



REFERRAL ORGANIZATION APPLICATION

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, (2) read and sign the Referral Organization Agreement, and (3) provide a brochure or other literature describing your organization.

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? _____

Estimated number of clients that will be referred each month: _____

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.)

I hereby authorize _____ will act as a Referral Organization for
(Name of Organization)

Bottomless Closet in accordance with the policies set forth in the Referral Organization Agreement.

Print Name: _____ Title: _____

Sign: _____ Date: _____

E-mail: _____ Phone: _____

(This individual should be either the organization's Executive Director or applicable Program Director and will be responsible for providing reports on client employment.)