



## REFERRAL ORGANIZATION APPLICATION/AGREEMENT

The mission of Bottomless Closet is to promote economic self-sufficiency by providing interview skills, business clothing, and ongoing career development and support programs to economically disadvantaged New York City women. Organizations seeking to make referrals should (1) complete this application, and (2) read and sign the Referral Organization Agreement.

Name of Organization: \_\_\_\_\_

Name of Employment Program (if applicable): \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

General Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Web Address: \_\_\_\_\_

Organization purpose: \_\_\_\_\_

Employment programs provided: \_\_\_\_\_

Constituency Served: \_\_\_\_\_

Are there any financial/income eligibility requirements to receive these services? \_\_\_\_\_

If so, what are they? \_\_\_\_\_

Will referrals come from the above location? \_\_\_\_\_ If not, please list other locations:

(1) \_\_\_\_\_

(2) \_\_\_\_\_

Name, title, and phone of contact person(s) coordinating referrals (please note program locations):

(1) Name: \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

(2) Name: \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

(3) Name: \_\_\_\_\_ Title \_\_\_\_\_

Phone \_\_\_\_\_ E-mail \_\_\_\_\_

(These individuals will make appointments, fill out referral forms, and provide any additional information.)

### Organization Staff Member

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

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

E-mail: \_\_\_\_\_ Phone: \_\_\_\_\_