



DONOR CHOICE PROGRAM

Agency Eligibility Application 2009-2010

INSTRUCTIONS

Please type or print in ink.

Please submit the following required attachments with this application.

- a. Copy of your organization's official letter of 501(c)(3) tax status from the Internal Revenue Service. (State tax board letters, copies of tax returns, employer ID numbers or expired advance rulings may not be substituted for the IRS letter.) See enclosed example.
- b. Official documents stating primary purpose of organization and programs. (Examples: descriptive program brochure, by-laws or annual report)
- c. List of your organization's board members.
- d. A completed and signed Counterterrorism Compliance form.

Please answer all questions. Only complete applications will be considered.

AGENCY INFORMATION

1. Official Agency Name: _____
2. AKA: _____
3. Mailing Address: _____
4. Telephone Number: () _____ 5. County agency located in: _____
6. Organization's primary purpose: _____

7. Brief description of activities: _____

8. Target client group: _____
9. Service area: _____

10. Please answer each of the following questions:

- a. Do you provide or support human health and/or social services? Yes No
- b. Do you have a 501(c)(3) tax-exempt status from the Internal Revenue Service? Yes No
- c. Do you have a volunteer Board of Directors? Yes No
- d. Have you ever been, or are you presently, prohibited from soliciting contributions in Pennsylvania, New Jersey, Delaware or your home state? Yes No
- e. Have you ever been found in violation of, or are presently under investigation for having violated any charitable solicitation statutes in the above named states? Yes No
- f. Does your organization receive support from other United Ways? Yes No
If yes, which one(s)? _____
- g. Is your organization the national headquarters for regional or local branches? Yes No
If yes, briefly describe the support provided to branches in our area. _____

- h. Is your agency a branch, division, or subsidiary of another organization? Yes No
If yes, please provide the name of that organization. _____
- i. Is your organization a government agency? Yes No

I CERTIFY THAT THE INFORMATION CONTAINED IN AND ATTACHED TO THIS APPLICATION IS TRUE.

_____ SIGNATURE	_____ TITLE
_____ NAME (please print)	_____ DATE

Please refer application questions to **our Donor Services Department** at **215-665-2598, option 2.**

RETURN APPLICATION AND REQUIRED DOCUMENTS TO:

**Yvonne Seabrook
Customer Operations Coordinator
United Way of Southeastern Pennsylvania
1709 Benjamin Franklin Parkway
Philadelphia, PA 19103-1294**