



## Blessing Application

Your partnership is very important to us.

With your help, we can fulfill our mission to provide proper nutrition to every undernourished child across the globe.

Please complete this pack to the best of your ability.

*This form is also available at [www.mannarelieff.org/blessing](http://www.mannarelieff.org/blessing)*

### Blessing Participation Agreement

MannaRelief is committed to providing children across the globe with the necessary nutritional support they need to attain good health and the opportunity to live meaningful and productive lives. To do that, we are proud to provide products based on Real Food Technology™ solutions. We also commit to review all updates and feedback on the children that you represent in order to provide the best products with the best possible service. In everything we do, we always endeavor to serve our Lord Jesus Christ, keeping in mind the health and well-being of the children. We also ask that your organization make a commitment to us as well. This is necessary for participation in our program. Please complete and sign the form below.

I, \_\_\_\_\_, director / primary caregiver of \_\_\_\_\_, commit to meet the following requirements for participation in MannaRelief's Blessing program (please read each item carefully and sign below):

- Products provided by MannaRelief may only be consumed by the children enrolled and cannot be sold, exchanged, or given away. MannaRelief reserves the right to suspend or terminate services provided from any program at MannaRelief's discretion. Any unopened products should be returned to MannaRelief if not consumed by the children enrolled.
- To give the products consistently and in the recommended amounts.
- To provide MannaRelief with updates on the children's health and well-being, including pictures and stories, as well as organization biography and how malnutrition, or lack of nutrition, has/is affecting the children.
- To allow a visit from MannaRelief staff/donors to see and interact with the children and to see the results of our partnership.

Agreed to and accepted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Director or Primary Caregiver/Legal Guardian Printed Name \_\_\_\_\_

Director or Primary Caregiver/Legal Guardian Signature \_\_\_\_\_

Organization \_\_\_\_\_

Blessing ID \_\_\_\_\_

Phone Number \_\_\_\_\_

Country \_\_\_\_\_

**B**

(office use only)

### Organization Information

Organization Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Website \_\_\_\_\_

Blog \_\_\_\_\_

Number of Children in Organization \_\_\_\_\_

Times a Week Children Are Fed \_\_\_\_\_

Is there sufficient staff to distribute products daily?  Yes  No

Primary Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Postal Code \_\_\_\_\_

Country \_\_\_\_\_

Phone Number \_\_\_\_\_

Email Address \_\_\_\_\_

**B**

(office use only)

### Organization Status

Your answers to the questions below will help us accurately communicate our cause to the world. If possible, please send pictures of children in your organization.

Give us a quick biography of how your organization started and how it progressed to where it is today.

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Explain how malnutrition, or lack of nutritional support, has affected children in your care.

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Is there anything new that has been going on in your organization that you would like to share?

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Is there anything else you would like to add? Is there anything you would like to say to our donors?

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Caregiver Name \_\_\_\_\_

Caregiver Signature \_\_\_\_\_

### Consent and Release

For the purposes of raising funds to provide advanced nutrition for the children in your organization, and for raising awareness about MannaRelief to enable our continued ability to serve organizations like yours, we make use of photos, video, stories, and web sites that you provide to us. In order to release photos, video footage, stories, and/or posts on your web site, we need written permission. To give your consent, please complete the form below.

I, \_\_\_\_\_, as the organization director and/or primary caregiver and legal guardian hereby grant permission to MannaRelief to use the Child/Children's name, likeness, image, voice, and/or appearance and the image and likeness of the orphanage as such may be embodied in any pictures, photographs, video recordings, audiotapes, digital images, and the like, taken or made on behalf of or otherwise provided by me to MannaRelief (the "Images"). I agree that MannaRelief may use the Images for any purpose consistent with MannaRelief's programs and mission to fight global malnutrition. These uses include, but are not limited to illustrations, bulletins, exhibitions, videotapes, reprints, reproductions, publications, advertisements, and any promotional or educational materials in any medium now known or later developed, including the Internet.

I further acknowledge that MannaRelief is a nonprofit organization and is using the Images to support its fundraising efforts which enable MannaRelief to support my organization with a sustainable donation of nutritional supplements. I understand that MannaRelief may conduct joint promotions with other organizations to fund its programs and mission; therefore, I understand that this release extends to those authorized third parties supporting MannaRelief's programs and mission. I further acknowledge that I will not receive any compensation (other than the donation of nutritional supplements) for the use of such Images and hereby release MannaRelief and its agents and assigns and those duly authorized third parties from any and all claims which arise out of or are in any way connected with such use.

Agreed to and accepted this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

Director or Primary Caregiver/Legal Guardian Printed Name \_\_\_\_\_

Director or Primary Caregiver/Legal Guardian Signature \_\_\_\_\_

Organization \_\_\_\_\_

Blessing ID \_\_\_\_\_

Phone Number \_\_\_\_\_

Country \_\_\_\_\_