

## United Way of Northwest Florida Affiliated Agency Application 2021

*United Way of Northwest Florida is interested in partnering with the most efficient, effective, and innovative non-profit agencies in Bay, Calhoun, Gulf, Holmes, Jackson, and Washington Counties. Any agency seeking United Way affiliation must demonstrate the ability to operate programs in a manner consistent with the highest standards of quality, which include compliance with United Way management and financial requirements.*

**APPLICATION DEADLINE:** Friday January 29, 2021, 4:00pm. Please submit the original application and all required documents to 842 Harrison Ave, Panama City FL 32401

### Agency Information

Agency Legal Name: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Agency Website: \_\_\_\_\_

Agency Mailing Address: \_\_\_\_\_

\_\_\_\_\_

Local Physical Address (if different): \_\_\_\_\_

\_\_\_\_\_

Phone Number (as it is to appear in UWNWFL marketing material): \_\_\_\_\_

Agency Name as you would like for it to appear in UWNWFL marketing Material:

\_\_\_\_\_

Federal Employer Identification (EIN): \_\_\_\_\_

This agency provides services in the following counties (check all that apply)

Bay     Calhoun     Gulf     Holmes     Jackson     Washington

Executive Director: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Local Contact: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Please provide a 25 word statement that briefly explains your organization's mission and purpose (as it is to appear in UWNWFL marketing material):

## Agency Standards Checklist 2021

**For consideration or continuation of Affiliated Agency status, your agency must submit the following documents and be in good standing with the following checklist.**

- The Agency is registered and in good standing as a non-profit in the State of Florida
- The Agency complies with all State and Federal laws and regulations and upholds a 501(c) 3 tax-exempt status
- The Agency has filed a Form 990 or 990EZ for the most recent fiscal year (unless exempt)
- The Agency has a license to solicit or exemption letter
- The Agency has an active Board of Directors that conducts regular meetings and effectively manages the affairs, funds, and property of the agency without the majority receiving compensation
- The Agency conducts an annual audit, prepared on an accrual basis, and executed by an independent CPA (unless exempt)
- The administrative and fundraising rate is less than 25%. (If the rate is greater than 25% a detailed explanation and formal plan to reduce expenses to less than 25% is required)
- The Agency will take a proactive stance in building the relationship and fulfilling the partnership agreement with United Way of Northwest Florida
- The Agency conducts well defined, substantial health and human service programs that meet valid community needs and do not duplicate other affiliated agencies' services that directly benefit people in Bay, Calhoun, Gulf, Holmes, Jackson, and Washington counties
- Services funded by United Way of Northwest Florida are provided to all persons without regard to age, gender, race, religion, national origin, disability, or sexual orientation.

## Required Financial Statements and Documents 2021

Agency is required to submit the following on an annual basis for review.

- Supporting program documents
- Board members and term list
- Board meeting schedule for current year
- Current copy of your IRS Determination Letter with agency's legal name
- Current copy of IRS Form 990
- UWNWFL Expense and Revenue Worksheet
- Current copy of Charitable Solicitation Letter or Exemption Letter
- Current copy of Florida Uniform Business Report
- Current copy of Florida Consumer's Certificate of Exemption
- Signed Patriot Act Compliance Measures Form
- Copy of most recent audit or appropriate financial statements
- Submit a high-resolution logo to [kmcvay@UnitedWayNWFL.org](mailto:kmcvay@UnitedWayNWFL.org)
- List of staff to include on our Agency Contact list; must include Executive Director/CEO

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Title \_\_\_\_\_

Email \_\_\_\_\_ Phone \_\_\_\_\_

To the best of my knowledge and belief, the information contained in this application is true and correct. I also certify that my organization meets the requirements listed in this application. I understand that any inaccuracies, omissions, or any other information found to be false may result in rejection of Affiliated Agency status or elimination once status has been approved.

\_\_\_\_\_  
Agency Name

\_\_\_\_\_  
Chairman of the Board                      Date

\_\_\_\_\_  
Executive Director/President                      Date