

## 2025 Partner Agency Annual Renewal Form

Thank you for your interest in renewing your partnership with Flourish.

Along with this renewal, please review and sign our Agency Agreement.

Please review the list of case managers currently approved to make referrals with your agency. Please notify Flourish to remove any case managers no longer with your agency.

Once this application is processed, you will receive an invoice for your Annual Renewal Fee.

(Renewals are \$175 as long as they are paid annually within 30 days of receiving your invoice. Invoices not paid within 30 days will incur an additional \$25 processing fee.)

Agency Information:

Agency Name

Agency Address

City

State

Zip

County or Counties in which you operate:

This information is used to communicate directly with the Executive Director of each agency, as needed. This information is required for your application to be considered.

Agency Executive Director:

Executive Director Email:

Executive Director Phone:

This information is used to communicate changes to our program and policies. The person listed in this section should be the person that is managing your partnership with us including

approving case managers that can refer to our agency and providing your team with guidance on our partnership.

Agency Primary Contact Name:

Agency Primary Contact Email:

Agency Primary Contact Phone:

This information is used to communicate with your agency regarding billing. This should be the person that receives and pays invoices with regard to our partnership.

Billing Contact Name:

Billing Contact Email:

Billing Contact Phone:

What is your organization's mission?

How long has your agency been operating in the community?

Will there be a specific department(s) that will be referring to Flourish or will the entire agency be providing referrals? If specific departments, please list here:

Flourish often receives calls from members of the community in need of services. Are we allowed to refer individuals to your organization?

Can we list your information on our website?

If so, please write a description of your services that we can include on our website. Please include the phone number and/or email address the person should contact in order to find out if they qualify for your services.

How many referrals to you expect to make to Flourish annually?

How many case managers do you plan to register with Flourish to create referrals?

Demographics of clients served (Choose all that apply):

Job Loss

Natural Disaster

Foreclosure/Loss of Home/Eviction

Domestic Violence

Disability

Reentry from incarceration

Medical bills

Substance abuse

Immigration/Refugee

Aging out of foster care

Bed bugs/unsanitary living conditions

Veterans

Other

How many clients does your agency serve annually?

Are you currently providing furniture and household essentials to your clients? If so, please describe what you are typically able to provide.

Describe your follow up care with clients after they have acquired housing:

Signature of person completing this application:

Printed name of person completing this application:

Date completed:

I have attached our signed Agency Agreement

I have reviewed the list of case managers and notified Flourish of necessary changes to this list.

Please email all forms to [info@flourishfurniturebank.org](mailto:info@flourishfurniturebank.org).