

<i>everyone belongs</i>® Partnership Application Questions

Name of organization:

Address:

Contact Name & Title:

Phone Number:

E-mail:

Website address:

1. What is your organizational vision/mission/mandate?
2. What sorts of programs and services do you provide?
3. Who are your customers/clients?
4. How many customers/clients do you serve?
5. How long has your organization been in existence?
6. How does your organization include the participation of people with developmental disabilities?
7. How does your organization promote diversity and inclusion of all people?
8. Are your organization's programs and services fully accessible (physically, culturally, financially, etc.) to your "customers/clients"? If no, why?
9. Why is your organization interested in the *everyone belongs*TM brand?
10. How do you think your organization and the people you serve or your customers will benefit from the *everyone belongs*TM brand?
11. How do you foresee using the *everyone belongs*TM brand?
12. How do you foresee measuring the benefits of partnership with the *everyone belongs*TM brand/campaign?