

# SEVANANDA

NATURAL FOODS MARKET



## SEVANANDA'S

Be The Change Program began as the *Community Change Program*. This was a program started by Sevananda Natural Foods Market in 1997 to make contributions to locally based non-profit organizations. We have expanded both our relationships with the type of groups in the program, as well as how we work with them throughout their year of being a Sevananda community partner.

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(p) 404-681-2831 \* (f) 404-577-3940

[www.sevananda.coop](http://www.sevananda.coop)

[facebook.com/Sevananda.ATL](https://facebook.com/Sevananda.ATL)

[twitter.com/Sevananda](https://twitter.com/Sevananda)

Instagram = Sevananda\_atl



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October 2018

**Dear Prospective Be The Change Partner,**

Thank you for your interest in Sevananda's "Be The Change" program. It is now time for potential partners to apply for the 2019 program. We ask that you completely fill out the application and submit it electronically (**only via email**) by **Friday, November 16, 2018**.

Please read the following information sheet as it is very important that your 501(c)(3) non-profit organization is up and running and able to take advantage of all the benefits offered and also ready to submit all of the required material and criteria, in a timely manner.

We truly appreciate the effort taken to complete this application and it will be carefully reviewed by a selected group at Sevananda. Recipients of Be The Change will be notified by November 28<sup>th</sup> and publicly announced by November 30<sup>th</sup>. **We will have a MANDATORY ORIENTATION! Wednesday, December 12<sup>th</sup> 6pm – 8pm. Since this meeting is mandatory, this means that there has to be a representative from your organization present. If there is no representation, this will lead to your organization being disqualified from the program.**

Good luck and we look forward to reading your application and hopefully working with you next year.

Sincerely,

Sharlise L. Lowe  
Marketing/Member Services Manager

Ifini Sheppard  
Community Relations & Education Liaison  
(404)681-2831 Ext. 122  
ifinis@sevananda.coop



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**Be The Change, a program started by Sevananda Natural Foods Market in 1997 provides promotional and financial contributions to locally based non-profit organizations. Each calendar year, Sevananda works in partnership with organizations, assigning them to one month.**

## **BENEFITS**

**Each of our Be The Change Partners will be:**

- Featured in our in-store magazine, *Co-Options* with an article and photos.
- Featured on our website on the BTC page with a link to your website.
- Featured on a bulletin board in front of the cashiers during your month.
- Invited to participate in Sevananda member-owner gatherings.
- Invited to table in the store where you can answer questions and distribute marketing materials to encourage donations, partnership opportunities and volunteers for your organization.
- Given donations contributed by our shoppers, via cashiers, during your designated month.

## **REQUIREMENTS**

**We ask that applicants to this program:**

- Have a current State of Georgia 501(c)(3) non-profit status.
- Are locally-based and provide their services locally, in the 10-county Atlanta area that includes Cherokee, Clayton, Cobb, DeKalb, Douglas, Fayette, Fulton, Gwinnett, Henry and Rockdale counties.
- Have a budget under \$600,000.
- In January, place Sevananda's logo on your website and link it to our website (through a Partnership or Sponsorship heading). This logo and link has to remain on your site for the entire 2019 year. **We will make spot checks throughout the year, and if we find that our logo is not presented, it can/will forfeit your chances of being a BTC Partner in the future.**
- Promote or serve one of the following areas:
  - Cooperative Business/Organization
  - Issues related to health, nutrition and/or holistic lifestyle
  - Environmental Protection
  - Causes which relieve a group or person from discrimination or suffering
  - Education
  - Arts
  - Community Development
- Our cashiers work hard at trying to get our customers to round up their dollars to benefit your organization for that month. We ask that you give the cashiers 1<sup>st</sup>, 2<sup>nd</sup>, & 3<sup>rd</sup> place incentives with a minimum value of \$25. You must inform Ifini Sheppard what your incentives (i.e., gift card, TV, CD player, tickets, bike, etc.) are at the beginning of the month you are to partner. The delivery of the incentives has to be within 2 weeks of your BTC month so that you may receive your round up check.

Commit to fully participating in all of the "benefits" of the program, above, including the *Co-Options* article with photos, in-store exhibition on bulletin board, in-store tabling and promoting your Be The Change opportunity to your network of support.



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Date submitted: \_\_\_\_\_

Name of organization applying: \_\_\_\_\_

How did you hear about this program? \_\_\_\_\_

Nominated by (if applicable): \_\_\_\_\_

Nominator Contact Info: \_\_\_\_\_

Primary Contact: \_\_\_\_\_

Contact Title: \_\_\_\_\_ Contact Phone #: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Organization Address: \_\_\_\_\_

County: \_\_\_\_\_ City & Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Are there particular months that would be best for your organization and why? \_\_\_\_\_

**CANDIDATE ORGANIZATION**

What services do you provide? \_\_\_\_\_

How many people does your organization serve? \_\_\_\_\_

What geographic areas do you serve? \_\_\_\_\_

Who does most of the work your organization: the board, volunteers, partner organizations, or other?



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Are you a member-based organization? \_\_\_\_\_ How many members do you serve? \_\_\_\_\_

How many volunteers do you have? \_\_\_\_\_

**YOUR MISSION, ACCOMPLISHMENTS AND GOALS**

Provide the mission statement for your organization: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Sevananda's mission is to "empower the community to improve its health and well-being". In what way does your mission statement align with Sevananda's? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

In the past, what has your organization accomplished? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

What are your current goals? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Can you elaborate on potential ways to collaborate with Sevananda in the community? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_



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Can you **commit to fully participating** in all the “Benefits”, i.e. linking the Sevananda logo on your website to our website, the weekly tabling at Sevananda and putting up a display in front of the cashiers early morning on the 1<sup>st</sup> day of your month? \_\_\_\_\_

**\*\*Please note:** If during the partnership year you cannot participate in all of the activities, you will be disqualified from the Be The Change Program and all benefits will be discontinued.

### **YOUR BUDGET**

What was your budget in the last 12 month period? \_\_\_\_\_

What is your largest single funding source? \_\_\_\_\_

**\*\*INCLUDE THESE ATTACHMENTS WITH YOUR APPLICATION\*\*** Please check off each item listed below before sending application to make sure you are sending all that is required.

- \_\_\_ 1. A copy of your most recent **12 month budget**;
- \_\_\_ 2. A copy of your 501(c)(3) **non-profit status letter** from the IRS;
- \_\_\_ 3. Your organization’s **logo as a jpg attachment High Resolution (300+ dpi)**;
- \_\_\_ 4. A **500 word article** about your organization **attached as a word document**; and
- \_\_\_ 5. Four photos of activities of your organization **attached as a jpg High Resolution (300+ dpi)**.  
**All of the attachments must be emailed to Ifini Sheppard.**

## **IMPORTANT!!**

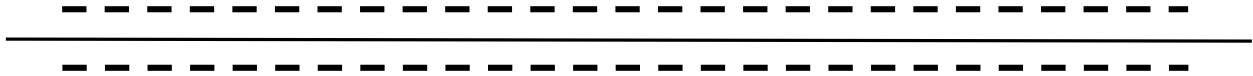
**APPLICATION MUST BE COMPLETED IN FULL FOR CONSIDERATION.**

**\*\*Email application with attachments to: [ifinis@sevananda.coop](mailto:ifinis@sevananda.coop)**

All applicants, if you have any questions, contact Ifini Sheppard via email [ifinis@sevananda.coop](mailto:ifinis@sevananda.coop) or phone 404-681-2831 Ext. 122 **\*\* Please follow up to be sure your application has been received.**



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**FOR STAFF USE ONLY**

*Be The Change Application Received Date:* \_\_\_\_\_

*Organization:* \_\_\_\_\_

*Staff Member Receiving Application:* \_\_\_\_\_

*Staff Member Who Reviewed Application:* \_\_\_\_\_

*Review Date:* \_\_\_\_\_

*Signed:* \_\_\_\_\_

*All Qualifications Met? (Yes) (No)*

*Application Complete? (Yes) (No)*

*Attachments Received? (Yes) (No)*

*Do you recommend this organization? (Yes) (No)*