



**CLOTHING FOR CONFIDENCE  
2011 APPLICATION  
APPLICATION DEADLINE: APRIL 1, 2011**

My New Red Shoes' Clothing for Confidence program provides Bay Area homeless children with \$50 gift cards to major clothing retailers and a new pair of athletic shoes so that they may experience the magic of back-to-school shopping and greet the school year with pride.

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Legal Name of Agency/Organization (For multiple sites, please complete page 3 of the application)

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Address	City	Zip Code
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Contact Person/Title	Phone Number
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Email Address	Website
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Backup Contact Person/Title	Phone Number
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Backup Contact Person's Email Address

Estimated number of children at your site this summer: \_\_\_\_\_

How will your organization distribute the gift cards and/or shoes?:

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**PLEASE ATTACH:** (Note: 2010 Clothing for Confidence participants need only attach item **3 and 4**):

**1. Literature or brochures regarding your program and participants.**

**2. A copy of your agency's 501(c)(3) determination letter (Tax ID Number: \_\_\_\_\_).**

3. **At least one client story** about a child who would benefit from our program. Please include the child's gender, age, name (if possible), ethnicity, and a brief statement of what new clothing would mean to the child. ***Applications submitted without a client story will not be considered.***
4. **At least one story** about a parent who would benefit from our program. Please include the parent's gender, age, name (if possible), ethnicity, and a brief statement of what new clothing would mean to their child. ***Applications submitted without a parent story will not be considered.***

**TERMS OF AGREEMENT - 2011**

Please **INITIAL** each line indicating your agreement to fulfill the program requirements below.

- All applicants must submit their application by mail by **April 1, 2011**. One client and one parent story **must** be included in the application. \_\_\_\_\_
- If accepted, you will be notified by **June 10, 2011**
- Accepted agencies will receive notification requesting shoe sizes and information about the children currently in your care. My New Red Shoes will provide a template for you to use.
- All client information must be submitted via email by **July 2, 2011** including children's names, ages, and shoe sizes. \_\_\_\_\_
- Agencies will be requested to pick up their donations on a specific day in late July or early August. Specific information about your pick-up time will be sent to you upon notification of acceptance. \_\_\_\_\_
- Agencies must distribute donations by the first day of school or Thursday, **September 1, 2011--** whichever is sooner. \_\_\_\_\_
- Agencies must administer and submit follow-up agency/client surveys, two follow-up client stories, and mail client THANK YOU notes by Thursday, **September 15, 2011**. \_\_\_\_\_

**Your organization, by requesting donated clothing and shoes through My New Red Shoes, represents the following:**

1. You are a nonprofit organization with 501(c)(3) Tax ID status.
2. The goods will be given solely to children and used only in relation to the tax-exempt purposes of the organization.
3. The goods will not be transferred by the organization in exchange for money, property, or other services.
4. Donations will be distributed by the recipient organization directly to those in need, free of charge. Donations cannot be used for fundraisers, raffles or auctions; given to volunteers or staff members; or sold in retail stores or flea markets. My New Red Shoes reserves the right to limit or restrict the quantities of donations your organization requests.
5. Organizations using donated products for purposes other than those intended will be a material breach of this contract entitling My New Red Shoes to rescind this contract and recover any and all such goods donated.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

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

Please Mail Applications by April 1, 2011:

Rebecca Mayer, Program Manager

My New Red Shoes, 111 Anza Blvd, Suite 110, Burlingame CA 94010

[rebecca@mynewredshoes.org](mailto:rebecca@mynewredshoes.org)

AGENCIES WITH MULTIPLE SITES

Please complete the following information only if your agency has more than one site

Site Name: \_\_\_\_\_

Estimated number of children at this site this summer: Ages 5-11: \_\_\_\_\_ Ages 12-18: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Site Name: \_\_\_\_\_

Estimated number of children at this site this summer: Ages 5-11: \_\_\_\_\_ Ages 12-18: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Site Name: \_\_\_\_\_

Estimated number of children at this site this summer: Ages 5-11: \_\_\_\_\_ Ages 12-18: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Site Name: \_\_\_\_\_

Estimated number of children at this site this summer: Ages 5-11: \_\_\_\_\_ Ages 12-18: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Site Name: \_\_\_\_\_

Estimated number of children at this site this summer: Ages 5-11: \_\_\_\_\_ Ages 12-18: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

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

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

Email: \_\_\_\_\_

Site Name: \_\_\_\_\_

Estimated number of children at this site this summer: Ages 5-11: \_\_\_\_\_ Ages 12-18: \_\_\_\_\_

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

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

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Email: \_\_\_\_\_