

# 2023 Collaborative Partnership Agreement

This is your COVERD Greater Cincinnati Collaborative Partnership Agreement for 2023.

All Partner Agency requirements are outlined in detail in the Partner Agency Manual, available on the Partner Updates page at <https://coverdgc.org/partner-agency-news-updates/>

This 2023 agreement is due by the end of January 2023.

Partner fee invoices will follow the receipt of your completed agreement. We intend to send all invoices in March. Please let us know if you would like to receive an invoice sooner.

\* Required

1. Agency Name \*

*Mark only one oval.*

- Adams/Brown County CAA-8446
- Baby Steps at St. Elizabeth-8498
- Bethany House-8542
- Brighton Center-8450
- Butler County WIC / SELF-8451
- CAIN-8452
- Calvary's Place-8454
- CHECK Clinic (CCHMC Gen Peds)-8584
- CHEP-8453
- Cincinnati College Preparatory Academy-11532
- City of Cincinnati- Cribs for Kids-8460
- CityLink-8511
- Community Builders-8457
- Community Matters-10633
- Complex Care (CCHMC Gen Peds)-8458
- CoStars (Best Point)-8456
- Cradle Cincinnati (CCHMC Neonatal Institute)-8459
- Crossroad Harrison-8461
- Crossroad Health Center (OTR)-8462
- Dohn Community School-8519
- Empowering Women Worldwide Ministries Inc.-11629
- Esperanza Latino Center-8712
- First Step Home-8463
- Gateway Community & Technical College-8465
- GCBH-8464
- General Pediatrics CCHMC-8466
- Healthy Moms and Babes-8467
- Helping Hearts-8468
- Found House IHN-8472
- Interparish Ministries-8470

- Jack's Closet-8473
- Kate's Cupboard-8474
- Learning Grove-8475
- Life Learning Center-8476
- Love In Action-8478
- Mary's Helping Hands-8480
- Mason Food Pantry-8481
- MEAC-8479
- Mt. Healthy City Schools-12556
- NKU-8483
- Pathways-8485
- Price Hill Will-11200
- ProKids-8486
- Queen City Kitchen-7729
- Salvation Army-8488
- Santa Maria Community Services-8489
- St. Augustines Outreach Center-8490
- SVDP-8487
- TIP (CCHMC Psych)-8419
- Trihealth Perinatal Programs-8494
- Urban League-8495
- YWCA-8497
- Agency not found

2. Agency name not on the list? Type it here:

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3. Representative completing this agreement: \*

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Make Your Tier  
and  
Commitment  
Selections

The tier levels have not changed since last year's agreement.  
Note: we cannot guarantee that tier increases will be accepted. If we are unable to support a selected tier increase, we will reach out to you to discuss it.

4. Sweet Cheeks Partners: Please select your annual level of diaper distribution. \*

Mark only one oval.

- TIER 1 (10 Volunteer Hours): 1-25 kids, 1-1,250 diapers/month, up to \$1,950 retail value annually, ANNUAL FEE: \$100
- TIER 1 (NO Volunteer Hours): 1-25 kids, 1-1,250 diapers/month, up to \$1,950 retail value annually, ANNUAL FEE: \$150
- TIER 2 (10 volunteer hours): 26-75 kids, 1,251-3,750 diapers/month, up to \$5,200 retail value annually, ANNUAL FEE: \$250
- TIER 2 (NO volunteer hours): 26-75 kids, 1,251-3,750 diapers/month, up to \$5,200 retail value annually, ANNUAL FEE: \$350
- TIER 3 (10 volunteer hours): 76-150 kids, 3,751-7,500 diapers per month, up to \$11,700 annually, ANNUAL FEE: \$400
- TIER 3 (NO volunteer hours): 76-150 kids, 3,751-7,500 diapers per month, up to \$11,700 annually, ANNUAL FEE: \$500
- TIER 4 (15 volunteer hours): 151-200 kids, 7,501-10,000 diapers per month, up to \$15,600 retail value annually, ANNUAL FEE: \$550
- TIER 4 (NO volunteer hours): 151-200 kids, 7,501-10,000 diapers per month, up to \$15,600 retail value annually, ANNUAL FEE: \$650
- TIER 5 (15 volunteer hours): 201-250 kids, 10,001-12,500 diapers per month, up to \$19,500 retail value annually, ANNUAL FEE: \$700
- TIER 5 (NO volunteer hours): 201-250 kids, 10,001-12,500 diapers per month, up to \$19,500 retail value annually, ANNUAL FEE: \$800
- TIER 6 (15 volunteer hours): 251-400 kids served, 12,501-20,000 diapers per month, up to \$25,000 retail value annually, ANNUAL FEE: \$1,100
- TIER 6 (NO volunteer hours): 251-400 kids served, 12,501-20,000 diapers per month, up to \$25,000 retail value annually, ANNUAL FEE: \$1,200
- Will Not Participate

5. Does your Sweet Cheeks Diaper Bank tier selection represent a change from your selection last year? \*

*Mark only one oval.*

- No change- we selected the same tier last year
- This year's tier selection is HIGHER than last year's
- This year's tier selection is LOWER than last year's
- I'm not sure
- N/A
- Other: \_\_\_\_\_

6. Tidal Babe Partners: Please select your annual level of period kit distribution: \*

*Mark only one oval.*

- TIER 1 (10 Volunteer Hours): 1-25 kits/month, up to \$2,250 retail value annually, ANNUAL FEE: \$25
- TIER 1 (NO Volunteer Hours): 1-25 kits/month, up to \$2,250 retail value annually, ANNUAL FEE: \$50
- TIER 2 (10 Volunteer Hours): 26-50 kits/month, up to \$4,500 retail value annually, ANNUAL FEE: \$50
- TIER 2 (NO Volunteer Hours): 26-50 kits/month, up to \$4,500 retail value annually, ANNUAL FEE: \$100
- TIER 3 (10 Volunteer Hours): 51-100 kits/month, up to \$9,000 retail value annually, ANNUAL FEE: \$100
- TIER 3 (NO Volunteer Hours): 51-100 kits/month, up to \$9,000 retail value annually, ANNUAL FEE: \$150
- TIER 4 (10 Volunteer Hours): 101-150 kits/month, up to \$13,500 retail value annually, ANNUAL FEE: \$150
- TIER 4 (NO Volunteer Hours): 101-150 kits/month, up to \$13,500 retail value annually, ANNUAL FEE: \$175
- TIER 5 (10 Volunteer Hours): 151-200 kits/month, up to \$18,000 retail value annually, ANNUAL FEE: \$175
- TIER 5 (NO Volunteer Hours): 151-200 kits/month, up to \$18,000 retail value annually, ANNUAL FEE: \$200
- Will Not Participate

7. Does your Tidal Babe Period Bank tier selection represent a change from your selection last year? \*

*Mark only one oval.*

- No change- we selected the same tier last year
- This year's tier selection is HIGHER than last year's
- This year's tier selection is LOWER than last year's
- I'm not sure
- N/A
- Other: \_\_\_\_\_

FOR: COVERD Greater Cincinnati:

8. We ask our partner agencies to complete at least TWO items from the following list during the 12-month timeframe of this agreement. Please mark the two items which will work best for your agency. These options have been updated for 2023. \*

*Check all that apply.*

- Host a diaper drive for SCDB and/or a period supply drive for TBPB
- Put the SCDB/TBPB logo on agency website with a link out to our website
- Write us into your grant request applications (Megan will reach out if you select this option)
- Highlight us in a newsletter, blog post, or other external stakeholder communication
- Propose an idea to support the work of COVERD. (For example, do you have a box truck that COVERD could use for a mobile wrapping event, or another resource you would be interested in sharing?)

9. If you selected "propose an idea", let us know your idea here. Nick will get back to you to chat about the idea.

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10. It is a requirement that 1) the person managing your product distributions AND 2) their executive director/ leadership representative attend the Annual Partner Meeting at COVERD Greater Cincinnati each January. \*

*Mark only one oval.*

I understand

11. It is a requirement that each partner agency send us 2 stories about the impact our products have had on their clients' lives and/or their organization/program's impact. These can be anonymous! \*
- There is a prompt in the annual report, but we gladly welcome stories at any time throughout the year.

*Mark only one oval.*

I understand

FROM:  
COVERD  
Greater  
Cincinnati:

COVERD Greater Cincinnati will commit to the following list to help you promote your agency and its good work during the 12-month timeframe of this agreement.

1. We will highlight your agency and the work you do on social media.
2. We will include your agency name and a description of your services that include our diapers/period kits on our website, with a link out to your agency.
3. We will give you access to items for your clients that have been donated to us that we can't use.
4. We will include your name and/or logo in programs, presentations, annual reports, and other publications related to COVERD as appropriate.
5. We will provide data from our surveys about how SCDB diapers have impacted your clients.

The distribution of diapers/period kits is a cooperative effort between COVERD Greater Cincinnati and our Partner Agencies. Partner Agencies agree to the following to ensure the community can continue to receive this service:

1. Follow all policies and procedures as outlined in the Partner Agency Manual.
2. To provide supplies received from SCDB/TBPB in a conscientious manner without discrimination on the basis of race, color, national origin, gender, religion, age disability, political beliefs, sexual orientation, marital or family status.
3. Supplies are to be distributed free of charge and cannot be sold, traded or bartered, nor may they be used for fundraising auctions or raffles.
4. Diapers/Period Kits provided may not be redistributed to other agencies for use.
5. The Partner Agency agrees to make every effort to avoid duplication of services with other agencies and to avoid providing COVERD Greater Cincinnati supplies to clients who sell, exchange, or barter these items.
6. At Sweet Cheeks Diaper Bank, we serve children from birth to age 4. Partner Agency agrees to adhere to the age guideline and actively encourage clients to begin potty training when appropriate. Partners may continue to distribute diapers to children with a diagnosed condition that interferes with reaching this developmental milestone. Partner agency agrees to communicate this continued need to SCDB.
7. Not to refer clients to visit the COVERD Greater Cincinnati office or warehouse for supplies.
8. Partner Agency hereby indemnifies, defends and holds harmless COVERD Greater Cincinnati, their affiliated agencies, officers, directors, contractors, agents, volunteers, and employees from any and all liabilities for the quality or safety of the product consisting of diapers, period supplies, and other items distributed by COVERD Greater Cincinnati.
9. The term of this agreement shall begin as of the date it is last signed by COVERD Greater Cincinnati and shall continue through the calendar year, unless the parties otherwise mutually agree in writing to terminate the Agreement.

12. On behalf of my partner agency: \*

*Mark only one oval.*

I agree

I do not agree



13. I understand that I am committing my organization to all of the expectations of partnership outlined in the current Partner Agency Manual, not only the expectations referred to in this agreement. \*

*Mark only one oval.*

I understand

14. I understand that my partner agency may be considered a "diaper pantry," but it may NOT be referred to as a "diaper bank" in any context (including news coverage, public statements, signage, websites, etc.) \*

*Mark only one oval.*

I understand

15. We agree to collect all required data and outcome surveys throughout the year, and to submit an Annual Report for each year of partnership. \*

*Mark only one oval.*

We agree

16. We agree to stay current on partner updates posted on the Partner Agency News and Updates page (<https://coverdgc.org/partner-agency-news/>), and to inform COVERD of any changes in staff that would affect continuity. \*

*Mark only one oval.*

We agree

**Partner  
Advisory  
Group**

We have decided not to convene a Partner Advisory Group for 2023. Thank you to everyone who participated in 2022! Your feedback has been very helpful as we continue to improve this program.

In the coming year, we may ask for your opinions via posts and surveys on the partner updates page. We hope you will take a few moments to respond to those!

As always, please don't hesitate to send any concerns, questions, or feedback throughout the year to Nick at [nick@sweetcheeksdiaperbank.org](mailto:nick@sweetcheeksdiaperbank.org).

**Let's Get  
Everything Up  
to Date**

We need to make sure your contact information is correct, and that we are presenting your information correctly to the public.

17. Please log in to your agency's Human Essentials account and navigate to the "My Organization" page. Go to "Edit My Organization" to make any needed corrections. Initial here once your agency information is all correct in Human Essentials: \*

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18. Is your agency name correct on the 2023 pick-up schedule, and other forms or documents? \*  
If not, indicate here what needs to be corrected:

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19. Sweet Cheeks Diaper Bank partners: Please locate your agency on our website: \*  
<https://sweetcheeksdiapebank.org/what-we-do/our-partner-agencies/>  
Please confirm your agency is listed, and indicate any corrections or additions we should make to this listing.  
(Non-SCDB partners: respond N/A)

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20. Tidal Babe Period Bank partners: Please locate your agency on our website: \*  
<https://tidalbabe.org/what-we-do/our-partner-agencies/>  
Please confirm your agency is listed, and indicate any corrections or additions we should make to this listing.  
(Non-TBPB partners: respond N/A)

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21. Does your program accept new clients for the program(s) distributing SCDB diapers? \*

*Mark only one oval.*

Yes

No

Other: \_\_\_\_\_

22. Does your program accept new clients for the program(s) distributing TBPB period supplies? \*

*Mark only one oval.*

- Yes
- No
- Other: \_\_\_\_\_

23. If you answered "yes" to either of the previous 2 questions, please indicate the best way for new clients to access products through your agency. Briefly include the preferred contact info and basic program requirements. This information will be made available on our online agency map.

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24. Please upload a file of your organization's logo image for COVERD to use on our website and other materials. If unable to do so, please touch base with Nick to get this updated.

Files submitted:

### **Partner Agency General Information**

25. Indicate the type of organization/ program: \*

*Check all that apply.*

- School or daycare
- Medical facility
- Social/Human Services Agency
- Pantry
- Other: \_\_\_\_\_

26. Are you serving members of any of the following communities (select all that apply): \*

*Check all that apply.*

- LGBTQ+
- Domestic violence survivors
- Homeless
- Clients with mental illness
- Clients with disabilities
- Immigrants/refugees
- Clients being treated for addiction
- Undocumented workers
- Other: \_\_\_\_\_

27. Does your program include a case management component? \*

*Mark only one oval.*

- Yes
- No

28. Are multiple needs of a single family being served or met by the organization (ex: able to provide food, hygiene items, case management or referrals all to the same family)? \*

*Mark only one oval.*

- Yes
- No

29. Does your agency or program provide services to fathers? \*

*Mark only one oval.*

- Yes
- No

30. Do you PURCHASE diapers, period supplies, or adult incontinence supplies from sources other than COVERD programs? Check all that apply. \*

*Check all that apply.*

- Yes, we purchase diapers
- Yes, we purchase period supplies
- Yes, we purchase adult incontinence supplies
- None of the above

31. Do you RECEIVE DONATED diapers, period supplies, or adult incontinence supplies from sources other than COVERD programs? Check all that apply. \*

*Check all that apply.*

- Yes, we receive donated diapers
- Yes, we receive donated period supplies
- Yes, we receive donated adult incontinence supplies
- None of the above

32. Do you have a specific line item in your budget for diapers? \*

*Mark only one oval.*

- Yes
- No
- Other: \_\_\_\_\_

33. Do you have a specific funding source designated for diapers? \*

*Mark only one oval.*

- Yes
- No
- Other: \_\_\_\_\_

34. If you could, would you increase the number of products you distribute from us? If so, what are the limiting factors? \*

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35. If we were able to offer a delivery option, for a fee, would you utilize it? \*

*Check all that apply.*

Yes

Maybe

No

Other: \_\_\_\_\_

36. Notes:

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### Signature Page

37. Your full name, as an indicator of full agreement with the above selections, conditions, and expectations: \*

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38. Your title: \*

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39. Name of your executive director/ leadership representative, if applicable, to receive a copy of this agreement.

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40. Email address of your executive director/ manager/ leadership representative, if applicable, to receive a copy of this agreement.

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41. Please share any thoughts, concerns, or questions here:

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Thank  
you!!

We are so grateful to be partners with so many excellent organizations doing amazing work in our area. We look forward to another year of collaboration!

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