

# The Collective

“Working together to get the Job done!”

7550 Bittern Road, Cleveland, OH 44103  
Email: [theworkingcollective14@gmail.com](mailto:theworkingcollective14@gmail.com)

## Request for Products Organizational Application

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

Organizational Name: \_\_\_\_\_

Full Physical Address: \_\_\_\_\_

Organizational Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Alternate Contact Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Organizational email address: \_\_\_\_\_

Who is Authorized to Pick up products for your organization? (up to 3 names)

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

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

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

How many households do you plan to serve?: \_\_\_\_\_

What communities do you plan to serve? (Neighborhood(s)) \_\_\_\_\_

Zipcodes: \_\_\_\_\_ Ward(s) \_\_\_\_\_

How have you contributed in the above communities in the past 90 days? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please provide a reference for your organization: \_\_\_\_\_

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

If you are doing a community event, please list the date, time and location of your distribution event:

\_\_\_\_\_

Special Notes: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**For assistance or more information please contact Riika @ 216.699.0332**

**The Collective USE ONLY**

Criteria Met? Yes No If no, why? \_\_\_\_\_

Reviewed By: \_\_\_\_\_ Review Date \_\_\_\_\_

Requested Amount: \_\_\_\_\_ Authorized Amount: \_\_\_\_\_

Scheduled Pick-up Date: \_\_\_\_\_ Second Pick-up Date: \_\_\_\_\_

Authorized By: \_\_\_\_\_ Authorized Date: \_\_\_\_\_