

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **APPLICATION FOR SOAP PRODUCTS** | | | | | | | | |
|  | | | | | | | | |
| **Date of Request:** | |  | |  | **Date Donation is Needed:** | | |  |
| *\*30 day notice required* | | | | | | | | |
| **Contact Information *please print*** | | | | | | | | |
| Name (First and Last): | | |  | | | | | |
| Title: | | |  | | | | | |
| Organization Name: | | |  | | | | | |
| Mailing Address: | | |  | | | | | |
| City, State, Zip Code: | | |  | | | | | |
| Phone Number: | | |  | | | | | |
| Email Address: | | |  | | | | | |
|  | | | | | | | | |
| EIN # |  | | | | |  | Is your organization a 501(c)3? Yes No | |
|  | | | | | | | | |

|  |
| --- |
| **Please Complete the Following Questionnaire** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| In what geographic area will the product be distributed? | | | City: | |  | State: |  |
| Country: |  | Village/Community: | |  | | | |

Describe the population that will be receiving the donated product, and how many people will be served.

|  |
| --- |
|  |

Describe the programing in which the soap will be used:

|  |
| --- |
|  |

Please describe when and how often this program will take place:

|  |
| --- |
|  |

For how long will this program last?

|  |
| --- |
|  |

Please identify the venue(s) in which the product will be distributed to the population:

|  |  |  |  |
| --- | --- | --- | --- |
| Clinic/Health Program  Community Gathering/Center  Disaster/Emergency Relief  Faith-Based Program/Church | | Food Bank/Food Pantry  Nutrition/Feeding Program  Hygiene/Hand Wash Promotion  Maternity/Child Mortality Program | School/Classroom-Based Program  Sanitation Program  Shelters  Water Program |
| Other (please describe): |  | | |

Please list the Quantity of Items needed: *1 box of soap: 116 bars 1 pallet of soap: 5,452 bars*

*1 box of bottles: 100 bottles per box*

\_\_\_\_\_\_ Number of soap boxes \_\_\_\_\_\_ Number of soap pallets \_\_\_\_\_ Number of boxes, shampoo bottles

\_\_\_\_\_\_ Number of boxes, body wash bottles \_\_\_\_\_\_ Number of boxes, conditioner bottles

Can your organization arrange shipping from our facility to its destination? Yes No

For convenience, please provide address of the shipping destination, if different from the mailing address:

|  |  |
| --- | --- |
| Shipping Address: |  |
| City, State, Zip Code: |  |

Are you able to accommodate a site visit from Clean the World Foundation before or during distribution of the donated soap product? Yes No

By taking this shipment of hygiene products, I agree to fill out a follow up report every 90 days on distribution detailing the number of people served and provide photos and stories for our reporting.  I agree

***NOTICE: Donated products must be given away free of charge to the end recipient, without discrimination on the basis of race, color, national origin, age, disability, sex, gender identity, or religion. Donated products cannot be sold, traded, bartered, given to volunteers or staff as gifts, distributed in any fundraising or promotional activities such as raffles, door prizes, auctions, etc. Donated products cannot be used for private, public or political solicitation, or as a condition of participating in religious activities.***

|  |  |  |  |
| --- | --- | --- | --- |
| **Signature:** |  | **Date:** |  |

|  |  |
| --- | --- |
| ***SEND COMPLETED REQUEST FORM TO:*** | Clean the World Foundation  Attention: Soap Donation Request  2544 E Landstreet Rd. Suite 600, Orlando FL 32824  Email: [gnorris@cleantheworld.org](mailto:gnorris@cleantheworld.org)  Fax: (732) 847-5446  *For further inquiries, please email or call (407) 574-8353 x 1009* |