



REUSE MATERIALS ACCESS PROGRAM PARTNER AGREEMENT

This agreement confirms partnership between Finger Lakes ReUse, Inc. and _____ (agency name) to coordinate aid for local people through the ReUse Materials Access Program. Finger Lakes ReUse is committed to relieving local poverty through reuse efforts, and through this program offers store credit to clients referred to us by human service agencies, so that they can get access to locally reused materials that they need. A signed copy of this agreement is required for all human service agencies prior to submitting referrals to ReMAP. Completed copies can be scanned or e-signed and emailed to **remap@fingerlakesreuse.org**. Once a copy has been received, the agency will be provided with the referral form and future referrals from the agency can be processed without submission of this form again.

Please initial next to each statement: I have read the “Information for Human Service Agencies” document

_____ I have read the “ReMAP: Information for recipients” document

_____ I will review the “ReMAP: Information for recipients” document in detail with every potential recipient and will offer them a copy

Name of Human Service Agency

Human Service Agent	Name	Signature	Date
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Direct Supervisor	Name	Signature	Date
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