

**United Way of Douglas County  
Community Partner Certification Checklist**



United Way of Douglas County is eager to have many different partners to address critical needs in our community. United Way is also proud of our history of holding local community partners accountable for community dollars that are invested in them.

As we transform to be a Community Impact United Way, we will have planning groups who are open to all, but United Way will only provide funding to organizations who meet United Way standards. The completion of this form does not guarantee funding at any level.

In 2011, the deadline for this checklist to be completed is June 15, 2011. In years to come, this checklist, and any necessary documents must be submitted annually by May 15.

Organization Name: \_\_\_\_\_

Representative Completing this form: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

I have a desire to work with others in the community to target at least one of the community goals listed below. I commit to work collaboratively with others to target, measure and achieve these goals. Identify at least one goal below.

- Children and teens are successful in school.
- People of all ages have access to mental and physical healthcare.
- People have steady jobs and financial stability.

This organization is a health and human service organization providing services to people in Douglas County, Kansas and intends to request funding through United Way to address these goals.

I certify that this organization provides services in Douglas County, Kansas and has done so for at least two years.

I certify that a governing body with at least five members, whose members have no material conflict of interest and serve without compensation, actively directs this organization. (board list provided)

I certify that the Internal Revenue Service recognizes this organization as tax-exempt under 26 U.S.C. 501(c)3 and to which contributions are tax deductible. (IRS determination letter attached or on file)

I certify that this organization accounts for its funds in accordance with generally accepted accounting principles (GAAP).

I certify that this organization annually completes a financial audit, conducted by an external auditor, within 9 months of the end of the fiscal year. (most recent audit attached or on file)

I certify that this organization completed an IRS Form 990 within 9 months of the end of the fiscal year. (current IRS Form 990 attached or on file)

I certify that this organization will use the United Way brand in marketing and promotion and supports all efforts to raise awareness, including conducting an internal United Way campaign and speaking on behalf of United Way.

I certify that this organization is willing to promote a public affiliation with United Way. Our statement of partnership (description of how your agency will work with United Way to address Community Goals), which United Way may use is:

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I certify that all above statements are true, as indicated by my signature below.

Signature: \_\_\_\_\_

Please return this completed form and supporting documentation to:  
Erika Dvorske, President/CEO  
United Way Center for Human Services  
2518 Ridge Court, Ste 200  
Lawrence, KS 66046

OR by email:  
[uwdirector@unitedwaydgco.org](mailto:uwdirector@unitedwaydgco.org)