



1111 E. 11TH ST. // HTX 77009
832.962.7656
MON-SAT 7AM-10PM // SUN 7AM-5PM

ALLIES APPLICATION

Please fill in the following application to be considered as an official ally of A 2nd Cup for 2019. Due to the high volume of requests and the limited space and resources of A 2nd Cup, not all applicants will be accepted as official allies every year. Unofficial allies may still submit events for the calendar and may receive some of the services provided by A 2nd Cup, as available. Each ally is responsible for re-applying each year.

GENERAL INFORMATION

Name of Organization: _____

Mailing Address:

Website: _____ Phone Number: _____

Tax Exempt Status: _____ FEIN: _____

Please include IRS letter certifying tax exempt status.

Is this organization faith-based? YES NO

If yes, what faith tradition? _____

If yes, please describe the faith component in the programs/organization.

PURPOSE OF ORGANIZATION

MISSION STATEMENT

ORGANIZATIONAL PROGRAMMING & SERVICES

We want to be well-versed in your work, so we can share what you do with our customers! This is not intended to be cumbersome, so please keep it brief.

On a separate sheet, please include the following information for each program or service you offer:

- + **Brief** overview of program
- + Client demographics or target audience (ie. women between 18-35 who have experienced sexual exploitation)
- + Any requirements for services (ie. attending Bible study)
- + Metrics for success
- + Most recent year's results



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ANTICIPATED EVENTS

In an effort to reduce overlap of event timing, please provide information for any large or on-going local events for your organization for 2019, including volunteer trainings, awareness events and fundraisers. Please include date/time if known. (Feel free to include additional events on a separate sheet)

Event Name	Event Type (fundraiser, training, etc)	Anticipated Date/Time (or on-going, i.e. every 1st Friday)

CONTACTS

EXECUTIVE DIRECTOR

Name: _____

Email: _____ Phone: _____

POINT OF CONTACT

Name: _____ Position: _____

Email: _____ Phone: _____

If your organization is primarily located outside of the Houston area, please include the contact information for staff members in the Houston area.

You may also include any other contacts you think would be helpful for A2ndCup to have to be able to serve your organization better.



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VOLUNTEER OPPORTUNITIES

We have lots of people who want to help and we would love to send them your way!

Please describe the different opportunities you have for volunteers to engage in your work. If there are any requirements for service with your organization or the specific volunteer opportunity, please describe.

Volunteer Opportunity including brief description	Date(s) and Time(s) of Service	Requirements (age, skills, training, etc)



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CLIPBOARD INFORMATION

We want to showcase the work you do on our allies wall. We use very brief information to give our customers a snapshot of what you do and how they might join you. The final clipboard sheet will be sent to you for approval prior to displaying it in the shop. *Please see example attached.

OVERVIEW

Please write a brief overview of your organization in one sentence or less (for example, A 2nd Cup's overview would be: Houston's non-profit coffee shop working to fight human trafficking). *This may be edited, with approval, to fit with branding requirements.

LOGO

Please include a copy of your logo with this application in .png and .jpeg formats.

CONTACT

Please provide the best email address for individuals interested in volunteering with your organization.

Thank you for the work you are doing to fight human trafficking in Houston and abroad. We are excited to partner with you to continue to strengthen the anti-trafficking community, so thank you for your application. Your request will be reviewed and voted on by the staff and board of A 2nd Cup and you will be notified with a final decision sometime during the current calendar year. Thank you for your patience.

Your signature below certifies that the information you have provided is accurate and true to the best of your knowledge.

Name

Signature

Date