

Yuba-Sutter-Colusa United Way 2025 Partner Agency Application

Please return your completed application by email to: terry@yscunitedway.org or by mail to P.O. Box 122, Marysville, CA 95901, or in person, 825 9th Street, Suite B, Marysville.

Deadline for submission is Monday, December 2, 2024 by 4:00 p.m.

APPLICATION CHECKLIST

_____ Original Completed Partner Agency Application, with signature (pages 3-5)

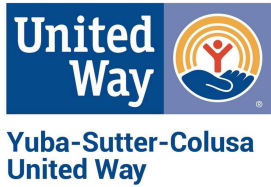
_____ Original Counterterrorism Compliance form, with signature (page 6)

REQUIRED ATTACHMENTS

_____ Copy of agency's most recent IRS Form 990

_____ Copy of current Board Member and Officers list with contact information
(email, address, phone number, etc)

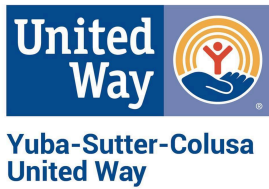
_____ 2025 Board Meeting Schedule



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CRITERIA FOR PARTNER STATUS

1. Agency be willing to consult with the Yuba-Sutter-Colusa United Way board and its representatives regarding the application.
2. Agency be willing to use Yuba-Sutter-Colusa United Way branding on promotional materials (where appropriate), including, but not limited to brochures, newsletters, websites, and social media, in accordance with Yuba-Sutter-Colusa United Way branding policies.
3. Agency is a legal non-profit organization under Section 501(c)(3) of the Internal Revenue Code and the State of California and governed by a board of directors that meets regularly.
4. Agency provides service within the geographic boundaries of Yuba, Sutter, and/or Colusa Counties.
5. Agencies that extend beyond the boundaries of Yuba-Sutter-Colusa Counties, will use donations received from the Yuba-Sutter-Colusa United Way for the benefit of the residents of the area served by Yuba-Sutter-Colusa United Way.
6. Agency will not discriminate on the basis of race, color, religion (creed), gender, age, national origin or ancestry, disability, marital status, sexual orientation, military status, nation of origin, or age in any of its operations or activities. Targeted services are not considered discrimination (i.e. senior services, youth services, etc.)
7. Agency be willing to provide volunteer(s) for a minimum of 1 (one) YSCUW fundraising event per calendar year.
8. Agency be willing to attend YSCUW's Community Resource Fair: May 17, 2025



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LEGAL NAME OF AGENCY _____

DBA (if different from above) _____

PHYSICAL ADDRESS _____

MAILING ADDRESS (If different) _____

CITY, STATE, ZIP _____

TELEPHONE _____ FAX _____

WEBSITE _____

EIN# _____

*PRIMARY CONTACT NAME _____ TITLE _____

*PRIMARY CONTACT EMAIL _____

* Please note: the contact name and email address listed above should be the person who will be the primary contact interacting with YSCUW throughout the year.

AGENCY CERTIFICATION

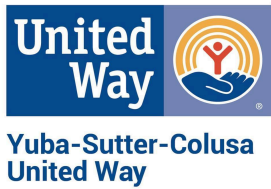
I certify that the practice of this organization conforms to the Yuba-Sutter-Colusa United Way policies listed in "Criteria for Partner Status" including legal non-profit corporation status as required by the United States Government and the State of California.

President or Other Authorized Official (*Print*)

Date

Signature





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5. Yuba-Sutter-Colusa United Way focuses on three key pillars: education, financial stability, and health. Which pillar(s) does your agency align with? For each selected pillar, briefly explain how your programs or services support these areas.

☐ Education

☐ Financial Stability

☐ Health

6. Provide a brief statement (50 words or less) describing the primary purpose or function of your agency, to be used for marketing and promotional purposes.

COUNTERTERRORISM COMPLIANCE

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the Yuba-Sutter-Colusa United Way requests that each funded agency ("Organization") certify that it is in compliance with the Yuba-Sutter-Colusa United Way and the United Way Worldwide's compliance program.

ORGANIZATION NAME: _____

*In this form, "material support and resources" means currency or monetary instruments or financial securities, financial services, lodging, training, expert advice or assistance, safe houses, false documentation or identification, communications equipment, facilities, weapons, lethal substances, explosives, personnel, transportation, and other physical assets, except medicine or religious materials.

I certify on behalf of the organization named above:

Check the Appropriate Box to Indicate Your Compliance With Each of the Following:	Comply	Do Not Comply
This Organization is not on any federal terrorism "watch lists," including the list in Executive Order 13224, the master list of specially designated nationals and blocked persons maintained by the Treasury Department, and the list of Foreign Terrorist Organizations maintained by the State Department.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial, technical, in-kind or other material support or resources* to any individual or entity that is a terrorist or terrorist organization, or that supports or funds terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided or collected funds or provided material support or resources with the intention that such funds or material support or resources be used to carry out acts of terrorism.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not, will not and has not knowingly provided financial or material support or resources to any entity that has knowingly concealed the source of funds used to carry out terrorism or to support Foreign Terrorist Organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization does not re-grant to organizations, individuals, programs and/or projects outside of the United States of America without compliance with IRS guidelines.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>
This Organization takes reasonable steps to certify against fraud with respect to the provision of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>

Organization listed above that the foregoing is true.

Print Name: _____ Title: _____

Signature: _____ Date: _____

This document must be completed annually by all funded agencies.