



*United Way*  
OF THE GREATER LEHIGH VALLEY

## Qualified Community Partner Application

Welcome, and thank you for your interest in becoming a qualified community partner agency with us. We are excited about the possibility of working together to create meaningful impact and drive mutual success.

United Way of the Greater Lehigh Valley envisions a community where every person belongs and every person thrives. We have a solid plan and clear, bold goals to ensure that more students are successful in school, more older adults can access the resources they need to stay healthy and every person in the Greater Lehigh Valley has a solid foundation of food, housing and mental health supports.

Our partner network plays a role in delivering solutions and services, and we are always looking to collaborate with organizations that share our values of integrity, inclusivity, impact, excellence and agility.

We look forward to learning more about your agency, exploring areas of synergy, and building a strong and productive partnership!

### Core Criteria/Requirements/Benefits

Does the organization meet the following core criteria:

- All United Way of the Greater Lehigh Valley partners are locally-based, 501c(3) nonprofit organizations, providing local services in Carbon, Lehigh, Northampton and Counties.
- Must have 501c(3) status for a minimum of one year or attachment to a fiscal sponsor with active 501c(3) status.
  - A fiscal sponsor is a nonprofit organization that provides fiduciary oversight, financial management and other administrative services to help build the capacity of charitable projects.
- Pennsylvania Department of Education licenses/registered school districts or for-profit organizations are also eligible.
- Provides health and human services programming in the areas of education, healthy aging, food access and/or emergency services.
- Does not discriminate against (hiring process and recipients of services) on the basis of race, color, national origin, religion, sex, gender identity, disability, medical condition, ancestry, marital status, sexual orientation, citizenship, age or service in the uniformed services. Specific exclusions necessary to the essential operation of a program(s) will be reviewed on a case-by-case basis. (Example: women's shelter)

## **Requirements of being a UWGLV Partner**

- Meet initial qualification criteria in United Way Qualified Community Partner Application
- Meet qualification renewal criteria: Annual (funded) or Biannual (non-funded)
- Run a United Way Campaign (annual)
  - A workplace campaign with United Way of the Greater Lehigh Valley is a coordinated effort within a company or organization to raise funds and awareness for community needs. Employees are invited to contribute through payroll deductions, special events and volunteer opportunities. These campaigns help support local programs focused on education, healthy aging and community stability. By participating, businesses foster a culture of giving and social responsibility among their teams. It's a simple yet impactful way for workplaces to make a difference in the Greater Lehigh Valley.
- Observe brandmark usage guidelines when using the United Way logo

## **Benefits of being a UWGLV Partner**

- Eligible to apply for one year and/or multi-year grants as available
- Employees can designate to approved health and human services 501(c)(3)'s with no administrative fee\*
- Priority consideration for collaboration with UWGLV on current initiatives
- Access to Member Agency Portal\*
- Access to submit organization events to UWGLV website
- Ability to connect and collaborate with other nonprofits and corporate partners
- Eligible for organizational capacity building, training and support\*

\*Nonprofits Only

## UWGLV Qualified Community Partner Application

UWGLV accepts partner applications on a rolling basis and organizations will be notified within 30 days of receipt. Please contact us if there are any questions regarding how the organization can meet the outlined criteria.

- Applications can be accessed via e-CImpact, UWGLV's online grants management platform. [United Way of the Greater Lehigh Valley: Organization Site](#)
- For questions about the application, please contact Priscilla Rosado at 610.807.5731 or [priscillar@unitedwayglv.org](mailto:priscillar@unitedwayglv.org).
- Please note: The United Way Qualified Community Partner Application is a necessary condition for funding but does not guarantee that the organization will receive funding in the future.

Organization Name:

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Organization Address:

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Federal EIN number:

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Website:

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Executive Director's Name:

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Executive Director's Phone:

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Executive Director's Email:

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Board President/Chair's Name:

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Board President/Chair's Phone:

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Board President/Chair's Email:

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Mission Statement:

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Are you submitting this application as a Fiscal Sponsor\* on behalf of an organization, group or individual that is conducting a project or charitable effort and does not have their own 501(c)(3)?

Yes ☐ No ☐

If yes, indicate the name of the organization, group, or individual that is being sponsored:

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\*The IRS guidelines require that the receiving entity, (the sponsor):

- Must be a 501(c)(3) public charity
- The receiving entity must retain discretion and control of the funds
- The activities must be charitable in nature
- The sponsor must maintain records that substantiate the use of funds for appropriate 501(c)(3) purposes

## UWGLV Qualified Community Partner Application Instructions

Prior to sending in the completed application:

1. Review the application
2. Sign the Signature and Approval section below attesting that the information provided is true and correct, and that it has been duly authorized and approved by the Board of Directors
3. Submit all requested materials with this application

### Signatures and Approval

As the Chief Volunteer, Professional and Financial Officers, we hereby certify and attest to the validity of the Qualifications Criteria for United Way Partner consideration. In addition, we affirm that the Board of Directors reviewed and approved this document on\_\_\_\_\_.

\_\_\_\_\_  
Signed Name Executive Director/Chief Professional Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name Executive Director/Chief

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed Name Chief Financial Officer Professional Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name Chief Financial Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signed Name Board President/Chief Volunteer Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name Board President/Chief

\_\_\_\_\_  
Date

**CRITERION #1 Provides health and human services programming in at least one of the following areas:  
Education, Healthy Aging and/or Community Stability:**

Yes

No

☐  
☐  
☐☐  
☐  
☐

Education  
Healthy Aging  
Community Stability (food and housing)

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**CRITERION #2 Provides health and human services programming in at least one of the following locations:**

Yes

No

☐  
☐  
☐☐  
☐  
☐

Carbon County  
Lehigh County  
Northampton County

Please list any additional counties served:

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**CRITERION #3 Tax Status**

**Please attach a copy of the organization's IRS 501(c)(3) Letter of Tax Exemption.**

Yes

No

☐  
☐☐  
☐

Organization has at least one year of IRS 501(c)(3) status  
Attached to a fiscal sponsor for at least one year

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#### CRITERION #4 Nondiscrimination

**Please attach an organizational document that states the anti-discrimination policy.**

The organization does not discriminate against (hiring process and recipients of services) on the basis of race, color, national origin, religion, sex, gender identity, disability, medical condition, ancestry, marital status, sexual orientation, citizenship, age or service in the uniformed services. Specific exclusions necessary to the essential operation of a program(s) will be reviewed on a case-by-case basis. (Example: women's shelter)

Yes ☐ No ☐

If 'No', please attach a description of specific exclusions and why they are necessary to the essential operation of a program(s).

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#### CRITERION #5 Articles of Incorporation

**Please attach a copy of the organization's Articles of Incorporation.**

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#### CRITERION #6 Bylaws

**Please attach a copy of the organization's bylaws.**

Required Practices:

Yes No

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | States that at least four (4) board meetings with quorum held each year |
| <input type="checkbox"/> | <input type="checkbox"/> | Board is comprised of a majority of independent and unrelated directors |

Encouraged Practices:

- |                          |                          |   |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Criteria for membership and term lengths  |
| <input type="checkbox"/> | <input type="checkbox"/> | Provisions for the size and election of the Board of Directors Description for established officers |
| <input type="checkbox"/> | <input type="checkbox"/> | Board is responsible for policy development   |
| <input type="checkbox"/> | <input type="checkbox"/> | Board is responsible for resource development/financial viability                                   |
| <input type="checkbox"/> | <input type="checkbox"/> | Board is responsible for evaluation of the organization's activities                                |
| <input type="checkbox"/> | <input type="checkbox"/> | Board is responsible for supervising the Chief Professional Officer                                 |
| <input type="checkbox"/> | <input type="checkbox"/> | Board is only made up of volunteers   |

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#### **CRITERION #7 Board Roster**

**Please attach a current Board of Directors roster with the following information:**

- Names
- Designation of officers (President, Vice President, Treasurer, Secretary)
- Beginning and ending term dates

#### **CRITERION #8 Pennsylvania Bureau of Charitable Organizations Certificate *\*\*Nonprofits only***

**Please attach proof of annual Certificate of Registration with the State of Pennsylvania Bureau of Charitable Organizations.**

**OR**

**Attach documentation that the organization is excluded or exempt from the Pennsylvania Solicitation of Funds for Charitable Purposes Act.**

Reason excluded or exempted:

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#### **CRITERION #9 Policies and Procedures (Code of Conduct policy):**

UWGLV requires the following:

Yes      No

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Policies and procedures are reviewed and revised at least once every two years |
| <input type="checkbox"/> | <input type="checkbox"/> | Governing conflicts of interest and self-dealing transactions                  |
| <input type="checkbox"/> | <input type="checkbox"/> | Document retention and destruction policy                                      |
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#### **CRITERION #10 Whistleblower Policy**

**Please attach the organization's whistleblower policy.**



**CRITERION #11 Measuring Organizational Impact**

Please explain the organization's program service accomplishments for each of your largest program services.

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**CRITERION #12 Current/Pending Litigation**

Does the agency have any current or pending litigation against the Board of Directors, Organization Executive(s) and/or the organization that was not captured in the financial audit?

Yes ☐ No ☐

If yes, please attach an explanation.

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**CRITERION #13 Insurance**

Please attach the organization's Certificate of Liability insurance

## CRITERION #14 Financial Statements

### Financial Information

UWGLV requires all partners to submit the following financial information to become a qualified partner. There are three different budget thresholds related to the type of documentation you will be asked to provide.

Total Revenue	Board-approved financial document required	Method Requirement	Financial Tier
\$750,000 +	Financial audit	Accrual Basis	Financial Tier 1
\$425,000 - \$749,999	Financial review	Accrual Basis	Financial Tier 2
\$424,999 and under	Financial statement (\$25k cap on grants)	Modified Cash Basis	Financial Tier 3

*NOTE: Organizations funded by UWGLV can use up to 5% of their award amount for an audit or review by an auditor or CPA.*

#### Tier 1 Qualifications:

**Financial Audit:** The audit must be prepared by an independent certified public accountant, covering the fiscal year ending not more than 18 months prior to application submission. The audit must be prepared in accordance with Generally Accepted Auditing Standards and Generally Accepted Accounting Principles, to include an opinion regarding the presentation of the organization's financial statement. This must be presented to your board.

**Form 990:** IRS Form 990 or Form 1120: The organization files an annual Form 990 or Form 1120, if required by the IRS. The IRS form should match the year of the audit, review or board-approved financial statements provided.

**Federal Tax-Exempt Status:** Copy of the organization's IRS 501(c)(3) Letter of Tax Exemption.

**State Tax-Exempt Status:** Proof of annual certificate of registration with the State of Pennsylvania Bureau of Charitable Organizations OR attach documentation that the organization is excluded or exempt from the Pennsylvania Solicitation of Funds for Charitable Purposes Act.

#### Tier 2 Qualifications:

**Financial Review** prepared by an independent, licensed certified public accountant, covering the fiscal year ending not more than 18 months prior to application submission. The review must be prepared in accordance with Generally Accepted Accounting Principles and approved by your board.

**Form 990:** IRS Form 990: The organization files an annual Form 990, if required by the IRS. The IRS form should match the year of the audit, review or board-approved financial statements provided.

**Federal Tax-Exempt Status:** Copy of the organization's IRS 501(c)(3) Letter of Tax Exemption.

**State Tax-Exempt Status:** Proof of annual certificate of registration with the State of Pennsylvania Bureau of Charitable Organizations OR attach documentation that the organization is excluded or exempt from the Pennsylvania Solicitation of Funds for Charitable Purposes Act.

### **Tier 3 Qualifications: Templates available upon request**

**Financial Statement:** This should include the balance sheet and a profit and loss statement. This must be approved by your board and must cover the most recent full fiscal year prior to the application date. The statement must be in accordance with Generally Accepted Accounting Principles (accrual basis account) OR in accordance with the modified cash basis guidelines detailed below.

*Modified cash basis shall include:*

- Unrealized/realized gains and losses on long-term investments
- Fixed assets and depreciation
- Long- and short-term debt

### **What is UWGLV looking at in these documents?**

- Diversification of revenue sources
- Debt ratio: Ideally the current liabilities amount is 75% or less of the unrestricted net assets amount (current liabilities/unrestricted net assets)
- Ratio of administrative costs to total expenses: Ideally overhead costs are 20% or less of total expenses (fundraisings plus M&G expenses/total expenses)
- Legal disclosure in the footnotes or notice of any pending litigation that could have a material effect on the financial statements
- The financial documents are board approved

**CRITERION #15 IRS Form 990 or IRS Form 990-N** (applies to organizations with less than \$50,000 in revenue): The organization files an annual Form 990 or Form 990-N, if required by the IRS. The IRS form should match the year of the audit, review or board-approved financial statements provided.

**Federal Tax-Exempt Status:** Copy of the organization's IRS 501(c)(3) Letter of Tax Exemption.

**State Tax-Exempt Status:** Proof of annual certificate of registration with the State of Pennsylvania Bureau of Charitable Organizations OR attach documentation that the organization is excluded or exempt from the Pennsylvania Solicitation of Funds for Charitable Purposes Act.

## **CRITERION #16 Accessibility of Services**

The organization's facility where customers receive services or inquire about services has accessible parking, entrance and path of travel and restrooms.

Check all that apply:

- ☐ Accessible parking for people with disabilities to get into or out of a vehicle, and around the vehicle
- ☐ A route of entrance and travel that does not require the use of stairs, is at least 36 inches wide and curbs on the route have curb cuts at drives, parking and drop-offs
- ☐ Restrooms that meet the Americans with Disabilities Act accessibility guidelines, including specifications for wheelchair access, sinks and counters and stalls and urinals

Additional information or details regarding an Accessible Environment (list or attach):

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## **CRITERION #17 Access to Services: Language and Materials**

Non-English speaking and deaf and hard of hearing customers can receive services or inquire about services through language interpreters or multilingual staff, and organization or program materials are available in alternate formats.

Check all that apply:

- ☐ Multilingual staff
- ☐ Language interpreters
- ☐ Materials that are available in multiple languages
- ☐ Materials that are available in alternate formats. Examples: braille, captioned multimedia, audio description, electronic format, large print

Additional information or details regarding Language and Materials (list or attach):

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