

United Way of Oxford & Lafayette County Primary Fiscal Agent Pre-Approval Application Fiscal Year 2017-2018 Funding Cycle

Must Be Received in PDF Form by kurt@unitedwayoxfordms.org by 5:00 p.m. on February 21, 2017.

This Primary Fiscal Agent Pre-Approval Application must be completed by agencies planning to submit a Program Funding Application as the primary fiscal agent. Agencies will not be eligible to apply for United Way Program Funding if they have not submitted this pre-approval application *and* been pre-approved. Pre-approved agencies will be notified by March 6, 2017. For more details, please see the accompanying Policies & Procedures Manual.

Please note:

1. To be eligible, agencies must have 501(c)(3) tax-exempt status. (Other entities such as school districts and universities may also be eligible. Please contact United Way at 662-236-4265 for information regarding this exemption.)
2. Agencies applying as partners, but not as primary fiscal agents, do not need to complete this application.
3. An agency applying for funding for multiple programs must only submit this Fiscal Agent Application once.

A. Agency Contact Information

Agency Name (Fiscal Agent)	Agency Address
Primary Contact Name	Primary Contact Role
Primary Contact Phone	Primary Contact Email Address

B. Agency Characteristics

Agency Mission Statement	
Agency Tax Status Designation (e.g., 501(c)(3))	Agency Management Structure (e.g., Board, LLC)
Total Number of Paid Staff (Indicate if Full-Time or Part-Time)	Approximate Number of Volunteers Per Year
Describe the Agency's Prior Relationship with United Way, if any (e.g., Funding History, Collaborative Projects). (100-Word Maximum)	

C. Agency Fiscal Management Assurances & Documents

This agency:

Yes / No / Not Applicable

1. Is currently in compliance with all federal and state payroll filings
2. Is currently in compliance with all relevant funding, regulatory, accrediting, and licensing bodies
3. Is current on all debt payments
4. Is (or has been) named in an active lawsuit or lawsuit filed within the last 36 months
5. Has financial management written policies and procedures in place

Please attach an accompanying explanation for any "No" or "Not Applicable" answer noted above.

As a supplement to this application, **submit a single consolidated PDF** containing an electronic copy of each of the following documents. Each document must be clearly labeled at the top of its first page with its name and number as listed below. If a document is either not applicable or not available, a brief explanation must be included in its place. **Contact UWOLC with any questions prior to this application's due date of 2/21/17.**

- 1. **Board Roster**
- 2. **Balance Sheet** for Most Recently Completed Fiscal Year
- 3. **Profit & Loss Statement** for Most Recently Completed Fiscal Year
- 4. **Annual Budget** for Most Recently Approved Fiscal Year

D. Agency Certifications

1. What is your Employee Identification Number (EIN)?
2. Do you currently have non-profit status from the IRS?
3. Are you currently registered as a charity in the State of Mississippi?
4. If you are registered as a charity in the State of Mississippi, when does your registration expire?
5. When was the date of your last audit?
6. On what date was your last Form 990 submitted?

E. Agency Assurances - Compliance with United Way Policies

I assure that if one or more programs are funded by the United Way of Oxford & Lafayette County:

- | | | | |
|---|---|--|--|
| | Initial Each | | |
| • Members of the agency will participate in the United Way Kick Off and other special events. | <table border="1" style="display: inline-table; width: 60px; height: 30px;"><tr><td style="width: 30px;"></td><td style="width: 30px;"></td></tr></table> | | |
| | | | |
| • Agency will provide help with campaign, if requested, including providing volunteers and support for United Way public relations efforts. | <table border="1" style="display: inline-table; width: 60px; height: 30px;"><tr><td style="width: 30px;"></td><td style="width: 30px;"></td></tr></table> | | |
| | | | |
| • All publications, press releases, and signs for any funded programs will include the phrase “funded in part by United Way of Oxford & Lafayette County” and/or the United Way logo. | <table border="1" style="display: inline-table; width: 60px; height: 30px;"><tr><td style="width: 30px;"></td><td style="width: 30px;"></td></tr></table> | | |
| | | | |
| • The agency will not directly solicit local employee groups for payroll deductions at any time. | <table border="1" style="display: inline-table; width: 60px; height: 30px;"><tr><td style="width: 30px;"></td><td style="width: 30px;"></td></tr></table> | | |
| | | | |

Please make certain the Executive Director and Board or Advisory Committee Chair initial each assurance.

F. Agency Signatures

Executive Director Name	Executive Director Signature	Date
Board or Advisory Committee Chair Name	Board or Advisory Committee Chair Signature	Date

For each program on which the primary fiscal agent agency anticipates making sub-grants to another agency or agencies, please include the following information (if known at the time this application is submitted).

Program:

Anticipated Partner Agency/Organization:

Contact Person:

Phone:

Email:

Program:

Anticipated Partner Agency/Organization:

Contact Person:

Phone:

Email:

Program:

Anticipated Partner Agency/Organization:

Contact Person:

Phone:

Email:

Program:

Anticipated Partner Agency/Organization:

Contact Person:

Phone:

Email:



Anti-Terrorism Compliance Measures

In compliance with the USA PATRIOT Act and other counterterrorism laws, the United Way of Oxford & Lafayette County will run each agency receiving funds against the Anti-Terrorism Watch list. United Way also requires that each agency receiving funds certify the following:

"I hereby certify on behalf of

(Insert Partner Agency Name)

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."

Executive Director Name	Executive Director Signature	Date

Board or Advisory Committee Chair Name	Board or Advisory Committee Chair Signature	Date