> <b>Maternity Clothing</b>  | <input type="checkbox"/> <b>Other</b> _____           |
| <input type="checkbox"/> <b>Men's Clothing</b>      | <input type="checkbox"/> <b>Other</b> _____           |
| <input type="checkbox"/> <b>Dishes</b>              | <input type="checkbox"/> <b>Other</b> _____           |
| <input type="checkbox"/> <b>Bedding</b>             | <input type="checkbox"/> <b>Other</b> _____           |

**List any items which you would like to place on a wish list**

_____	_____
_____	_____
_____	_____

**Would your agency be interested in office and cleaning supplies for their agencies use?**

- Yes**                       **No**

**Would your agency be interested in receiving off-season paper cups, plates, napkins, etc. to be used by your agency and/or clients?**

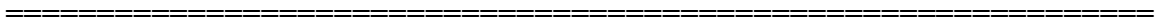
- Yes**                       **No**

**Please provide a brief description of any programs which may be receiving products from this program. Attach additional sheets if you need more room for additional programs:**

**Program Name:** \_\_\_\_\_

**A Very Brief Description of the Program:**

**Number of Clients in the Program:** \_\_\_\_\_



**Program Name:** \_\_\_\_\_

**A Very Brief Description of the Program:**

**Number of Clients in the Program:** \_\_\_\_\_

**Program Name:** \_\_\_\_\_

**A Very Brief Description of the Program:**

**Number of Clients in the Program:** \_\_\_\_\_

**The applicant agrees to sign the attached Acknowledgment Form and abide by the rules set forth by the funder and the Gifts In Kind program.**

\_\_\_\_\_  
**Signature of Authorized Representative**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Print Title**

\_\_\_\_\_  
**Date**

**For office use:**

**Date Received:** \_\_\_\_\_

**Application reviewed for completion by:** \_\_\_\_\_

**Signed Application Received:** \_\_\_\_\_

**Signed Acknowledgment of Regulations:** \_\_\_\_\_

**Approved      Yes                      No**

**ddaily/giftsinkind/agencyapplication/9-9-03**



## Truckloads of Help

### Acknowledgment of Regulations Form

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

*Note: The following must be read and signed by an authorized representative of the requesting organization.*

Your organization, by requesting products through the Truckload of Help program, agrees to abide by the following rules and regulations.

1. Your agency is a non-profit organization as described in Section 501 (c) (3) of the US Internal Revenue Code.
2. The goods will not be sold, bartered, traded, auctioned, or transferred in exchange for money, property, or other services.
3. Donations must be used by the recipient organization or give to qualifying clients participating in their programs.
4. Donations can not be used for fundraisers, raffles, or auctions, given to volunteers or staff members or sold in retail stores, web sites, garage sales, or flea markets.
5. Your agency agrees to **mark through the bar codes of all products** with a permanent black marker so items can not be returned to retailers.
6. The Center for People in Need has the right to limit quantities of products that an agency may receive on certain items.
7. Your agency agrees to be responsible for shopping for and picking up all donated items that your agency wishes to receive through the program from the warehouse on the day of distribution.
8. Your agency agrees to not hold the Center for People in Need, Building Strong Families Foundation or Gifts In Kind responsible for broken or damaged products.
9. Suggestions or comments should be sent to Deb Daily or Beatty Brasch at the Center for People in Need.
10. Clients will not be allowed to come to the warehouse and/or distribution site to shop for products.
11. High need agencies will receive priority during distribution.

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Title

\_\_\_\_\_  
Date

Updated 8-07 js