



Directions:

1. Print this page as a part of the application materials for Collaborating Agency.
2. Complete all of the blanks + initial each statement to show your agreement to comply.
3. Photocopy this page as it is required for check-in at the Internal Operations Center.
4. Return by 11/09/07 via US mail with other application materials to:
Gifts For Seniors, Attn: K. Poelzer, mailcode 163 300 South 6th Street Minneapolis Minnesota 55487-0163

Accountability & Responsibility Agreement of Collaborating Agency and Staff/Volunteer Representatives

_____ Gifts For Seniors is designed to collaborate with agencies / organizations / places of faith (herein referred to as agency/ies) that meet this set of criteria:

- provides face-to-face service(s) to *isolated senior citizens* who meet the qualifying criteria listed in the section below,
- have no or very limited winter holiday gift donations to provide to *isolated senior citizens*,
- are able to provide authorized staff and/or volunteers to:
 - complete and submit:
 - o application materials, and
 - o results through written reporting process,
 - attend the January 10, 2008 meeting of all Collaborating Agencies,
 - select and pickup donated gifts by appointment at the Internal Operations Center in Roseville in December and/or January on Tuesdays, Wednesdays and/or Fridays, morning and/or mid-day and/or afternoon
 - match donated gifts to the *most isolated seniors*' needs, and
 - arrange for the gifts to be personally delivered as a surprise to the *most isolated seniors* from December through March with an attached Gifts for Seniors gift tag.

_____ Gifts For Seniors is designed to serve the *most isolated senior citizens* who have little or no contact with family or friends, regardless of income. Gifts are given to seniors who meet this set of criteria:

- 60 years of age and better,
- isolated or forgotten, meaning the seniors are not expected to receive any other winter holiday gifts, have little or no positive contact with family or friends, and are among the most isolated seniors the registered agency serves,
- clients/residents/patients/participants/parishioners of a qualified collaborating agency, and
- reside in one of the 13 metropolitan counties of the Twin Cities, Minnesota:
Anoka, Blue Earth, Carver, Chisago, Dakota, Hennepin, LeSueur, Nicollet, Ramsey, Rice, Scott, Washington, Wright.

_____ The gift items received through Gifts For Seniors shall be used solely for the purpose of giving as a gift to our agency's most isolated senior citizen clients/residents, who meet the Gifts For Seniors set of qualifying criteria for *isolated senior citizens* noted above.

_____ Neither employees nor volunteers of our agency shall use the donations of the Gifts For Seniors program for personal gain/benefit for self, family members, friends, or others, nor for the gain of the agency, staff or others.

_____ Our agency and staff/volunteer(s) agrees to meet and comply with all of the above as well as the points listed in the 2007-08 Procedures for Collaborating Agencies in order to participate as a collaborating agency for the 2007-08 campaign.

Check here _____ if this is your agency's 1st year with Gifts For Seniors & check here ____ if you wish to attend a program orientation.

Agency Name [print] _____ City _____

Signatures of involved * employees and volunteers: _____

Date: _____ Phone #: _____ On other side of this form print the * names of above people.