

United Way of Iredell County

New Agency Partnership Application



Please note that this application is to become a Partner Agency with the United Way of Iredell County. This will allow your agency to be listed on the campaign materials for the next fall campaign. Funding levels will be determined following the campaign through a separate process, and is not guaranteed.

Please submit one copy of this application and all attachments to our office by June 15, 2016. Electronic submission is preferred by email to Lburns@unitedwayofiredell.org. If necessary, paper submissions can be dropped off or mailed to our offices 1835 Davie Ave. Suite 401, Statesville NC 28677.

If you have any questions, please contact Liz Burns at 704-872-3000.

Date of Application	
Name of Organization	
Contact Person	
Title	
Physical Address	
Phone	
Website	
Email Address	
Geographical Area Served	
If approved, would you apply for funding for a specific program or the organization as a whole?	
If a specific program, what program(s) do you anticipate applying for?	

What is the mission of your organization?	
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Describe the specific services your organization provides to clients in our community.	
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Below is a listing of the Criteria for Partner Agency Status. Please respond to each section and/or attach documentation as outlined.

Criteria #1:

Be incorporated or chartered under federal and North Carolina state statutes.

Please attach a copy of your articles of incorporation. If that documentation is not available a current print out from the NC Department of Secretary of State Website is sufficient.

Criteria #2:

Be recognized as an organization exempt from federal income tax under IRS Section 501(c)(3) Internal Revenue Code 1954, as amended, and as a publicly supported organization of the type described in Section 170(b) (1) (A) (vi).

Please attach a copy of your most recent IRS and NC DOR determination letters.

Criteria #3:

Submit required tax and solicitation licensure documents in a timely and complete manner.

Please attach a copy of your most recent IRS form 990 or 990 EZ and solicitation license. (If not required to obtain a solicitation license, please attach a brief paragraph describing how you are exempt from this requirement.

Criteria #4:

Be primarily involved in providing program(s) and services that are health, education or human service related and directly serve Iredell County residents and employers.

United Way currently supports programming in the following areas. Please indicate which strategy(ies) are most closely aligned with the services you provide.

Education:	<input type="checkbox"/> Afterschool and summer academic support
	<input type="checkbox"/> Pre-K Education / Kindergarten Readiness
	<input type="checkbox"/> In-school or afterschool interventions for at-risk students
	<input type="checkbox"/> Character Education & Community Service
	<input type="checkbox"/> Supports for academic achievement
	<input type="checkbox"/> Parenting classes / Interventions to prevent conflict or abuse.

Income:	<input type="checkbox"/> Provision of Basic Needs for a short-term crisis
	<input type="checkbox"/> Adult Day Care
	<input type="checkbox"/> Supportive community services allowing seniors to maintain independence
	<input type="checkbox"/> Supportive services to maintain affordable housing.
	<input type="checkbox"/> Disaster recovery
	<input type="checkbox"/> Services that move individuals from poverty to self-sufficiency.

Health:	<input type="checkbox"/> Rescue and access to healthcare services.
	<input type="checkbox"/> Mental health and grief counseling services.
	<input type="checkbox"/> Community health and education programs.

If none of these strategies fits well with the program you are proposing we fund, please attach a 2-3 paragraph description of the specific program services being proposed and how you believe they support the Education, Income or Health of people in Iredell County.

Describe the geographic area you serve	
How many Iredell County citizens were served last year?	

Criteria #5:

Have an independent governing body consisting of at least six voting members who are citizen volunteers, preferably including at least one resident of Iredell County, that has the authority to decide policy and strategic direction with respect to the agency's programs, administration and finances, in accordance with the organization's by-laws, and who shall meet at least four times per year. Members of an independent governing body do not engage in transactions in which they may have material conflicting interests resulting from any relations and/or business affiliation. Paid staff must not be a voting member of the Board.

Please attach a copy of your current Board of Directors (name, address and position on the board) and meeting minutes for the prior 12 months.

Criteria #6:

To provide needed services and operate free from discrimination based on race, color, sex, age, religion, physical or mental disability, national origin or any other personal characteristic protected by federal, state or local law. The non-discrimination policy shall apply to staff, governing body, committees, and people that are directly and indirectly served. This commitment to non-discrimination is subject to appropriate limitations based on either United Way's or an Agency's mission and designated scope of services.

Describe the need for this service in our local community. (Use of recent local statistics preferred).	
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What criteria do you have for who can receive the services you offer? Do you have requirements or continuing obligations for those who have received your services?	
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What specific new or additional services would United Way funding make possible? How would our funding be targeted? What difference will that make for clients?	
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If your organization has a non discrimination policy, please attach.

Criteria #7:

Have an annual audit (financial review acceptable for agencies with budgets of less than \$250,000 with prior approval from United Way) performed by a certified public accountant, in accordance with the standards of accounting and financial reporting for voluntary health and welfare organizations and with American Institute of Certified Public Accountants (AICPA) Standards, and adhere to AICPA accounting standards.

Please attach a copy of your most recent audit or review. If you do not currently conduct an audit (but would be willing to schedule one before next spring if accepted) please contact Liz Burns for details of what documentation you will need to submit.

Criteria #8:

Demonstrate adequate understanding of community needs in Iredell County and services currently being provided and work in concert with existing programs in the best interest of program clients to the extent possible. Demonstrate that there are adequate benefits to both the agency and the United Way from an affiliation.

Please describe how you currently partner with other local agencies that provide similar or complimentary services.

Outside of funding, how would your organization benefit through a partnership with United Way of Iredell County?

How do you believe this partnership would benefit United Way?

Criteria #9:

Maintain and provide adequate documentation to show the impact of program services being provided upon the clients served and align program deliverables to one or more of the United Way of Iredell County strategies for community impact.

Please describe how you measure success in your program?

What information do you gather on clients served and how is that information stored?	
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Criteria #10:

Comply with United Way of Iredell County policies regarding co-branding, run a high quality employee giving campaign at your location and participate in United Way sponsored events as possible.

If accepted as a United Way Partner Agency, would the organization be able to:

<input type="checkbox"/> Run a United Way workplace giving campaign with staff and board
<input type="checkbox"/> Attend a quarterly Agency Executives Meeting
<input type="checkbox"/> Include United Way's Partner Agency logo on all materials developed for public dissemination.
<input type="checkbox"/> Speak about your agency services at campaign events (as possible)
<input type="checkbox"/> Attend United Way sponsored events around the local community.

Signatures:

You signature signifies that to the best of your knowledge the information included in this application is both accurate and complete.

Agency Director Signature	Date
_____	_____
Board President Signature	Date
_____	_____