The Agency Store Distribution
2020 Nonprofit Agreement

PLEASE PRINT ALL INFORMATION

Organization Name: _______________________________ EIN: _____________
City: ___________________________ State: ____ Zip: _______ Phone: _________________
Authorized Representative: __________________ Title: _______________
Email Address: _________________________________

The above named organization, as represented by the undersigned, agrees to the following stipulations for receipt, usage and distribution of products, supplies and services received from Center for People in Need (CFPIN). The undersigned understands and agrees that:

1. Membership in The Agency Store will run annually, January 1 to December 31.
2. There is a $125 annual membership fee per agency with a $75 instant shopping credit.
3. Membership is for your organization alone; you may not shop for or provide to other nonprofits.
4. Your organization will receive shopper cards for each person registered to shop. The cards will be good for the one-year period of membership.
5. Each card is a plastic photo ID card, which must be scanned when shopping.
6. Goods must NOT be traded, used for raffles, yard sales or sold in any manner.
7. CFPIN reserves the right to audit the records of use and/or distribution of goods by your organization at any time.
8. Your organization will be held responsible for the end-use of all goods received by any/all of your registered shoppers.
9. Goods or products WILL NOT BE HELD. Once payment is received, the goods must be moved.
10. CFPIN is released from all liabilities and/or claims that result from the use of materials received. CFPIN will be held harmless from such liabilities and claims.
11. CFPIN reserves the right to terminate the organization’s membership if the organization or any member of the organization is found in violation to any of these terms of agreement.

I, the Authorized Representative, have read, understand and will comply with the above stated operational standards, practices and requirements.

_____________________________________  ____________________________  _________________
SIGNATURE PRINTED NAME DATE

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