

Brakin Out Inc. - Partnership Application

Thank you for your interest in becoming a partner with Brakin Out Inc. This form is designed to help us understand your organization, your goals, and how we can build a meaningful partnership together.

Section 1: Organization Snapshot

Organization/Company Name: _____

EIN / Business License Number: _____

Years in Operation: _____

Website: _____

Social Media Handles: _____

Section 2: Primary Contact Information

Full Name: _____

Title/Position: _____

Phone Number: _____

Email Address: _____

Section 3: Type of Partnership

- ☐ Corporate Sponsorship
- ☐ In-Kind Donations (supplies, space, transportation, meals)
- ☐ Mentorship or Guest Speaking
- ☐ Referral Partnership (courts, schools, social workers, etc.)
- ☐ Reentry Support Services (housing, employment, therapy, etc.)
- ☐ Community Event Collaboration
- ☐ Other: _____

Section 4: Resource Commitment

Describe the type(s) of resources, services, or support you are offering:

Have you worked with justice-involved or at-risk youth before? ☐ Yes ☐ No

If yes, briefly explain:

Section 5: Alignment & Intentions

Why do you want to partner with Brakin Out Inc.?

What impact are you hoping this partnership will create?

What do you expect from Brakin Out in this partnership?

Section 6: Public Partnership

Are you open to being listed as a public partner of Brakin Out Inc.? ☐ Yes ☐ No

Would you be willing to attend events, panels, or community activations? ☐ Yes ☐ No

Attach your logo or media kit (optional, if submitting digitally).

Section 7: Authorization

I hereby affirm that the information provided is true and that I am an authorized representative of the organization listed above.

Signature: _____ Date: _____

Printed Name: _____ Title: _____