



THE
GREEN CHAIR
PROJECT

PARTNERSHIP INFORMATION AND APPLICATION AGREEMENT

TGCP is a furnishings assistance program that provides a mechanism for making quality furnishing donations from the public available to people who are transitioning to sustainable housing after homelessness, disaster, or crisis. TGCP accepts referrals from its Project Partners, who qualify and refer eligible participants.

TGCP's Partners must be Wake County non-profit organizations with case managers who provide programs that address underlying causes of the participant's current situation, promote self-sufficiency and offer participant support *after* independent housing is secured.

Agencies interested in becoming a Project Partner agree to Project Partner responsibilities and submit an application for TGCP approval. Selected Partners designate an Agency Liaison who will be trained to identify and refer eligible participants.

Referring participants

After becoming an approved Project Partner, the referring agency should designate a representative to act as the primary liaison between TGCP and the agency's participant. That liaison and referring case managers will then attend a brief orientation at TGCP. Once trained, the agency liaison/case manager will be able to schedule appointments online.

Appointment times

Participant appointments are available on the hour from 10:00 am to 3:00 pm on Tuesday through Friday, and at 10:00 am, 11:00 am, and 12:00 pm on the first and third Saturday of each month, unless that Saturday falls on a holiday weekend.

Most of the costs of receiving, processing, repairing, storing and ultimately placing the furnishings with the targeted recipients are subsidized by supporters of TGCP, so the participant pays only a nominal furnishing fee, ranging from \$100-300, based on the amount of furnishings required to equip their apartment. An agency or its donors may choose to sponsor a referred recipient if the recipient is unable to pay. Also, Agencies or Group homes may shop for office, kitchen and lobby furnishings for a point-based furnishing fee plus a \$100 referral fee.

Project Partner Guidelines

1. Project Partners must provide programs that offer its participants ongoing support that promote self-sufficiency and address the underlying cause for the participant's current situation. Project Partner should refer only qualified individuals who are in a case managed program or are receiving pastoral care/congregational support and **whose needs have been verified through a home visit.**
2. Partner Agencies must reside within Wake County, and priority is given to Wake County Residents.
3. The ideal candidate to receive furnishings is one currently transitioning or who has recently transitioned into stable housing after a period of unstable housing due to homelessness, domestic violence, immigration status, substance abuse recovery, fire or natural disaster. The ideal candidate is employed or otherwise able to sustain the new housing situation long term.
4. The furnishings available from TGCP are meant to fulfill an unmet need, rather than to upgrade a participant's current furnishings, and service is available on a **one-time basis only.**
5. Each Project Partner understands that household furnishings donated to and placed by TGCP are not new and will advise referred participants that the used **furnishings are provided in "as is" condition,** are not warranted, refundable, nor subject to exchange.
6. The shopper is responsible for **the furnishing fee,** which is determined by the package selected and is due at the time the appointment is made.
7. The Furnishing fee is due when the appointment is scheduled and may be paid with a single credit or debit card or a mc or visa gift card.
8. Requests for service should be submitted at least 3 days prior to the desired appointment time. TGCP will attempt to fulfill the requested order, as inventory allows.
9. Each Project Partner should designate a primary contact to act as a liaison between TGCP and the referred participants. The liaison will:
 - Attend training at TGCP prior to submitting a request for service.
 - Qualify referrals, verify needs and explain TGCP's program and requirements to each potential participant prior to submitting an order.
 - Determine furnishings needed and prepay when scheduling the appointment.
 - Represent the agency at the scheduled appointment or assign another trained representative.
10. Unless client uses Green Chair moving service, referred participant is responsible for transporting all selected furnishings, using an adequate and safe means of transportation, and is liable for any damages resulting from that transportation. (Pick-up trucks and moving fans are not adequate). **Furnishings must be taken at the time of selection and case manager should verify that furnishings are placed in home.**

Income Verification

11. We are required to provide information regarding the income of each household who comes to the Green Chair Project. In order to qualify, households' income must fall within the chart below:

For CDBG, HOME & Section 8	Family Size							
1/31/2019	1	2	3	4	5	6	7	8
Percent of Area Median Income								
10%	\$5,910	\$6,750	\$7,590	\$8,430	\$9,110	\$9,780	\$10,460	\$11,130
20%	\$11,820	\$13,500	\$15,180	\$16,860	\$18,220	\$19,560	\$20,920	\$22,260
Extremely Low - 30%	\$17,750	\$20,250	\$22,800	\$25,300	\$29,420	\$33,740	\$38,060	\$42,380
40%	\$23,640	\$27,000	\$30,360	\$33,720	\$36,440	\$39,120	\$41,840	\$44,520
Low - 50%	\$29,550	\$33,750	\$37,950	\$42,150	\$45,550	\$48,900	\$52,300	\$55,650
60%	\$35,460	\$40,500	\$45,540	\$50,580	\$54,660	\$58,680	\$62,760	\$66,780

To be HUD compliant and verify eligibility, one of the following three documents is required

1 - A letter on agency letterhead stating that the client falls under one of the Assumed Categories:

Abused Children, Elderly Persons, Battered Spouses, Homeless Persons (including chronically homeless or in emergency shelters but not transitional housing), Severely Disabled Adults, Illiterate Adults, Persons Living with AIDS, or Migrant Farm Workers

2 - Last 1040 Tax Form

Or

3 - Income and assets verification (Three consecutive paystubs or a signed affidavit from the employee and three consecutive bank statements or Zero Income Affidavit or Self-Employment Affidavit)

All income verification paperwork should be collected and brought to the appointment. Any confidential information shared with us will be kept in a locked cabinet or password protected computer. At each appointment, an affidavit will be signed by the Case Manager stating that the household falls within the range on the table provided based on the documentation provided to us at the appointment. If needed, we also have an Authorization for Release of Information form.

Questions: Please call the Program Coordinator at 919-322-0474

Partnership Application

Email application along with a copy of your 501 c 3 tax letter to chelsea@thegreenchair.org

Agency Name: _____

Website: _____

Address: _____

Liaison Contact Name: _____

Tel. _____ E-Mail: _____

Brief Description of Agency Program & Ongoing Participant Support:

Statement of Typical Participant's Living Situation and Needs:

How will the furnishing fee be paid (agency grants/donors, the participant, etc.):

Do you collect income verification? How?

How will this agency promote the Green Chair Project and increase donations of furnishings?

Estimated number of referrals this Project Partner will make: _____ / Month or Year (circle)

As a Project Partner, this Agency understands and agrees to (please check):

- Provide an address proving that the agency resides within Wake County
- Provide copy of IRS confirmation of tax-exempt status and annual update regarding any change
- Read and adhere to the Project Guidelines (attached)
- Refer only qualified and eligible participants, whose needs have been verified
- Help support and promote TGCP by:

Referring furnishing donations to TGCP for which the Project Partner does not have an immediate need
Partnering when possible to secure funding or grants for TGCP's operating costs or special programs

Director : _____ Phone: _____

Signature: _____ Date: _____