

RENESTING PROJECT, INC. PARTNERSHIP INFORMATION

About Us

Renesting Project, Inc. is a community furniture bank founded in 2010. Our mission is to provide gently used furniture and household items to those in need throughout Northwest Louisiana. We partner with local social service agencies, churches, clinics, and other organizations whose clients have been homeless or are at risk of becoming homeless and who do not already possess and are unable to provide requested items for themselves.

Our motto is to Reclaim, Renew, Renest. We “reclaim” gently used furniture and household items from generous donors in the community, “renew” those items’ purpose by cleaning, repairing, and repurposing them, and, finally, we “renest” clients by providing them the tools and items needed in their dwellings.

Office Hours

Tuesdays & Thursdays 9 AM – 6 PM

2nd & 4th Saturdays 10 AM – 2PM

Services

We offer 2 levels of service to the clients of registered agency partners:

Pick-Up Service

- Manpower and transportation provided by your organization and/or the client.
- An agency representative that has completed the registration process must be present for the client’s pick-up. The client is not required to be present, but is welcome.
- Exit interview required.

Delivery Service

- Subject to and limited by dwelling location, our manpower, availability of items, and items requested.
- Currently only available in Caddo & Bossier Parishes.
- Site visit required before service.

Our Contact Information

Phone: 318-747-5520

Fax: 318-584-7077

info@renestingprojectinc.org

1331 Driftwood Drive

Bossier City, LA 71111

www.renestingprojectinc.org

Please call or email our office with questions about this packet.

RENESTING PROJECT, INC. PARTNERSHIP INFORMATION

Partnering With Us

Before we begin this joint mission of serving those in need within our community, we ask that you complete the following:

- Agency Partner Registration Form (one per agency)
- Representative Agreement Form - (required for each Representative that will submit client applications)
- Orientation – (required for each Representative)

Once registered with us, any representatives of your agency that complete the Representative Agreement Form and attend orientation can submit applications on behalf of clients. The client application is always available on our website and instructions for completing it and submitting it are included in orientation. Applications submitted by representative that have not completed the registration process will not be accepted.

Our services are free of charge, though not free of responsibility. Please read the Representative Agreement Form carefully and reach out to us with any questions or concerns you have. We rely on your professionalism and the relationships you have built with your client base.

Completed Forms can be sent to:

info@reestingprojectinc.org

or faxed to (318) 584-7077

Policies

The below policies are not a comprehensive list of all Renesting Project policies. Please read the entire Partnership Packet, revisit any notes you took during orientation, or reach out to us for more information.

- Incomplete applications will not be considered for service.
- Once a client has been served, they are not eligible for future service.
- Representatives must be present at client pick-up or site visit.
- Rescheduling or cancellation must happen 24-hours before the schedule pick-up or site visit. Any cancellation or rescheduling within 24-hours will count as a No Show for client. After the second No Show, a client is ineligible for future service.

RENESTING PROJECT, INC. PARTNERSHIP INFORMATION

AGENCY REGISTRATION FORM

AGENCY NAME: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

PHONE: _____

FAX: _____

EMAIL: _____

WEBSITE: _____

NON-PROFIT STATUS: _____

DATE FOUNDED: _____

EXECUTIVE DIRECTOR, CEO, ETC. (WHO'S IN CHARGE)

NAME: _____

EMAIL: _____

PHONE: _____

PRIMARY CONTACT

(One per agency)

NAME: _____

EMAIL: _____

PHONE: _____

BRIEF DESCRIPTION OF YOUR ORGANIZATION AND THE PARISHES OR CITIES YOU SERVE:

Please submit the following with this form:

1. Mission Statement
2. Proof of Non-Profit status (501c3 designation letter)

Each agency must serve one of the following demographics to qualify for partnership, please check all that apply:

- People transitioning from homelessness
- At risk of becoming homeless that are:
 - Honorably discharged Veterans
 - Persons over 65 with disabilities

RENESTING PROJECT, INC. PARTNERSHIP INFORMATION

REPRESENTATIVE AGREEMENT FORM

At Renesting, we rely on you (a representative of a registered agency partner) to participate in this collaborative effort. Before you submit any client applications, we ask that you complete this agreement.

I, _____, have read and agree to the following:

_____ I will **NOT** share any of Renesting's contact information (ie: phone numbers, contacts, etc.) with my clients.

_____ I understand that applicants **MUST** work through registered agency partners and cannot be served by applying for Renesting services themselves.

_____ I will attend orientation.

_____ I will verify that each applicant meets one or more of the eligibility statements on the client application.

_____ I will file with my agency any and all documentation that I indicate to Renesting I have for my clients.

_____ I will assist applicants in completing the client application.

_____ I will submit client applications in their entirety and I understand incomplete applications will not be processed by Renesting.

_____ I will schedule pickups and site visits online.

_____ I will communicate scheduled services with my clients and will communicate promptly with Renesting staff if my client needs to reschedule or will be late.

_____ I will be present at my clients' dwelling during site visits.

_____ I will be available by phone on day of my clients' delivery services.

_____ I will be present at the warehouse on day of my clients' pick up services.

_____ I will complete the exit interview with my clients' if Renesting staff is unable to do so at the time of service.

(Please print clearly)

Agency: _____

Representative Name: _____

Email address: _____

Office Phone: _____ Cell: _____

(cell is required as an emergency number for site visits & service day)

Representative Signature _____ Date: _____

Supervisor's Name: _____

Email: _____ Phone: _____

Supervisors Signature _____ Date: _____