



# 2026 PARTNER AGENCY APPLICATION AND GUIDE

## ABOUT PARTNER AGENCY CERTIFICATION:

To become a certified Partner Agency, nonprofits must meet specific eligibility criteria. Certification is valid for *one year* and must be renewed annually. There is **no cost** to apply or participate.

- Please review our eligibility requirements in this guide to see if your organization may qualify.
- You may find a list of benefits [here](#).

Applications open Thursday, October 2, 2025 and will be accepted through Friday, November 19, 2025 at 5pm CST. All attachments should be uploaded as PDF documents. Please note that late, incomplete, or inaccurate applications will not be considered.

## What is UWEC looking for in your application and attachments?

- Compliance with legal requirements and non-profit best practices
- Active board oversight (fiduciary and governance)
- Diversification of revenue sources and organization's sustainability
- Debt ratio: Ideally the current liabilities are 75% or less of the unrestricted net assets amount
- Ratio of administrative costs to total expenses: Ideally overhead costs are 33.3% or less of total expenses
- Disclosure of any pending or current litigation that could materially affect organization's health

## Helpful Tips

- We strongly encourage you to use this guide to draft your answers and confirm your documents before uploading them to the online application.
- Gather documents early. Save them with clear file names before uploading them.
- Check for accuracy. Outdated or incorrect documents (ex: expired tax-exempt form or an old 990) will result in denial. To assist you, we have provided several examples of required documents to help ensure you are attaching the correct items.
- YOU SHOULD ASSUME ALL QUESTIONS ARE REQUIRED unless otherwise stated. Some responses to questions may open additional fields requiring more information. Choosing not to provide additional information will likely result in denial.
- 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.

## A Note from Our Team

We want you to succeed! We value our partnerships and believe in the power of collaboration. While this process is thorough, it is not intended to exclude any organizations. Our goal is to ensure transparency, accountability, and strong partnerships that make a meaningful community impact. **We look forward to receiving your application!**

**Questions?** Please contact our Director of Impact, Jenn Williams at [jennifer@united-way.org](mailto:jennifer@united-way.org) or (850)920-2299.

**United Way Emerald Coast  
2026 Partner Agency Application**

You must submit your application online at: <https://www.united-way.org/certification>

**Agency Information**

General Contact Information

- Agency Legal Name
- Agency DBA (if applicable)
- Federal EIN
- 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)

Year organization was established

Website

Social Media URL/handles (Facebook, Instagram, LinkedIn, TikTok, other) (optional)

Logo in jpeg format

Mission statement

Agency overview and focus

**Checklist I**

You **MUST** answer “yes” to all the following; a “no” response will *require* an explanation:

(Please note: a “no” response does not automatically result in application denial, however, additional information is required. Please provide additional details.)

STANDARD	CIRCLE ONE
Agency has a local presence and programming in Okaloosa and/or Walton County, FL	Yes or No
Agency is incorporated in the State of Florida (verified through SunBiz)	Yes or No
Agency complies with all federal, state, and local laws and regulations	Yes or No
Agency has an active and responsible local governing board of 3+ members who: <ul style="list-style-type: none"><li>- Are unrelated to other Board Members and/or Senior Staff</li><li>- Majority are uncompensated volunteers</li><li>- Have no material conflicts of interest</li><li>- Meet at least quarterly to exercise effective financial, service, governance, and administrative control</li><li>- Maintain meeting minutes for all governing board meetings</li><li>- Approve the organization’s annual budget</li></ul>	Yes or No
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? <ul style="list-style-type: none"><li>- To verify your current listing, please visit <a href="https://211nwfl.communityos.org/">https://211nwfl.communityos.org/</a></li><li>- If you need to create a profile, or make changes, please email <a href="mailto:resources@uwwf.org">resources@uwwf.org</a> and copy <a href="mailto:impact@united-way.org">impact@united-way.org</a></li></ul>	Yes or No
Do you 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?	Yes or No

## Checklist II

You **MUST** answer “no” to all the following; a “yes” response will *require* an explanation:

(Please note: a “yes” response does not automatically result in application denial, however, additional information is required. Please provide additional details.)

You have at least one “no” response on this page. A “no” response does not automatically result in denial, however additional information is required. Please provide additional details for any “no” response(s) in this section.

STANDARD	CIRCLE ONE
Based on your most recently filed IRS Form 990, did your organization report a deficit in either of the last two years (see Part I, Line 19 – Revenue less expenses)? If yes, please explain and describe any strategies or corrective actions implemented in response.	Yes or No
Within the past three years (or currently), has the organization, its executives, or its Board of Directors been subject to any pending or threatened litigation, regulatory actions, formal complaints, penalties, or government investigations related to violations of local, state, or federal laws?	Yes or No
Does your organization discriminate against any individual or group in your hiring and employment practices, codes of conduct, programs, services, or in any other aspect of your operations or activities?	Yes or No
Currently, or in the past 3 years, has your organization experienced or suspected of any fraud, theft, or improper allocation of resources or assets?	Yes or No

## Attachments

ATTACHMENT	DATE ON PAPERWORK
Current proof of Florida tax exempt status <ul style="list-style-type: none"><li>- Consumer’s Certificate of Exemption, Form DR-14, from Florida Department of Revenue) OR documentation that the organization is excluded or exempt from this requirement</li></ul>	Expiration Date:
Charitable Solicitation Letter verifying current registration with the Florida Department of Agriculture and Consumer Services (FDACS) <ul style="list-style-type: none"><li>- May upload letter OR screenshot from FDACS’ check-a-charity website showing current registration (<a href="https://csapp.fdacs.gov/CSPublicApp/CheckACharity/CheckACharity.aspx">https://csapp.fdacs.gov/CSPublicApp/CheckACharity/CheckACharity.aspx</a>)</li></ul>	Expiration Date:
Most recent IRS Form 990 <ul style="list-style-type: none"><li>- Must cover a period ending on or after December 30, 2023</li><li>- Should match the year of the audit, review, or board-approved financial statements you provide within this application</li><li>- If your organization is legally exempt from filing a 990, please upload a document that confirms this</li><li>- If your IRS Form 990 does not cover a period ending on or after December 30, 2023, please explain and outline your organization’s plans and timeline for filing</li></ul>	Calendar/Fiscal year covered (start – end dates):  Date filed:
Verification of 990 extension, if applicable	
Most recent Audit <ul style="list-style-type: none"><li>- Must cover a period ending on or after December 30, 2023</li><li>- Should match the year of the IRS Form 990 you provide within this application</li><li>- Include the auditor’s report where the auditor states whether the financial statements present fairly in accordance with GAAP. This is where you’d see the language about an unmodified opinion (a “clean” opinion), a qualified opinion, adverse opinion, or disclaimer.</li><li>- If your audit does not cover a period ending on or after December 30, 2023, please explain and outline your organization’s plans and timeline for filing</li></ul>	Calendar/Fiscal year covered (start – end dates):  Date filed:
Audit management letter and response, if any	

<ul style="list-style-type: none"> <li>- The management letter may provide recommendations, observations, and notes on internal controls or operational improvements. It highlights any control deficiencies (significant deficiencies or material weaknesses) and other recommendations.</li> </ul>	
<p>If organization's annual revenue for the time period covered by the IRS Form 990 was less than \$500,000, and an audit was NOT completed, you have two options:</p> <ol style="list-style-type: none"> <li>1. Submit financial statements reviewed in accordance with GAAP <i>or</i></li> <li>2. Submit the following 3 internally prepared documents: <ul style="list-style-type: none"> <li>- Statement of Financial Position (also known as a Balance Sheet) for the most recently completed fiscal/calendar year</li> <li>- Income Statement (also known as a Profit &amp; Loss/P&amp;L or Statement of Activities) for the most recently completed fiscal/calendar year</li> <li>- Board Meeting minutes showing where these financials were reviewed and approved</li> </ul> </li> </ol>	<b>Calendar/Fiscal year covered (start – end dates):</b>
<p>If you submitted financials for an umbrella organization, parent company, state association, or similar entity at the state, national, or global level, you must also submit financial documentation for your local branch/operations:</p> <ul style="list-style-type: none"> <li>- Statement of Financial Position (also known as a Balance Sheet) for the most recently completed fiscal/calendar year for the local branch/chapter/affiliate/organization</li> <li>- Income Statement (also known as a Profit &amp; Loss/P&amp;L or Statement of Activities) for the most recently completed fiscal/calendar year for the local branch/chapter/affiliate/organization</li> </ul>	<b>Calendar/Fiscal year covered (start – end dates):</b>
<p>Current Annual Organization Budget</p> <ul style="list-style-type: none"> <li>- Must include both anticipated revenue and expenses for the current fiscal/calendar year</li> </ul>	<b>Calendar/Fiscal year covered (start – end dates):</b>
<p>How many months of expenses do your organization's operating reserves (cash or cash equivalents) represent?</p> <ul style="list-style-type: none"> <li>- 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 expenses to determine the number of months the reserves will cover.</li> </ul>	<b>Choose one:</b> <b>Less than 3 months</b> <b>3-6 months</b> <b>More than 6 months</b>

#### **ADMINISTRATIVE AND FUNDRAISING EXPENSES as reported on the IRS Form 990**

<p>Management Expenses</p> <ul style="list-style-type: none"> <li>- Pull from the IRS Form 990 you submitted with this application: <i>Part IX Statement of Functional Expenses, Line 25, Column C</i></li> </ul>	
<p>Fundraising Expenses</p> <ul style="list-style-type: none"> <li>- Pull from the IRS Form 990 you submitted with this application: <i>Part IX Statement of Functional Expenses, Line 25, Column D</i></li> </ul>	
Total Admin and Fundraising Expenses	<b>(sum of two above rows)</b>
<p>Total Overall Revenue</p> <ul style="list-style-type: none"> <li>- Pull from the IRS Form 990 you submitted with this application: <i>Part VIII Statement of Revenue, Line 12, Column A</i></li> </ul>	
Total Administrative and Fundraising Expenses as a % of Total Revenue	<b>( 3<sup>rd</sup> row/4<sup>th</sup> row as a %)</b>
If you filed form 990N or 990EZ, please use your current organization budget to calculate your Administrative & Fundraising Expenses as a percentage of your overall revenue.	
If your Administrative & Fundraising Expenses are more than 33.3% of your total revenue, please provide an explanation.	

#### **OPTIONAL**

Optional area for additional comments/explanations or additional attachments.

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 8, 2025

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, 2026

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

**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

Statement of Financial Position	
Year Ended June 30, _____	
ASSETS	
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
Total Assets	<u>\$ 475,000</u>
LIABILITIES AND NET ASSETS	
Accounts payable and accrued expenses	\$ 125,000
Total Liabilities	125,000
Net assets	
Without donor restrictions	330,000
With donor restrictions	20,000
Total Net Assets	350,000
Total Liabilities and Net Assets	<u>\$ 475,000</u>

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

	Jul 1 - Jun 30
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
Total Income	<u>800,250.00</u>
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
Total Expense	<u>792,504.00</u>
Net Income	<u><u>7,746.00</u></u>



# 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	0.00

**Change in net assets**

0.00	0.00	0.00
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Net assets begining of year

		0.00
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**Net assets end of year**

0.00	0.00	0.00
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