Tarrant County Breastfeeding Coalition- Community Partner Application

Tarrant County Breastfeeding Coalition (TCOBCO) welcomes opportunities to collaborate with other organizations to support programs and services that align with our mission of promoting and protecting breastfeeding. Identifying and recognizing non-profit Community Partners enables TCOBCO formally promote and/or financially support lactation programs and services in Tarrant County. Promotional support includes social media posts (Facebook and Instagram), website recognition, and on-site promotion. Event volunteers can be provided with appropriate notice (>30 days). Financial support can be awarded up to 1x per calendar year and requires additional documentation. Community Partnership requests should be submitted annually.

Criteria

Please review these criteria before submitting your application.

- TCOBCO non-profit membership must be active.
- Programming must be offered within Tarrant County and available free of cost to recipients
- Programs must be consistent with the mission and focus of TCOBCO. (print mission here)
- Organization must be exempt from tax pursuant to Section 501(c)(3) of the Internal Revenue Code of 1986, as amended, or any successor statute (the “Code”). A copy of your agency’s IRS letter will be required within 14 days of approval. Requests from individuals will not be considered.
- Programming must be provided by a trained/credentialed individual or organization. Any materials distributed will be reviewed by the TCOBCO steering committee. When possible, a member of the Steering Committee will attend one class/meeting/session to observe the facilitator.
- Programs requesting funding must provide proof of related expenses. Requests must be for a specific purpose and will not be approved for general fund raising drives, capital campaigns, political campaigns, religious instruction, staff salaries, or travel expenses.

About your organization

Organization name:

Address:

Website/Social Media Link:

Contact Name and Title:

Contact Email:

Contact Phone:

Mission Statement:
About your program

Please provide a brief description of the programming offered:

Is this a new or existing project?

What is your projected timeline/start date?

Does this project serve a special population? Please describe.

Please provide a brief description of your request. You may be contacted by a Steering Committee member for clarification.

If you are requesting financial support please itemize known expenses. Approved programs will be asked to provide appropriate receipts/financial reporting once the award is allocated.

How does your program align with the mission of TCOBCO?

How will you measure the success of your program?