

# 2023 AFFILIATED AGENCY APPLICATION

## UNITED WAY OF NORTHWEST FLORIDA

*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 27, 2023, 4:00pm. Application and all required documents must be submitted before the deadline.

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: \_\_\_\_\_

Local Physical Address (if different): \_\_\_\_\_  
 Check this box if the above address is different from the address submitted with the prior year application.

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

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

This Agency Provides Services in the Following Counties: (Please check all that apply.)  
 Bay  Calhoun  Gulf  Holmes  Jackson  Washington

Executive Director/CEO: \_\_\_\_\_

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

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

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

Agency Name and Phone Number (As you would like for them to appear in UWNWFL marketing materials):  
 Name: \_\_\_\_\_ Phone: \_\_\_\_\_

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 documentation.**

The organization named in this application:

1. Is expected to conduct well-defined, substantial, high-quality health and human service programs that meet valid community needs, do not duplicate another organization's services, and directly benefit the citizens of Bay, Calhoun, Gulf, Holmes, Jackson, and/or Washington counties.

**Attachment 1:** Supporting program documentation, 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. Maintains 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:** Roster of board members containing contact information, term lengths and expiration dates; **2022** and **2023** meeting schedules

3. 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. Maintains a fundraising rate less than 30%. (**Note:** If administrative and fundraising cost are greater than 30%, give a detailed explanation and include a formal plan to reduce expenses to 30% or less.)

**Attachment 5:** UWNWFL Expense and Revenue Worksheet

5. 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. Is registered as a nonprofit corporation with the Florida Department of State, Chapter 617.

**Attachment 7:** Current copy of Florida Uniform Business Report

7. 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. Currently complies with federal nondiscrimination guidelines and provides services to all persons without regard to age, gender, race, religion, national origin, disability, or sexual orientation.

9. Is compliant with all orders of the U.S. Patriot Act and will use UWNWFL 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. Is compliant with United Way of Northwest Florida's 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 UWNWFL audit policy stated above

**Attachment Checklist (Internal Use Only):**

<b>Attachment 1: Supporting program documents</b>	<i>Included?</i>	
<b>Attachment 2: Board roster and meeting schedules</b>	<i>Prior year?</i>	<i>Current year?</i>
<b>Attachment 3: Current copy of IRS Determination Letter</b>	<i>Included?</i>	<i>(Verify legal name)</i>
<b>Attachment 4: Copy of most recent IRS Form 990</b>	<i>Included?</i>	<i>Year ending: _____</i>
<b>Attachment 5: UWNWFL Expense and Revenue Worksheet</b>	<i>Included?</i>	
<b>Attachment 6: Charitable Solicitation Letter (or exemption letter)</b>	<i>Expires: _____</i>	
<b>Attachment 7: Florida Uniform Business Report</b>	<i>Date filed: _____</i>	
<b>Attachment 8: Florida Consumer's Certificate of Exemption</b>	<i>Expires: _____</i>	
<b>Attachment 9: Anti-Terrorism Compliance Measures Form</b>	<i>Included?</i>	
<b>Attachment 10: Audit Policy compliance documentation</b>	<i>Included?</i>	
<b>DBA Documentation (If Applicable)</b>	<i>Included:</i>	

UWNWFL requires (at a minimum) the Executive Director/CEO 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/CEO and Local Contact listed on page one will automatically be added.)

Name and Title: \_\_\_\_\_

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

Name and Title: \_\_\_\_\_

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

**AGREEMENTS**

Upon acceptance of this application by the UWNWFL Board of Directors, a Memorandum of Understanding will be presented for execution by both parties confirming, but not limited to, the following agreements. To see the complete MOU, please visit our website.

**The organization named in this application agrees to:**

1. Be an active participant in UWNWFL’s community building process and annual community campaigns, conducting a UWNWFL workplace campaign within the organization;
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; and,
3. 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](http://www.UnitedWayNWFL.org);

**And 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. Deliver donor designations directly to your organization outside of, and in addition to, Community Impact Fund Grant awards, with minimum deductions for campaign and administrative expenses; and;
3. Allow organizations that have been UWNWFL Affiliated Agencies 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**

Affiliated Agency status will commence upon acceptance of the fully executed Memorandum of Understanding issued upon acceptance of this application by the UWNWFL Board of Directors. Affiliated Agency status will remain in effect for the duration of the 2023 campaign year. If the organization named in this application fails to maintain the above criteria, the UWNWFL Board of Directors may, at its discretion, terminate this agreement and withhold further funding.

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

Name	Signature	Date
Chairman of the Board		

Name	Signature	Date
Executive Director/CEO		