

2018 AFFILIATED AGENCY APPLICATION

UNITED WAY OF NORTHWEST FLORIDA

APPLICATION DEADLINE: Thursday, February 1, 4:30pm. Please submit the original application and one copy of the cover page only. *New applicants to submit one copy in addition to the original.

AGENCY LEGAL NAME: _____
(As it appears on the IRS determination letter)

NUMBER OF EMPLOYEES: _____ **AGENCY WEBSITE:** _____

AGENCY MAILING ADDRESS: _____
Check this box if the above address is different from the address submitted with the prior year application

CITY: _____ **STATE:** _____ **ZIP:** _____

DISBURSEMENT ADDRESS (if different): _____
Check this box if the above address is different from the address submitted with the prior year application

CITY: _____ **STATE:** _____ **ZIP:** _____

AGENCY PHONE (main line): _____ **FAX:** _____
(As it is to appear in United Way marketing material)

FEDERAL EMPLOYER IDENTIFICATION NUMBER (EIN): _____

THIS AGENCY PROVIDES SERVICES IN THE FOLLOWING COUNTIES: (Please check all that apply.)

Bay
 Calhoun
 Gulf
 Holmes
 Jackson
 Washington

	NAME	PHONE	EMAIL
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EXECUTIVE DIRECTOR: _____

LOCAL CONTACT: _____

STREET ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

Please provide a 25 word statement briefly explaining your organization's mission and purpose:
One word per block – longer descriptions will be truncated after the 25th word.

REQUIRED

Application prepared by: _____ **Email:** _____

APPLICANTS FOR UWNWFL AFFILIATED AGENCY STATUS MUST MEET THE FOLLOWING CRITERIA AND PROVIDE ALL THE REQUESTED SUPPORTING DOCUMENTS.

1. I understand the organization named in this application is expected to conduct well defined, substantial, high quality health and human service programs that meet valid community needs and do not duplicate other agencies' services. Programs must directly benefit people in Bay, Calhoun, Gulf, Holmes, Jackson, and/or Washington counties.

Attachment 1: Supporting documents, such as brochures, program summaries, and annual reports (including objectives, number of people served and/or units of service, and measurable results) for each program conducted in the indicated counties

2. The organization named in this application has an active local Board of Directors that conducts regular meetings and effectively manages the affairs, funds, and property of the agency without the majority receiving compensation.

Attachment 2: List of names and contact information for current board members with term lengths and expiration dates; list of meeting dates held during **2017** and a **2018** meeting schedule

3. The organization named in this application is registered with the U.S. Treasury Department, Section 501(c)(3), Internal Revenue Code, and has tax exempt status.

Attachment 3: Current copy of IRS Determination Letter

Attachment 4: Copy of most recent IRS Form 990 or *pro forma* IRS Form 990

4. The organization named in this application currently complies with federal nondiscrimination guidelines and carries out an affirmative action program to ensure equal opportunity in both program delivery and employment.

5. The administrative and fundraising rate for the organization named in this application is less than 25%. (**Note:** If administrative and fund raising cost are greater than 25%, give a detailed explanation and include a formal plan to reduce expenses to 25% or less.)

Attachment 5: UWNWFL Expense and Revenue Worksheet

6. The organization named in this application is registered with the Florida Department of Agriculture and Consumer Services under Chapter 496, F.S. Charitable Solicitation.

Attachment 6: Current copy of Charitable Solicitation Letter. (If exempt, a current copy of your exemption letter.)

7. The organization named in this application is registered as a nonprofit corporation with the Florida Department of State, Chapter 617.

Attachment 7: Current copy of Florida Uniform Business Report

8. The organization named in this application is registered with the Florida Department of Revenue, under Chapter 212.08, F.S.

Attachment 8: Current copy of Florida Consumer's Certificate of Exemption (DR-14)

9. The organization named in this application is compliant with all orders of the U.S. Patriot Act and will use United Way of Northwest Florida funds in compliance with all applicable anti-terrorism financing and asset control laws, statutes and executive orders.

Attachment 9: Anti-Terrorism Compliance Measures Certification Form

10. United Way of Northwest Florida Audit Policy

- a) United Way of Northwest Florida encourages all agencies to have an annual audit conducted by a CPA firm.
- b) If an agency has a CPA audit performed, it must include with this application a copy of the audit and any management letter that is delivered as part of the audit.
- c) If an agency's total revenue is \$500,000 or more, as reported on IRS Form 990, it must have a CPA audit in order to be considered for affiliated agency status.
- d) Regardless of annual revenue, if an agency received UWNWFL Community Impact Fund grants totaling \$25,000 or more in a calendar year, it must have a CPA audit in order to be considered for affiliated agency status.
- e) If an agency's total revenue is less than \$500,000 and the agency received less than \$25,000 of UWNWFL Community Impact Fund grants in a calendar year, a CPA audit is not required; however, it must submit to UWNWFL its most recent fiscal year-end, board-approved financial statements. If an agency operates on a calendar year and the year-end financial statements have not yet been approved by the board of directors, it must submit its most recently completed financial statements and the year-end, board-approved financial statements from the prior year.

Attachment 10: Appropriate documents demonstrating compliance with the United Way of Northwest Florida Audit Policy stated above.

11. Submit a high resolution logo to UWNWFL. Logos can be emailed to RHeath@UnitedWayNWFL.org.

12. UWNWFL requires (at a minimum) the Executive Director to be listed on our Agency Contact list. This list is used to notify agencies of campaign events, marketing and learning opportunities as well as to notify each agency of funding award letters, meetings and compliance deadlines. If you would like additional personnel in your organization to be added to our contact list, please complete the area below. (The Executive Director and local contact listed on page 1 will automatically be added.)

Name _____	Title _____	Email _____	Phone _____
Name _____	Title _____	Email _____	Phone _____
Name _____	Title _____	Email _____	Phone _____
Name _____	Title _____	Email _____	Phone _____

Attachment Checklist:

Internal Use Only

- | | |
|--|-------------------------------------|
| Attachment 1: Supporting program documents | _____ included? |
| Attachment 2: Board member and term list, meeting schedules | _____ prior year _____ current year |
| Attachment 3: Current copy of IRS Determination Letter | _____ verify legal name |
| Attachment 4: Copy of most recent IRS Form 990 | _____ year ending |
| Attachment 5: UWNWFL Expense and Revenue Worksheet | _____ included? |
| Attachment 6: Current copy of Charitable Solicitation Letter (or exemption letter) | _____ expires |
| Attachment 7: Current copy of Florida Uniform Business Report | _____ date filed |
| Attachment 8: Current copy of Florida Consumer's Certificate of Exemption | _____ expires |
| Attachment 9: Anti-Terrorism Compliance Measures Form | _____ included? |
| Attachment 10: Copy of most recent audit or appropriate financial statements | _____ included? |
| DBA documentation (if applicable) | _____ emp. initials _____ date |
| High Resolution Logo Submitted (Rheath@UnitedWayNWFL.org) | _____ received |

IF ACCEPTED AS A UNITED WAY OF NORTHWEST FLORIDA AFFILIATED AGENCY, THE ORGANIZATION NAMED IN THIS APPLICATION AGREES TO:

1. Be an active participant in UWNWFL's community building process and annual community campaigns.
2. Refrain from fundraising activities during the community campaign (September and October) or any activities not specified in UWNWFL Supplemental Fundraising Policy, unless previously approved by the UWNWFL Executive Committee and/or President.
3. Conduct a United Way workplace campaign within the agency.
4. Promote itself as a United Way of Northwest Florida Affiliated Agency by displaying the UWNWFL logo on its property, offices, publications, advertisements, and all other collateral material. Proper logos and signage will be provided by UWNWFL upon request. Logos are on our website at www.UnitedWayNWFL.org.

UNITED WAY OF NORTHWEST FLORIDA AGREES TO:

1. Conduct annual community campaigns in Bay, Calhoun, Gulf, Holmes, Jackson and Washington Counties and involve affiliated agencies in campaign activities as appropriate.
2. Promote affiliated agencies through printed collateral material and digital media.
3. Distribute designated funds from these campaigns to affiliated agencies in a timely manner, with minimum deductions for campaign and administrative expenses.
4. Allow affiliated agencies that have been affiliated with UWNWFL for at least one full campaign year the ability to apply for Community Impact Fund grants for programs that make positive changes in peoples' lives and build stronger communities.

CONFIRMATION

Upon acceptance of this application by the UWNWFL Board of Directors, as indicated by the signatures below, both parties agree to the terms of this application as set forth herein. Affiliated Agency status remains in effect for the duration of the **2018** campaign year. If this agency fails to maintain the above criteria, the UWNWFL Board of Directors may, at its discretion, terminate this agreement and withhold further funding.

Agency Name

UNITED WAY OF NORTHWEST FLORIDA

Chairman of the Board

Date

Chairman of the Board

Date

Executive Director/President/CPO

Date

Executive Director/President/CPO

Date