



The Greater Philadelphia Diaper Bank

Agency Name: _____

Mailing Address: _____

City: _____ County: _____

State: _____ Zip: _____

Contact's Name: _____

Your Agency is a

501(c)3 Religious Organization Government Organization (Including Public Schools)

Describe the population you serve:

What are the ages of the children you serve? _____

What % of the children you serve are African-American? _____

What % of the children you serve are Asian? _____

What % of the children you serve are Hispanic? _____

What % of the children you serve are Other ethnic group? _____

What % of the children you serve are White Non- Hispanic? _____

What % of the population you serve is at or below the poverty level (\$22,350 for a family of four)?

What % of the population you serve is low income (\$44,000 for a family of four)? _____

Geographic location served - by county and zip code:

Do you receive diapers from other sources? _____

Thanks for your help!