



**PARTNERSHIP
APPLICATION**

Please complete the following information:

Agency Name:_____

Address (location):_____

Address (mailing):_____

State/Zip:_____

Telephone:_____FAX:_____

Contact Person:_____

Title:_____Telephone:_____

Tax Exempt Number:_____Evening Phone:_____

IMPACT AGENDA: Check the “impact area” that your agency is serving in Morgan County.

___ **HELPING KIDS SUCCEED** – to make sure that children are in good health and free from violence, improve their cognitive and physical development, help to develop a sense of responsibility for their actions and stay out of trouble, succeed academically.

___**STRENGTHING AND SUPPORTING FAMILIES** – To make sure that families secure their basic needs and improve their emotional health; improve parenting, nurturing discipline and conflict resolution skills, are more involved in each other’s lives and reject drugs and alcohol.

___**PROMOTING SELF-SUFFICIENCY** – To make sure all people will get, keep and grow in jobs; will be responsible, productive citizens and will take responsibility for their own future.

IMPROVING PEOPLE’S HEALTH – To make sure that the elderly, ill and disabled enjoy a good quality of life; remain independent as long as possible; have available information, programs and services to help meet the challenge of chronic illnesses, disabilities and end-of-life issues.

MAKING NEIGHBORHOODS SAFE – To make sure our communities are safe places and have services and resources available in times of individual, family or community crisis.

Please return all forms (including narratives) to:

The United Way of Morgan

c/o Chaundra Jacobs

Post Office Box 1425

106 East Kiowa

Fort Morgan, CO 80701

Telephone: 1 970 867-2218

Fax: 1 970 867-0521

Email: mcunitedway@kci.net

PLEASE INCLUDE THE FOLLOWING NARRATIVES AND RECORDS

CRITERIA 1

Attachment 1-A	Agency History
Attachment 1-B	Agency Mission

CRITERIA 2

Attachment 2-A	IRS Determination Letter
Attachment 2-B	Articles of Incorporation
Attachment 2-C	By-Laws
Attachment 2-D	Colorado Certificate of Good Standing

CRITERIA 3

Attachment 3-A	Documented Community Need
Attachment 3-B	Individuals Served
Attachment 3-C	Community Efforts
Attachment 3-D	Community References

CRITERIA 4

Attachment 4-A	Discrimination Policy
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CRITERIA 5

Attachment 5-A	Names Addresses, Occupations of the Board of Directors
Attachment 5-B	Meeting Minutes
Attachment 5-C	List of Volunteers

NARRATIVES AND RECORDS CONTINUED

CRITERIA 6

Attachment 6-A	Anticipated dollar needs from United Way
Attachment 6-B	Current Budget
Attachment 6-C	Last complete financial statement
Attachment 6-D	Independent Accountants' Review

CRITERIA 7

Attachment 7	Representative's Agreement to cooperate with United Way of Morgan County
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CRITERIA 8

Attachment 8	Representative's agreement to honor supplemental fundraising guidelines
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UNITED WAY OF MORGAN COUNTY – PARTNERSHIP REQUIREMENTS

1. **Be incorporated, not-for-profit and I.R.S/. Tax Exempt.** Agencies being accepted as new members of the United Way must be not-for-profit organizations that have been declared tax-exempt under the IRS Code 50 (A) as described in Section 501 (C) 3.
2. **Offer health or human care services programs.** United Way chooses to partner with those nonprofit agencies whose focus is on serving people in need. Wanting to make sure that services are accessible and available throughout Morgan County – to all ages and with respect to all needs – we fund in the areas of helping children to succeed, strengthening and supporting families, improving people’s health, promotion of self-sufficiency and making neighborhoods safe.
3. **Provide human services based on documented need (s).** The agency should address itself to identifiable current need, demand or problem in the communities of Morgan County. Services which are supported by voluntary dollars should be clearly defined and their impact documented by the organization.
4. **Prohibits discrimination by race, creed, color, sex, age or religion in the organization’s programs, services, staffing and volunteer areas.** Agency must have a written policy stating such.
5. **Have an active rotating volunteer leadership that represents the diverse elements of the County.** Agency must have a governing body that meets at least quarterly receives no remuneration from the Agency they oversee.
6. **Have a sound financial and program management.** The agency must demonstrate the ability to manage the finances of the services in accordance with generally accepted accounting procedures.

Organizations must have an annual audit using an independent, certified public accountant or accounting firm, OR provide reasons why this is not

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feasible and, in that case, have an independent review of financial records by either a bookkeeper, accountant or financial committee. If the financial committee is chosen, there should be representation from both the agency's Board of directors as well as independent community members.

7. **Agree to support and cooperate with the United Way.** Agencies become "Partners" in the United Way efforts. The relationship evolves around four primary areas: raising voluntary contributions, planning the need of the total county, communicating services to the public and allocating funds through an equitable and effective citizen review process.
8. **Supports the supplemental fundraising guidelines.** Agencies agree to supplemental fundraising under the following conditions: 1) agencies cannot solicit funds directly from businesses or door-to-door solicitations of homes: types of fundraising events which are permissible include: membership drives, bake sales, banquets, tournaments, raffles, etc. and 2) no agency is permitted to have allowed supplemental fundraising during the period of September 1 through November 30, without United Way's permission, as during this time our visibility peaks and we want the support of member agencies rather than any appearance of competition for funds.

The information submitted is true and correct to the best of my knowledge and the applicant agrees to adhere to the requirements.

Agency Director

Date

Received by UW MC Executive Director

Date

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