greeNest Partnering Agency Update Form



Agency Name:		
Website:	Federal Tax ID (EIN)	
Address:		
Executive Director:		
Phone	Email	
Office Liaison Contact Name:		
Office #	Mobile #	
E-Mail		
Please list who will be a	cting as Case Managers:	
Please list who will be a	cting as Case Managers: Email	
Name	Email	
Name Name	Email Email	
Name Name	Email Email Email	
Name Name Name Name	Email Email Email Email	



Brief Description	of Agency Progra	am & Ongoing	Participant	Support:

How will the furnishing fee be paid (gency grants/donors, the participant, etc.)?
How will this agency promote greeN	est and increase donations of furnishings?
Estimate of the number of referrals t	nis Agency Partner will make: per month / year. (circle one)
As a <i>greeNest</i> Partner, this Agency u	nderstands and agrees to (please check):
Provide an address proving tha	t the agency resides within Forsyth County
Provide copy of IRS confirmation	n of tax-exempt status and annual update regarding any change in
status, unless Partner is a gove	ernment agency
Email agency logo in PNG/JPE	G format
Read and adhere to the greeNe	st Guidelines (attached)
Refer only qualified and eligible	participants, whose needs have been verified
Pay one-time \$25 application fe	e to be submitted with application
Help support and promote gre	eNest by:
 Referring any potential fu have an immediate need 	nishing donations to greeNest for which the Agency Partner does not
	ecure funding or grants for greeNest's operating costs or special program
Application Submitted by:	
Title:	Date:
Accepted at greeNest by:	
Title:	Date: