This is the **first step** in the application process to become a partner agency of the Town of Palm Beach United Way. Once your pre-application and supporting documentation are received and reviewed an Application for Membership will be sent to you. You **must** answer “yes” to all of the following to receive an Application for Partnership.

|  |
| --- |
| **The agency is recognized as tax exempt as defined by the IRS under 501(c)(3) status?**  |[ ]
|  If yes, proceed to the next question and **attach** 501 (c)(3) documentation from the IRS |
|  If no, you are unable to apply to the Town of Palm Beach United Way |
|  |  |
| **The agency has been in operation for a minimum of two years and is incorporated as a nonprofit organization in the State of Florida?**  |[ ]
|  Incorporation Date | Click here to enter a date. |
|  If yes, proceed to the next question and **attach** Articles of Incorporation and By-Laws |
|  If no, you are unable to apply to the Town of Palm Beach United Way |
|  |  |
| **The agency is audited by an Independent Certified Public Accountant, and has a GAAP audit with an unqualified opinion?** |[ ]
|  If yes, proceed to the next question and **attach** Audit by Independent Certified Public Accountant |
|  If no, you are unable to apply to the Town of Palm Beach United Way |
|  |  |
| **The agency has a local (Palm Beach County) address and telephone number?** |[ ]
|  If yes, proceed to the next question |
|  If no, you are unable to apply to the Town of Palm Beach United Way |
|  |  |
| **The agency is registered with the Florida Department of Agriculture and Consumer Services?** |[ ]
|  If yes, proceed to the next question and **attach** Florida Department of Agriculture Charitable Letter |
|  If no, you are unable to apply to the Town of Palm Beach United Way |
|  |  |
| **The agency has filed an IRS Form 990 within 6 months of the end of last fiscal year, or has filed an extension with the IRS?** |[ ]
|  Date Filed | Click here to enter a date. |
|  |  |
| **The agency’s fundraising and administrative expenses represent 25% or less of the total support and revenue for the last fiscal year, according to the IRS Form 990?**  |[ ]
|  % of Management Expenses (administrative expenses/total expenses) | Click here to enter text. |
|  % of Fundraising Expenses (fundraising expenses/total expenses) | Click here to enter text. |
|  If yes, proceed to the next question and **attach** IRS Form 990 |
|  If no, you are unable to apply to the Town of Palm Beach United Way |
|  |  |
| **The agency does not discriminate in the provision of services through programs and staffing on the basis of race, color, religion, gender, national origin, age, sexual orientation, disability, marital status, veteran status or any other characteristic protected by law?** |[ ]
|  If yes, proceed to the next question and **attach** your board approved policy on discrimination |
|  If no, you are unable to apply to the Town of Palm Beach United Way |
|  |  |
|  |  |
| **The agency serves people in Palm Beach County?** |[ ]
|  If yes, proceed list program(s) below |
|  If no, you are unable to apply to the Town of Palm Beach United Way |

If you answered “yes” to all of the above, please submit this pre-application and supporting documentation by email to:

 **Kristen Cummins**

**kristencummins@palmbeachunitedway.org**

**Please direct any questions to Kristen at (561) 655-1919 or kristencummins@palmbeachunitedway.org.**

**COMPLIANCE**

|  |
| --- |
| We are in compliance with all local, state and federal laws, including the USA Patriot Act and other counterterrorism laws. We herby certify that all Town of Palm Beach United Way funds and donations will be used in compliance with all the applicable anti-terrorist financing and asset control laws, statutes and executive orders. |
| **Signature** |  |
| **Printed Name** | Click here to enter text. |
| **Title** | Click here to enter text. |
| **Date** | Click here to enter a date. |

**AGENCY INFORMATION**

|  |  |
| --- | --- |
| **Organization Name** | Click here to enter text. |
| **Contact Person** | Click here to enter text. |
| **Contact Telephone** | Click here to enter text. |
| **Contact E-Mail** | Click here to enter text. |
| **Organization Address** | Click here to enter text. |

|  |
| --- |
| **LIST OF PROGRAM(S) IN PALM BEACH COUNTY** |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |

**REQUIRED ATTACHMENTS**

|  |  |  |
| --- | --- | --- |
|  | **DOCUMENT** | **DATED** |
|[ ]  501 (C)(3) documentation from the IRS | Click here to enter a date. |
|[ ]  Articles of Incorporation | Click here to enter a date. |
|[ ]  By-laws | Click here to enter a date. |
|[ ]  Florida Department of Agriculture Charitable Solicitation Letter | Click here to enter a date. |
|[ ]  Most recent annual audit | Click here to enter a date. |
|[ ]  Most recent IRS 990 | Click here to enter a date. |
|[ ]  Board policy regarding discrimination | Click here to enter a date. |