United Way of Southeast Alaska 2012
Application for Partner Agency

Organization Legal Name: ____

DBA (if applicable): ____
(*If the name you are **doing business as** differs from the IRS determination letter, Form 990 or audit, documentation from the IRS or State Government Authorizing the name Change must accompany the application*)

Employer Identification Number (EIN): ____ - _____________

Organization Physical Address: ____
____
____
(Post Office Addresses are not accepted)

Telephone: ________________________ Fax: ________________________

Contact Person: ____

Contact Title: ____

Contact Address: ____
____
____
(If address differs from the correspondence address)

Contact E-Mail Address: ____

Website Address (required if available): ____

Check Disbursement Address: ____
____
____
(Address where paper checks will be sent)

Required Documents: Complete description/directions for the following attachments are included on subsequent pages.

- ☐ Application Page
- ☐ Partner Agency Standards
- ☐ Permanent File Check List
- ☐ Attachment A Local Presence
- ☐ Attachment B IRS Determination Letter
- ☐ Attachment C Audited Financial Statements
- ☐ Attachment D IRS Form 990 or other
- ☐ Attachment E 25 Word Statement
- ☐ Attachment F Demographic and Outcome

Please also submit:

- ☐ Attachment G Current Board of Directors
- ☐ Attachment H Current Operating Budge

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United Way of Southeast Alaska
Partner Agency Standards

Yes or No	Please respond to the following questions about your agency's operations and sustainability:
	1. Is your operation based in Southeast Alaska and does it provide health and human services targeted to a Southeast community or region?
	2. Have you operated in Southeast Alaska for a minimum of three years with a regular location, office hours, and professional staff?
	3. Do you hold regular Board meetings? ☐ Quarterly ☐ Monthly ☐ Other _______________ Please submit a current Board directory as Attachment G.
	4. Is a full-time agency Executive Director (or equivalent title) on staff?
	5. Have you documented the community needs for your organization and the services it provides? (If so, include in Attachment A.)
	6. Can you provide evidence of collaborative relationships with community-based organizations and/or government organizations for the common goal of service to clients and community? (If so, please attach.)
	7. Are you willing to promote and participate in United Way activities such as the annual campaign, the Day of Caring, the Nonprofit Leadership Council, or other community impact activities? Please let us know if we can help clarify United Way's role and activities.
	8. Have you used United Way funds to leverage other resources for your organization? Please list leveraged funding sources:
	9. Do you understand and promote donor designations to United Way's Community Impact Fund?
	10. UWSEAK does not fund organizations whose primary mission is advocacy. Do you clearly operate primarily to deliver needed services to the community and operate lawfully with respect to limitations on lobby activities?
	11. Is your agency current with the State Department of Law as a Charitable Organization? What date was your last renewal? ___________________
	12. What date range does your agency's fiscal year run? From _____________ to _____________

I, __________________________, (printed name of agency Executive Director) certify that

__________________________________ (agency) meets these criteria for partnership with

United Way of Southeast Alaska, with any exceptions noted below.

______________________________________/__________
Executive Director Date

______________________________________/__________
President/Chair, Board of Directors Date

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United Way of Southeast Alaska
Permanent File Checklist

Need	**On File**	**Document Date**	**Please include the following documents with your application.**
			1. Current IRS or 501c3 letter demonstrating your agency as a health and human service organization. *(Must be dated no older than 3 years from January 2012. Call IRS @ 1(877) 829-5500 to request a more current letter.)*
			2. Articles of Incorporation.
			3. Most Current Bylaws and/or updates.
			4. Organization chart including staff positions.
			5. Agency Brochure (if applicable)
			6. Current Strategic Plan (if available)
			7. Non-Discrimination Policy (required)
			8. Current Code of Ethics (if available)
			9. Most Current Business Plan (if available)
			10. Current Fiscal policies (if available)
			11. Counter-Terrorism Compliant form (required/attached)

Attachment A:
Statement of Substantial Local Presence

Substantial local presence is defined as a staffed facility, office or portion of a residence dedicated exclusively to that organization, available to members of the public seeking its services or benefits.

Service Office Address: ____

____

____

Hours of Operation (for each day of the week):
(ex: Monday-Friday, 9:00 AM-5:00 PM; Saturday, 10:00 AM-3:00 PM; Sunday, Closed)

____

____

(The facility must be open a minimum of 15 hours per week.)

Organization's Dedicated Phone Number: ____________________________________

Attachment A should also include a Separate statement covering the topics below:

- Describe the specific actual services, benefits, assistance and/or program activities your agency provided in calendar year 2011. (CFC expects this document to state that in 2011 our agency did…..)
- How did these programs, services, benefits etc. affect human health and welfare of the target population (locally) during calendar year 2011?
- How many were served by those specific programs, services, benefits, etc.?
- Include specific dates, times, locations, etc. of events or programs your organization facilitated in 2011 if applicable.
- If you are an organization that has many sites and would like each site listed under the region or cities they are based in, you must tailor this attachment to reflect the local office details and the services/programs, benefits that were experienced locally in each region/city for which you are applying.

Attachment B:
Organizations IRS Determination Letter

☐ **UWSEAK requires a more current IRS determination letter for our files. (Must be dated no older than 3 years from 1/2012.) Check here if you have called the IRS at 1(877) 829-5500 and requested a more current letter and plan to forward a copy as soon as you receive it.** *(see permanent file checklist)*

How would you classify your agency's tax exemption? *(Please check one)*

☐ Not part of a group exemption

☐ Part of a group exemption

☐ A bona-fide chapter or affiliate that operates under a national organization's single corporation tax-exemption.

**Additional documentation authorizing your agencies right to the tax exempt status of a group exemption or a bona-fide chapter operating under a national organization.*

Attachment C: Auditor's Report

Organizations **NOT** wishing to be included in the Federal and Statewide campaigns but wish to be members of United Way of Southeast Alaska and part of the local workplace campaign must submit the following:

- **A statement from the certifying official that they have controls in place to ensure funds are properly accounted for under GAAP (accrual method).**
- **Complete signed Form 990 or 990EZ plus pro-forma pages noted below.**
- **Budgets, balance sheets and Profit and Loss Statements covering the same fiscal year as 990 (*no older than 18 months out from January 2012*).**

Organizations wishing to be included in the Federal and State United Way campaign and wish to be listed under Southeast Alaska need to submit the following: (*If you did not apply for CFC in 2011 please submit 2 copies*)

A. **If your Organization reports $250,000 or more in annual revenue you are required to submit an annual audit of fiscal operations including the auditor's report and the organization's complete annual financial statements done by an independent certified public accountant in accordance with Generally Accepted Auditing Standards (GAAS***).*

Both your audited financial statements and IRS Form 990 must be prepared using the accrual method of accounting and cover the SAME fiscal period that ended not more than 18 months prior to January 2012 (i.e. ending on or after June 30, 2010).

Or

B. **If your organization reported total revenue of at least $100,000 but less than $250,000 you must provide a statement from your certifying official (CEO or equivalent) that the organization accounts for its funds in accordance to GAAP (using the accrual method) and has an audit of its fiscal operations completed annually by and independent certified public accountant in accordance with GAAS.**

You are not required to provide a copy of the audited financial statements but must make available if requested by the LFCC. (Licensed Federal Campaign Coordinator)

OR

C. If your organization reported total revenue of less than $100,000 then the certifying official must certify that the organization has controls in place to ensure funds are properly accounted for and that the organization can provide timely financial information as requested.

Attachment D: IRS Form 990

If your organization isn't required to file a full Form 990 by the IRS and you have chosen to file a 990EZ then UWSEAK requires that you also fill out and submit the attached pro forma sections of the Form 990 as part of your member renewal.

Note: If you wish to be included in CFC and or SHARE 2012, please send 2 copies.

You can download the IRS Form 990 from the IRS website (www.irs.gov).

The following sections are required:

- Part I (Summary)
- Part II (Signature Block
- Part VII (Compensation sections A and B and C)
- Part VIII (Statement of Revenues)
- Part IX (Statement of Functional Expenses)
- Part XI (Financial Statements and Report)

Note: As part of your membership benefits we assemble a panel of CPAs to review your file for financial stability and health. The 990EZ does not have enough data for the accountants to do a reasonable review.

All other organizations are required to submit an IRS Form 990 including all supplemental statements and schedules where applicable.

Note: If you wish to be included in CFC and or SHARE 2012, please send 2 copies.

- The audited Financial statements and IRS Form 990 must be prepared using the accrual method of accounting and cover the same fiscal period ended not more than 18 months prior to January 2012 (i.e. ending on or after June 30, 2010).

- **The IRS Form 990 should include a signature in the block marked "Signature of Officer"; the preparer's signature alone is not sufficient*. If filed electronically organization may submit a copy of the IRS form 8879-EO or IRS form 8453-EO in lieu of a signature on the IRS Form 990.***

- The CFC and SHARE regulations require that when comparing the number of voting members disclosed in Part I, Line 3 with the number of individuals that have the 'individual trustee or director' or 'institutional trustee' position selected in Part VII, Column C, Part VII should be equal or greater than Part I. ***If the number in Part I is larger than the number in Part VII you will be asked to provide an explanation for the difference.***

Attachment E: 25 Word Statement

xxxxx (5 digit CFC code if applied in 2011)
Legal name of Organization
(907) xxx-xxxx
www.xxx.xxx
EIN#123456789

The description will contain no more than 25 words. It should be worded so the donor understands the program services provided. AFR%, taxonomy codes.

- The statement should not repeat the organizations name as part of the 25 words.
- The organization's legal name is the name registered with the IRS.
- To calculate the AFR% Go to the IRS Form 990 you are sending in with this application and use the following formula:

$$\frac{\textbf{(Part IX, line 25, Column C)} + \textbf{(Part IX, Line 25, column D)}}{\textbf{Part VIII, Line 12, Column A}}$$

Note: All percentages must be listed to the tenth of a percent (e.g. 15.7%)

- Taxonomy Codes are the categories that most closely identify the type of mission, services and activities the agency provides. (list up to 3 in order of priority) The 26 categories are: (e.g. P, E, T)

A	Arts, Culture and Humanities
B	Educational Institutions & Related Activities
C	Environmental Quality, Protection & Beautification
D	Animal Related
E	Health – General and Rehabilitative
F	Mental Health, Crisis Intervention
G	Disease, Disorders, Medicinal Disciplines
H	Medical Research
I	Crime, Legal Related
J	Employment, Job Related
K	Food, Agriculture, and Nutrition
L	Housing, Shelter
M	Public Safety, Disaster Preparedness & Relief
N	Recreation, Sports, Leisure, Athletics
O	Youth Development
P	Human Services – Multipurpose and Other
Q	International, Foreign Affairs, National Security
R	Civil Rights, Social Action, Advocacy
S	Community Improvement, Capacity Building
T	Philanthropy, Voluntarism & Foundations
U	Science & Technology Research Institutes, Services
V	Social Science Research Institutes, Services
W	Public, Social Benefit: Multipurpose, Other
X	Religion Related, Spiritual Development
Y	Mutual/Membership Benefit Orgs., Other
Z	Other

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Attachment F:
Demographics and Outcome Measurement

United Way Worldwide is becoming more stringent on client and donor reporting requirements. For this reason UWSEAK will now be requiring our Member agencies to practice sound Outcomes Measurement processes. We will partner with you and do everything we can to help you make this happen.

1. Are you currently engaged in Outcome Measurement for your national office, funders, board, etc? ☐ yes ☐ no

2. A. If you answered **no**, please contact UWSEAK and share your plan for implementing a process for the next calendar year. We will expect to see a 6 month report on those measurements no later than July 31, 2012. Failure to do so may result in non-renewal of membership. Please contact UWSEAK if you wish to have help in building a process.

   B. If you answered **yes**, what resource(s) do you use to guide you in this process? (If possible please attach a copy, or list the URL for a website, or list the title of the publication or software, etc.)

Note: (Please use numeric answers and not percentages)

Number of unduplicated clients served in calendar year 2011	
Estimated number of clients who are low to moderate income:	
Estimated breakdown of ethnicity by number of clients: • African American • Asian/Pacific Islander • Caucasian • Hispanic • Native American/Native Alaskan	
Estimated number of clients who are beneficiaries of the Alaska Mental Health Trust Authority:	

Mental Health Trust beneficiaries are described at the following website:
http://www.mhtrust.org/index.cfm?section=about_trust&page=Beneficiaries

Note: Unduplicated clients and related demographics may not be a definitive measure for how your agency does business, e.g., a health advocacy agency in its use of PSAs, etc. If so please provide a brief description of those services in the space below or on a separate sheet if need be.