



# UNITED WAY EMERALD COAST 2025 PARTNER AGENCY APPLICATION AND GUIDE

## **OVERVIEW:**

To become a certified Partner Agency, nonprofits must meet specific eligibility criteria. Please review our eligibility requirements listed in this document to determine if your organization may qualify.

There is no cost to becoming a Partner Agency with UWEC. Certification is valid for one year, and organizations must reapply annually to maintain their partnership status. You may find a list of benefits [here](#).

Applications open on Monday, October 21, 2024 and will be accepted through December 6, 2024 at 5pm CST. Please note that late, incomplete, or inaccurate applications will not be considered.

YOU SHOULD ASSUME ALL QUESTIONS ARE REQUIRED unless otherwise stated!! A “no” response to any of the questions in red text below will result in an automatic denial. Some responses to questions will open a additional field requiring for more information – those are highlighted in yellow. Choosing not to provide additional information will result in an automatic denial.

## **A NOTE FROM OUR TEAM:**

We want you to succeed! We value our partnerships and believe in the power of collaboration. This is a thorough process, but it is not our intent to exclude any organizations. WE STRONGLY ENCOURAGE YOU to review all attachments before submission. Please note that, due to the high volume of submissions, we do not offer courtesy reviews. Your application will be evaluated based on the documents you submit with your online application.

In addition to the application questions, you will need to upload several documents to the website. You may find it helpful to use this document as a guide. Consider saving your answers here before transferring the information to the website and uploading your documents.

We recommend gathering all necessary documentation in advance to streamline the submission process. It may be helpful to review your documents and save them with clear, appropriate titles to ensure accurate submission. Double – better yet, triple! – check that your documents are current and valid, as outdated documents will not be accepted. Unfortunately, uploading an old 990, an expired tax-exempt form, or wrong document is likely to result in denial. To assist you, we have provided several examples of required documents to help ensure you are attaching the correct items.

## **IF YOU HAVE ANY QUESTIONS:**

Please contact our Director of Impact, Deborah Lawson at [deborah@united-way.org](mailto:deborah@united-way.org) or (850)812-3386.

**We look forward to receiving your application!**

## United Way Emerald Coast 2025 Partner Agency Application

**\*\*You must submit your application online at: [www.united-way.org/2025PartnerAgency](http://www.united-way.org/2025PartnerAgency)**

### Agency Information

1. General Contact Information
  - Agency Legal Name
  - Agency DBA (if applicable)
  - Executive Director/CEO Name
  - Executive Director/CEO Email
  - Executive Director/CEO Cell Phone
  - Agency Physical Address
  - Agency Mailing Address (if different than above)
  - Secondary Contact Name (optional)
  - Secondary Contact Job Title (optional)
  - Secondary Contact Phone (optional)
  - Secondary Contact Email (optional)
2. Year organization was established
3. Website
4. Social Media URL/handles (Facebook, Instagram, LinkedIn, TikTok, other) (optional)
5. Logo in jpeg format
6. Mission statement
7. Agency overview and focus

### Attestations

1. **Does your organization offer programs/services within Okaloosa and/or Walton counties? Yes or No**
2. **Does your organization comply with all federal, state, and local laws and regulations and are you current with all required filings? Yes or No**
3. Do you understand UWEC will calculate your Administrative and Fundraising Rate (AFR) based off submitted financials and an AFR of 33.3% or less is expected? To calculate your AFR, we will divide the agency's total Management Expenses and Fundraising Expenses from Part 9 of the 990, by the total Revenue listed in Part 8. In other words, Part IX, Item 25, Columns C+D / Part VIII, Item 12, Column A. If your organization filed a 990 N or 990 EZ, you will be expected to provide this percentage. **Yes or No**
4. Does your organization agree to host a United Way workplace campaign between 1/1/2025-12/31/2025 to support the Community Investment Fund? This offers your employees (and/or Board of Directors) the opportunity to learn about UWEC and consider personal commitments through financial contributions, volunteerism, or advocacy/awareness. Please note, there is no minimum gift amount expected, and it is against partnership standards to request designations to your organization. **Yes or No**
5. United Way's 211 Northwest Florida is a 24-hour helpline and online database that connects individuals with crisis, health, and human services resources in our community. Do you agree to create and/or maintain an accurate profile with 211 Northwest Florida? (If you need to create a profile, or make changes, please email [resources@uwwf.org](mailto:resources@uwwf.org).) **Yes or No**

### Legal Requirements

1. **Can you confirm that your organization does NOT engage in discrimination against any individual or group in your hiring and employment practices, codes of conduct, programs, services, or in any other operational aspects? Yes or No**
2. **In compliance with the Patriot Act and other counterterrorism laws, UWEC requires that each agency annual certify the following: "I hereby certify that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes, and executive orders." Do you agree with this statement? Yes or No**
3. Currently, or in the past three years, have there been any pending or threatened litigation, regulatory actions, formal complaints, penalties, or investigations by government agencies for violations of local, state, or federal laws? **Yes or No**

- If “yes” response: Please note: A "yes" response does not automatically result in application denial; however, additional information is required for consideration. Please provide additional details.
4. Currently, or in the past three years, has your organization experienced or suspected any fraud, theft, or improper allocation of resources or assets? **Yes or No**
    - If “yes” response: Please note: A "yes" response does not automatically result in application denial; however, additional information is required for consideration. Please provide additional details.
  5. In the past 12 months, has your organization experienced an incident that was deemed to be a “data breach”? **Yes or No**
    - If “yes” response: Please note: A "yes" response does not automatically result in application denial; however, additional information is required for consideration. Please provide additional details.

## Governance

1. Does your organization have a responsible governing board with no material conflicts of interest, where the majority of members serve without compensation? **Yes or No**
2. Are meeting minutes maintained for all governing board meetings? **Yes or No**
3. Have your bylaws been reviewed within the last 3 years? **Yes or No**
4. Does the board approve the organization’s annual budget? **Yes or No**
5. Does the board, or board-delegated committee, review financial statements on at least a quarterly basis? **Yes or No**
6. Does your board review the independent annual audit (or financial review) and management letter and is the audit (or review) presented to the board by the auditor or finance/audit committee chair? **Yes or No**

If any questions in this section receive a “no” response: Please note: A "no" response may not automatically result in application denial; however, additional information is required for consideration. Please provide additional information for any “no” response(s) in this section.

## Financials

1. Please select your annual contributions for your most recently completed fiscal/calendar year from the options below:
  - Organization received \$1 million or more in annual contributions.
  - Organization received at least \$500,000 but less than \$1 million in annual contributions.
  - Organization received less than \$500,000 in annual contributions.
2. For this application period, the IRS Form 990 and corresponding financial statements/audit must cover a period ending on or after June 30, 2023. Do your financial documents cover a fiscal period ending on or after June 30, 2023? **Yes or No**
  - Please note: A "no" response does not automatically result in application denial; however, additional information is required for consideration. Please provide the beginning and ending dates for the time period covered by your most recent Form 990 and audit. Additionally, explain why your organization’s Form 990 and audit have not been completed in the past 18 months.
3. Was the auditor’s opinion unqualified/unmodified (i.e., a “clean” audit)? **Yes or No**
  - Please note: A "no" response does not automatically result in application denial; however, additional information is required for consideration. Please explain the concern(s) and corrective action step(s) taken in response.
4. How many months of expenses do your organization’s operating reserves (cash or cash equivalents) represent? Calculate this using the organization’s annual expense budget, dividing by 12 to determine one month’s expenses. Divide the operating reserves by one month’s expense to determine the number of months the reserves will cover.
  - 0-3 months
  - 3-6 months
  - 6+ months
5. Which Form 990 did you organization most recently file?
  - Form 990 required if gross receipts or total assets are more than \$200,000
  - Form 990-EZ accepted by organizations with gross receipts between \$50,000 and \$200,000
  - Form 990-N accepted by organizations with gross receipts less than \$50,000

## Attachments

1. Charitable Solicitation Letter verifying current registration with the Florida Department of Agriculture and Consumer Services (FDACS)
2. Current Consumer's Certificate of Exemption (Form DR-14) from Florida Department of Revenue (commonly known as a tax-exempt form)
3. Annual budget for the current fiscal year *or* 2025 calendar year (this should include anticipated revenue as well as expenses)
4. Most recently filed IRS Form 990. As a reminder, unless an exception was requested above, this should cover a period ending on or after June 30, 2023. You must attach the FULL document. If your organization is legally exempt from filing a 990, please upload a document that confirms this.
5. Verification of 990 extension, if applicable
6. Based on the annual contributions you disclosed under Financials, you are required to submit:
  - a. Organization received \$1 million or more in annual contributions.
    - i. **REQUIRED:** Financial statements audited in accordance with GAAP by an independent certified public accountant (or another professional who prepares such forms or schedules in the ordinary course of his or her business). Attach the FULL document including the Management Letter from your auditors, if one was prepared.
  - b. Organization received at least \$500,000 but less than \$1 million in annual contributions.
    - i. **PREFERRED:** Financial statements audited in accordance with GAAP by an independent certified public accountant (or another professional who prepares such forms or schedules in the ordinary course of his or her business). Attach the FULL document including the Management Letter from your auditors, if one was prepared.
    - ii. **ACCEPTED:** Financial statements reviewed in accordance with GAAP by an independent certified public accountant (or another professional who prepares such forms or schedules in the ordinary course of his or her business). Attach the FULL document.
  - c. Organization received less than \$500,000 in annual contributions.
    - i. **PREFERRED:** Financial statements audited in accordance with GAAP by an independent certified public accountant (or another professional who prepares such forms or schedules in the ordinary course of his or her business). Attach the FULL document including the Management Letter from your auditors, if one was prepared.
    - ii. **ACCEPTED:** Financial statements reviewed in accordance with GAAP by an independent certified public accountant (or another professional who prepares such forms or schedules in the ordinary course of his or her business). Attach the FULL document.
    - iii. **ACCEPTED:** Year-end financial statements reviewed and approved by the Board of Directors. This includes:
      1. **REQUIRED:** Statement of Financial Position, sometimes called a Balance Sheet from the end of your most recently completed fiscal/calendar year.
      2. **REQUIRED:** Income Statement, sometimes called a Profit & Loss/P&L or Statement of Activities, from the end of your most recently completed fiscal/calendar year.
      3. **REQUIRED:** Board Meeting minutes showing where the financials you submitted above were reviewed and approved.
7. Did you submit financials for an umbrella organization, parent company, or similar entity at the state, national, or global level? **Yes or No**
  - **If yes: You must submit additional documents for your local branch/operations including:**
    1. **REQUIRED:** Statement of Financial Position, sometimes called a Balance Sheet, from the end of your most recently completed fiscal/calendar year for your local branch/operations.
    2. **REQUIRED:** Income Statement, sometimes called a Profit & Loss/P&L or Statement of Activities, from the end of your most recently completed fiscal/calendar year for your local branch/operations.
    3. **REQUIRED:** Board Meeting minutes showing where the financials you submitted above were reviewed and approved.

8. If 990 EZ or 990 N were selected above, UWEC may not be able to calculate your AFR based on your attachments. Please use your organization's internal financial documents to determine your Administrative and Fundraising Rate (AFR), or "overhead rate." What is your AFR or overhead rate %? \_\_\_\_\_%

**Additional Information**

1. Do your budget, Form 990, and/or submitted financials show a deficit for your current or most recently completed fiscal year? **Yes or No**
- Please note: A "yes" response does not automatically result in application denial; however, additional information is required for consideration. Please provide additional information to explain the deficit as well as any strategies or corrective actions you have implemented in response.
2. OPTIONAL: ACH is our preferred payment method for designations and grant awards. Would you like to provide us with your banking details now? If you choose not to provide them now, you will have the option to provide them in the future if you are selected for funding, however, payments may be delayed. **Yes or No**
- Financial Institution:
  - Routing # (9-digit number that identifies your bank or credit union):
  - Account #:

Optional area for additional comments/explanations:

Signature by authorized representative

## EXAMPLES

### Attachment #1: Charitable Solicitation Letter verifying current registration with the Florida Department of Agriculture and Consumer Services (FDACS)

DIVISION OF CONSUMER SERVICES  
(850) 410-3800



THE RHODES BUILDING  
2005 APALACHEE PARKWAY  
TALLAHASSEE, FLORIDA 32399-6500

## FLORIDA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES COMMISSIONER WILTON SIMPSON

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August 9, 2024

Refer To: CH696

UNITED WAY EMERALD COAST  
112 TUPELO AVE SE  
FORT WALTON BEACH, FL 32548-5555

RE: UNITED WAY EMERALD COAST  
REGISTRATION#: CH696  
EXPIRATION DATE: August 25, 2025

Dear Sir or Madam:

The above-named organization/sponsor has complied with the registration requirements of Chapter 496, Florida Statutes, the Solicitation of Contributions Act. A COPY OF THIS LETTER SHOULD BE RETAINED FOR YOUR RECORDS.

Every charitable organization or sponsor which is required to register under s. 496.405 must conspicuously display the registration number issued by the Department and in capital letters the following statement on every printed solicitation, written confirmation, receipt, or reminder of a contribution:

"A COPY OF THE OFFICIAL REGISTRATION AND FINANCIAL INFORMATION MAY BE OBTAINED FROM THE DIVISION OF CONSUMER SERVICES BY CALLING TOLL-FREE (800-435-7352) WITHIN THE STATE. REGISTRATION DOES NOT IMPLY ENDORSEMENT, APPROVAL, OR RECOMMENDATION BY THE STATE."

The Solicitation of Contributions Act requires an annual renewal statement to be filed on or before the date of expiration of the previous registration. The Department will send a renewal package approximately 30 days prior to the date of expiration as shown above.

Thank you for your cooperation. If we may be of further assistance, please contact the Solicitation of Contributions section.

Sincerely,

Deleah Sims  
Regulatory Consultant  
850-410-3719  
Fax: 850-410-3804  
E-mail: [deleah.sims@fdacs.gov](mailto:deleah.sims@fdacs.gov)

**Attachment #2: Current Consumer's Certificate of Exemption (Form DR-14) from Florida Department of Revenue (commonly known as a tax-exempt form)**

0000209 08/16/22



**Consumer's Certificate of Exemption**

Issued Pursuant to Chapter 212, Florida Statutes

DR-14  
R. 01/18

85-8012683625C-0	10/31/2022	10/31/2027	501(C)(3) ORGANIZATION
Certificate Number	Effective Date	Expiration Date	Exemption Category

This certifies that

UNITED WAY EMERALD COAST INC  
112 TUPELO AVE SE  
FORT WALTON BEACH FL 32548-5555

is exempt from the payment of Florida sales and use tax on real property rented, transient rental property rented, tangible personal property purchased or rented, or services purchased.



**Important Information for Exempt Organizations**

DR-14  
R. 01/18

1. You must provide all vendors and suppliers with an exemption certificate before making tax-exempt purchases. See Rule 12A-1.038, Florida Administrative Code (F.A.C.).
2. Your *Consumer's Certificate of Exemption* is to be used solely by your organization for your organization's customary nonprofit activities.
3. Purchases made by an individual on behalf of the organization are taxable, even if the individual will be reimbursed by the organization.
4. This exemption applies only to purchases your organization makes. The sale or lease to others of tangible personal property, sleeping accommodations, or other real property is taxable. Your organization must register, and collect and remit sales and use tax on such taxable transactions. Note: Churches are exempt from this requirement except when they are the lessor of real property (Rule 12A-1.070, F.A.C.).
5. It is a criminal offense to fraudulently present this certificate to evade the payment of sales tax. Under no circumstances should this certificate be used for the personal benefit of any individual. Violators will be liable for payment of the sales tax plus a penalty of 200% of the tax, and may be subject to conviction of a third-degree felony. Any violation will require the revocation of this certificate.
6. If you have questions about your exemption certificate, please call Taxpayer Services at 850-488-6800. The mailing address is PO Box 6480, Tallahassee, FL 32314-6480.

**Attachments 4 and 6:** For examples of FULL audited financials and 990s, please visit our website [here](#).

**Attachments 6ciii:** Statement of Financial Position, sometimes called a Balance Sheet

<b>Statement of Financial Position</b>	
<b>Year Ended June 30, 2019</b>	
<b>ASSETS</b>	
Cash and cash equivalents	\$ 100,000
Contributions receivable	20,000
Prepaid expenses and other assets	5,000
Short-term investments	300,000
Property and equipment, net	50,000
<b>Total Assets</b>	<b>\$ 475,000</b>
<b>LIABILITIES AND NET ASSETS</b>	
Accounts payable and accrued expenses	\$ 125,000
<b>Total Liabilities</b>	<b>125,000</b>
Net assets	
Without donor restrictions	330,000
With donor restrictions	20,000
<b>Total Net Assets</b>	<b>350,000</b>
<b>Total Liabilities and Net Assets</b>	<b>\$ 475,000</b>

**Attachments 6ciii:** Income Statement, sometimes called a Profit & Loss/P&L or Statement of Activities

	<u>Jul '23 - Jun 24</u>
Income	
INDIVIDUAL CONTRIBUTIONS	593,000.00
THRIFT STORE	92,000.00
GRANTS	110,000.00
RENTAL INCOME	2,500.00
INTEREST INCOME	2,750.00
<b>Total Income</b>	<b>800,250.00</b>
Gross Profit	800,250.00
Expense	
Marketing	12,345.00
SALARIES	410,234.00
BENEFITS	22,580.00
TAXES	31,000.00
Background Screening	4,321.00
PROFESSIONAL FEES	38,923.00
GOODS/SUPPLIES	72,137.00
PROGRAM SUPPORT	108,626.00
TELEPHONE	11,234.00
POSTAGE	2,500.00
OCCUPANCY	23,547.00
INSURANCE	17,293.00
EQUIPMENT & MAINTENANCE	19,823.00
TRAVEL	11,211.00
PROFESSIONAL DEV.	6,730.00
<b>Total Expense</b>	<b>792,504.00</b>
<b>Net Income</b>	<b>7,746.00</b>



# Statement of Activities

Income Statement  
Your Organization Name  
Year End Month DD YYYY

Financial Statements in Thousands of Dollars

## Revenue

Contributions  
Membership dues  
Grants  
Fundraising events  
Net assets released form restrictions  
**Total revenues**

Without Donor Restrictions	With Donor Restrictions	Total
		0.00
		0.00
		0.00
		0.00
		0.00
0.00	0.00	0.00

## Expenses

Program A  
Program B  
Program C  
Total Program Expenses  
Management and general  
Fundraising  
Miscellaneous  
**Total expenses**

		0.00
		0.00
		0.00
0.00	0.00	0.00
		0.00
		0.00
0.00	0.00	0.00

**Change in net assets**

0.00	0.00	0.00
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Net assets beginning of year

		0.00
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**Net assets end of year**

0.00	0.00	0.00
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