

# 2020 AFFILIATED AGENCY APPLICATION

## UNITED WAY OF NORTHWEST FLORIDA

**APPLICATION DEADLINE:** Thursday, January 1, 2020, 4:00pm. Please submit the original application 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:** \_\_\_\_\_

**PHONE:** \_\_\_\_\_ **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:** \_\_\_\_\_

**MAILING 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 25<sup>th</sup> word.**

Check box if you would like to keep the same statement as last year.


**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. Have 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 **2019** and a **2020** 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 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

5. 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.)

6. 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

7. 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)

8. 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.

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.

**Attachment Checklist:**

<input type="checkbox"/> Attachment 1: Supporting program documents;	<b>Internal Use Only</b> <input type="checkbox"/> included?
<input type="checkbox"/> Attachment 2: Board member and term list, meeting schedules;	<input type="checkbox"/> prior year <input type="checkbox"/> current year
<input type="checkbox"/> Attachment 3: Current copy of IRS Determination Letter;	<input type="checkbox"/> verify legal name
<input type="checkbox"/> Attachment 4: Copy of most recent IRS Form 990;	<input type="checkbox"/> year ending
<input type="checkbox"/> Attachment 5: UWNWFL Expense and Revenue Worksheet;	<input type="checkbox"/> included?
<input type="checkbox"/> Attachment 6: Current copy of Charitable Solicitation Letter (or exemption letter);	<input type="checkbox"/> expires
<input type="checkbox"/> Attachment 7: Current copy of Florida Uniform Business Report;	<input type="checkbox"/> date filed
<input type="checkbox"/> Attachment 8: Current copy of Florida Consumer's Certificate of Exemption;	<input type="checkbox"/> expires
<input type="checkbox"/> Attachment 9: Anti-Terrorism Compliance Measures Form;	<input type="checkbox"/> included?
<input type="checkbox"/> Attachment 10: Copy of most recent audit or appropriate financial statements;	<input type="checkbox"/> included?
<input type="checkbox"/> DBA documentation (if applicable)	

