



New Member Agency (Funded Partner) Application

Agency Information:

1. Legal name of Organization: _____
2. FEIN: _____
3. Other name(s) your organization maybe known as: _____
4. Address: _____
5. Phone Number: _____ Website: _____
6. Executive Director Name: _____
7. Executive Director Email: _____ Phone: _____
8. Contact Name for Application: _____
9. Application Contact Email: _____ Phone: _____
10. What Counties Do You Serve?

<input type="radio"/> Caddo	<input type="radio"/> Tillman	<input type="radio"/> Harmon
<input type="radio"/> Comanche	<input type="radio"/> Beckham	<input type="radio"/> Collingsworth, TX
<input type="radio"/> Cotton	<input type="radio"/> Greer	<input type="radio"/> Childress, TX
<input type="radio"/> Kiowa	<input type="radio"/> Jackson	<input type="radio"/> None of the above
11. For each of the counties you serve, please describe available services, frequency of services and how are those services delivered (virtual, phone, in-person, must travel to main location, etc.) (250 Word Limit)
12. All Member Agencies must:
 - be a 501(c)3 nonprofit organizations in good standing that have active tax-exempt status by the Internal Revenue Service (IRS).
 - be in compliance with State of Oklahoma regulations (OK Certificate of Registration).
 - have a volunteer board of directors that meets at least quarterly.
 - meet all other requirements in the UWSWOK Criteria for Admission Guidelines.

Do you meet these requirements?

 - Yes
 - No
13. Please Share Organizations Mission:



14. Which of the United Way of Southwest Oklahoma (UWSWOK) priority areas do you support with your proposed programs and services?
- Youth Opportunity (Education)
 - Health
 - Financial Stability
 - Basic Needs
15. How does your organization’s mission align with the UWSWOK mission and priorities? *(250 Word Limit)*
16. How does your organization currently collaborate with UWSWOK, UWSWOK member agencies and other organizations? *(250 Word Limit)*

Program Description

17. What is the community need(s) your organization is looking to address? Please use accessible local data from reputable sources like community need assessments or okforalice.org. When possible, provide links to the data sources. *(500 Word Limit)*
18. How will being a UWSWOK Member Agency support your organization with using new and creative approaches to address longstanding or emerging community need(s)? *(500 Word Limit)*
19. What will be the impact and specific measurable outcome of your approach? *(250 Word Limit)*
20. What other organizations provide similar services? How is your organization/program different? *(250 Word Limit)*

Organizational Capacity

21. How will your organization leverage other resources to support the program and maximize the benefits of United Way resources? *(250 Word Limit)*
22. Describe your organizational leadership structure, including key staff roles and board governance. *(250 Word Limit)*
23. What systems, policies, and procedures does your organization have in place to ensure effective supervision, program implementation, and operational efficiency? *(250 Word Limit)*
24. Optional - What else would you like us to know? *(500 Word Limit)*



Required Documents

Please submit the copies of following documents with your application:

- Letter of Incorporation
- IRS not-for-profit tax-exempt letter (501(c) 3)
- Oklahoma Certificate of Registration
- By-laws
- Non-discrimination Policy
- Most Recent audit performed by an independent CPS using generally accepted accounting principles (Financial Review may be accepted under certain circumstances)
- Most Recent IRS 990
- Current List of Board of Directors
- Signed UWSWOK Criteria for Admissions Guidelines