



United Way of Greater Rochester Donor Designation Eligible Agency Application

Please take a moment to review the FAQs about this application before completing.

Agency Legal Name: _____	
DBA/Common Name for Publication Purposes: _____	
Employer Identification Number (EIN): _____	
Agency Mailing Address: _____	
Telephone: _____	Website: _____
Executive Director Name: _____	
Telephone: _____	Email: _____

Your agency's mission statement: _____

Detailed description of your agency's direct health and human services:

If there is insufficient space, please attach a separate document with the requested info.



Please verify compliance with United Way policies, attach required documents, and sign below.

The agency:

1. Provides direct health or human services within Genesee, Livingston, Monroe, Ontario, Wayne, and/or Wyoming County (the “Greater Rochester Area”) to Greater Rochester Area residents; and is not a federated fundraising organization, advocacy and/or membership organization.
2. Is tax-exempt under section 501(c)(3) of the Internal Revenue Code (“Code”) and not a private foundation under Code Section 509(a) **Include as Attachment A, a copy of the agency’s most recent IRS determination letter.**
3. Is current in meeting federal filing requirements. **Include as Attachment B, a copy of the agency’s most recently submitted IRS Form 990 or 990-EZ; confirmation of filing IRS Form 990-N; or explanation of why the organization is exempt from filing an annual Form 990 with the IRS.**
4. Will use any funds received through the United Way for charitable purposes only.
5. Is registered with the Charities Bureau of the New York State Attorney General, is current with all state filing requirements, and is compliant with the New York Nonprofit Revitalization Act. **Include as Attachment C, a copy of the agency’s most recent CHAR500 filing (if registered) or, if exempt, a copy of your exemption notice from the NYSAG Charities Bureau.**
6. Is governed by a Board of Directors. **Include as Attachment D, a current Board of Directors listing with contact information.**
7. Is in compliance with all applicable federal, state, and local laws, ordinances and regulations including, but not limited to, the USA Patriot Act and all applicable anti-terrorist financing and asset control laws.
8. Has received a copy of, understands, and will comply with the terms of the Donor Designation Eligible Agency Standards of Participation (page 4 of the application), which may be amended at any time, at the sole discretion of United Way of Greater Rochester.
9. **Has Attachment E, a payment authorization,** that provides directions for the payment of designations that may be made to the agency through United Way’s annual campaign.
10. Will not provide any benefit or privilege to donors who designate contributions to the organization in return for such designation.

I certify that I have read all of the statements set forth in this document and that by signing below, I acknowledge and agree to comply with these statements.

Signature: _____ Date: _____

Printed Name: _____

Title: _____



United Way of Greater Rochester

Donor Designation Eligible Agency Standards of Participation

Effective Date: March 28, 2017

As we work to build a stronger community, United Way of Greater Rochester is pleased to serve our donors by giving them the option to designate their gift to a specific direct health and human services agency certified as eligible to receive designations ("Eligible Agencies").

In order to best serve our donors, it is important that United Way and the Eligible Agencies agree to standards that outline expectations for our relationship. The current standards of participation apply to all donor designation eligible agencies.

Eligible Agencies agree to:

- Respond within thirty (30) days to requests for information from United Way
- Notify United Way of any changes, concerns or questions that may arise with regard to the Agency's continuing eligibility to receive donor designated funds. (ex: agency closure, loss of tax exempt status)
- Complete the periodic re-certification form to maintain donor designation eligibility.
- Comply with requirements that prohibit the agency from providing any benefit or privilege in return for a donor's designation to the agency.
- Share fundraising costs (8% of the total amount of funds raised on the agency's behalf) and pledge loss reserve that will be withheld from designations.
- Provide a valid EFT form to ensure United Way designations can be transferred electronically into the agency's bank account.

United Way agrees to:

- Provide Eligible Agencies with written notice of any United Way policy changes affecting them. Respond in a timely manner to questions or concerns about agency eligibility.
- Provide training and support to Eligible Agencies to conduct an employee campaign.
- Transmit designations made to Eligible Agencies less fundraising costs and pledge loss as determined by the United Way.
- Provide Eligible Agencies with contact information for donors designating funds to the organization unless donor has asked to be anonymous.

United Way reserves the right, in its sole discretion, to:

- Certify Eligible Agencies.
- Modify eligibility criteria and participation standards.
- Direct funds to a specific program or programs of an Eligible Agency.
- Suspend or terminate an Eligible Agency's status for failure to honor United Way standards and policies.
- Adjust fundraising costs and pledge loss as needed.



Attachment E

United Way of Greater Rochester will pay all agencies via EFT.

Direct Payment Authorization Form

Please type or print the following information:

Agency Name:	
Agency Address:	
City, State, Zip	
Bank Name:	
Bank Routing Number:	
Account Number:	
Type of Account: C = Checking /S = Savings)	
Your Agency's Contact Name:	
Your Agency's Contact Phone Number:	
Your Agency's Contact Email Address:	

Authorizing Signature: _____

Title: _____

Date: _____

Please attach a **voided check** (if checking account) or a **deposit ticket** (if savings account).



Agency Contact Information

United Way of Greater Rochester uses a secure, online portal that is set up for accepted agencies to retrieve detailed information about gifts designated to your organization through United Way of Greater Rochester. **Please clearly print the name, work e-mail address, and work telephone number of the agency contact who will require access to the Agency Reporting Website on your behalf.** The Agency contact for your agency will receive emails and notifications concerning pledges and payments and will have access to United Way of Greater Rochester's online agency portal. Please keep United Way informed of changes to the agency contact.

Agency Contact: _____

Work Email: _____

Work phone: (include area code) _____

Please send this completed application and all attachments to:

United Way of Greater Rochester
75 College Avenue
Rochester, NY 14607
Attention: Donor Designation Agency Application

Please retain a copy of this application for your records.