



Mutual Marketing Partnership – Application Form

Thank you for your interest in creating a Mutual Marketing Partnership with Tarrant Area Food Bank (TAFB). To protect your interest and ours, we ask potential partners to complete this application as a way to clarify expectations and create a more efficient planning and approval process. This will help us work together for our mutual benefit.

Please email the completed form at least 30 days prior to the start of your campaign to Katie Cockerham at katie.cockerham@tafb.org or FAX to (817) 877-5148.

Full Name of Your Company/Organization: _____

Your Company/Organization’s Website Address: _____

Primary Contact Name (Last Name, First Name): _____

Primary Contact Phone Number with Area Code: _____

Primary Contact Email: _____

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Why are you considering Tarrant Area Food Bank as the benefactor of this opportunity?

Please describe your Cause Marketing Campaign:

Summary of your concept:

Dates of Campaign:

Duration of Campaign:

Location (city, state, specific locations such as retail stores, etc.):

Please tell us about promotions or events that will take place.

Will your company/organization use media (TV, radio, print, posters, social media, new media, other online media) to promote the partnership?

Yes No

If **yes**, please explain how you plan to promote the partnership below. All press releases and/or promotion collateral must be reviewed by Tarrant Area Food Bank.

If **no**, please tell us how your plan to engage participants in the partnership.

What is the target audience for the partnership?

Age Range: _____

Gender: _____

Other details:

What are overall goals for your organization in this partnership?

What are overall goals as you see them for TAFB in this partnership?

What are your organization's specific goals in terms of products and/or services?

What is the estimated retail cost of products and/or services being promoted?

What specifically will you donate to Tarrant Area Food Bank?

Food:

Funds:

Volunteers:

Other:

What is the specific percentage from 1) sales OR 2) the amount per item OR 3) the percentage of overall proceeds that will be donated to Tarrant Area Food Bank?

Does your business or organization have any expectations of Tarrant Area Food Bank in the relationship?

Expectation of TAFB Staff:

Expectation regarding TAFB material resources (i.e. trucks, print collateral, etc.):

Other:

- Please note that by submitting this application, you are proposing a Mutual Marketing Partnership with Tarrant Area Food Bank as part of the consideration process.

Signature: _____ Printed Name: _____

Date: _____