Each year our partner agencies must meet all eligibility requirements, as described below. A partnership with the Town of Palm Beach United Way is at the sole discretion of the Town of Palm Beach United Way, and we reserve the right to exclude from partnership any agency that fails to demonstrate and maintain sound organizational management practices, adequate capacity to deliver programs and services, or appropriate stewardship of resources.

**This is the first step in the application process for 2025-2026 funding.** Once your Pre-Application and supporting documents are received and reviewed, if applicable, a New Agency Application will be emailed to you. Eligibility requirements:

1. **The agency has a substantial local presence and programming in Palm Beach County.**
2. **The agency has been incorporated in the State of Florida as a not-for-profit and has a registered Articles of Incorporation and Bylaws. The agency must have been incorporated for a minimum of two years prior to January 1st of the application year.**
3. **The agency is recognized by the IRS as tax-exempt under 501(c) 3 of the Internal Revenue Code and have been notified by the IRS that the organization is not a private foundation as defined in Section 509(a) of the Internal Revenue Code.**
4. **The agency is registered with the Florida Department of Agriculture and Consumer Services and has received a valid Charitable Solicitation Letter.**
5. **The agency must be able to demonstrate and document community programming and activities.**
6. **The agency has an active and responsible governing board of three or more, whose members have no material conflict of interest and a majority of whom serve without compensation, which directs the organization.**
7. **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.**
8. **The agency’s fundraising plus management expenses represent 25% or less of the total expenses for the last fiscal year, as reported on the IRS Form 990.**

NOTE: The management expense represents the percentage of dollars spent on administrating a nonprofit. This percent is calculated by dividing the amount in Part IX (Statement of Functional Expenses), Line 25, Column C (Management and General) by Total Expenses Line 25 Column A.   Fundraising Expenses are calculated as a percentage by dividing the amount in Part IX (Statement of Functional Expenses), Line 25, column D (Fundraising) by Total Expenses Line 25 Column A.

1. **The agency is audited by an Independent Certified Public Accountant and has a GAAP audit with an unqualified opinion.**
2. **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.**
3. **The agency is in compliance with all Federal, state and local rules, regulations and codes and all applicable licensing requirements governing its operation.**

**CHECKLIST**

You **MUST** answer “yes” to all of the following to proceed further in the application process.

|  |  |
| --- | --- |
| **STANDARD** | **CIRCLE ONE** |
| 1. Agency has a local presence and programming in Palm Beach County | Yes or No |
| 1. Agency is incorporated in the State of Florida | Yes or No |
| 1. Agency is recognized by the IRS as tax-exempt under 501(c)3 | Yes or No |
| 1. Agency has a Charitable Solicitation Letter | Yes or No |
| 1. Agency can demonstrate and document community programming | Yes or No |
| 1. Agency has an active and responsible governing board of three or more | Yes or No |
| 1. Agency files IRS Form 990 in a timely manner | Yes or No |
| 1. Agency’s fundraising plus management expenses represent 25% or less | Yes or No |
| 1. Agency is audited and has an unqualified opinion | Yes or No |
| 1. Agency does not discriminate in the provision of services | Yes or No |
| 1. Agency complies with all Federal, state and local laws | Yes or No |

**REQUIRED ATTACHMENTS**

Please enter the date that appears on each document.

|  |  |
| --- | --- |
| **ATTACHMENT** | **DATE OF PAPERWORK** |
| 1. Articles of Incorporation |  |
| 1. Bylaws |  |
| 1. IRS 501(c)3 documentation from the IRS |  |
| 1. Florida Department of Agriculture Charitable Solicitation Letter |  |
| 1. Governing Board Roster |  |
| 1. Most recent IRS Form 990 |  |
| 1. Most recent Audit |  |
| 1. Audit management letter and response (if applicable) |  |
| 1. Board statement regarding discrimination |  |

**FUNDRAISING AND ADMINISTRATIVE EXPENSES**

|  |  |
| --- | --- |
| 1. Management expenses | $ |
| 1. Management as a percent of total expenses | % |
| 1. Fundraising expenses | $ |
| 1. Fundraising as a percent of total expenses | % |
| **TOTAL ADMIN AND FUNDRAISING (lines 21 and 23)** | **$** |
| **TOTAL ADMIN AND FUNDRAISING AS A PERCENT OF TOTAL EXPENSES (lines 22 + 24)** | **%** |