

**United Way of Buffalo & Erie County**  
**AGENCY INFORMATION FORM**  
**United Way Campaign – Donor Choice Program**



***TIME SENSITIVE***

**For your agency (organization) to be registered and therefore eligible to receive designations through the United Way campaign, this form must be completed in full, signed, and returned within ten (10) business days to the address below, or faxed to the attention of Maria R. Santiano at (716) 887-2770, or emailed to [maria.santiano@uwbec.org](mailto:maria.santiano@uwbec.org).**

Maria R. Santiano  
 Director of Pledge Services  
 United Way of Buffalo & Erie County  
 742 Delaware Avenue  
 Buffalo, NY 14209

Questions regarding the form should be directed to Maria R. Santiano at (716) 887-2695.

<b>FOR UNITED WAY USE ONLY</b>	
<b>Received</b>	
<b>Eligible</b>	
<b>501(c)(3)</b>	
<b>Agency #</b>	
<b>LS</b>	
<b>UWAFFL</b>	



United Way  
of Buffalo & Erie County

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**I. AGENCY IDENTIFICATION**

A) Federal Tax ID Number: \_\_\_\_\_

B) Agency Name: \_\_\_\_\_

C) Address: \_\_\_\_\_

D) City/State/Zip: \_\_\_\_\_

E) County: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_ Fax: \_\_\_\_\_

Agency Email: \_\_\_\_\_

F) Chief Volunteer Officer: \_\_\_\_\_

Title: \_\_\_\_\_

Chief Volunteer's Business Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

G) Chief Professional Officer: \_\_\_\_\_

Title: \_\_\_\_\_

H) Contact Person: \_\_\_\_\_

Title: \_\_\_\_\_

Phone #: \_\_\_\_\_ E-mail: \_\_\_\_\_

I) Does your organization operate under any other name or is your organization more commonly known by another name? \_\_\_\_\_

If yes, what is the name? \_\_\_\_\_

J) Is your organization affiliated with another United Way? \_\_\_\_\_

a) If yes, which one(s)? \_\_\_\_\_

b) Are you a member agency of that United Way? \_\_\_\_\_



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II. A) What is the mission of your agency? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

B) What are the health & human service programs provided by your agency?  
 Please list any specific program names (you may attach a separate sheet of paper)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

III. Please Check Off Below The Areas Which Best Define The Types Of Services Provided To Community Residents By The Programs Your Agency Provides:

- Alcohol & Substance Abuse Services
- Child Development/Child Care Services
- Elderly Services
- Emergency Assistance for Basic Needs
- Family Violence Prevention, Intervention & Follow Up Services
- Health Education Advocacy, AIDS Services
- Individual & Family Counseling Services
- Information & Referral Services
- Legal Services & Advocacy
- Literacy & Employment Assistance
- Services for the Disabled
- Youth Services
- Other \_\_\_\_\_

IV. Charitable Status 501(c)(3) Determination Letter (please select option below)

- We are registered with the Internal Revenue Service and have attached a photocopy of our 501(c)(3) determination letter.
- Our 501(c)(3) tax-exempt status is granted through an affiliate organization and a copy of this organization’s 501(c)(3) determination letter is attached.
- We are exempt from this requirement. Explanation: \_\_\_\_\_
- Please check this box if you are an ALL volunteer organization.

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Your Organization's Name \_\_\_\_\_

V. Certification of Counter Terrorism Compliance

In compliance with the spirit and intent of the USA PATRIOT Act and other counter terrorism laws, the United Way of Buffalo & Erie County requests that each agency (organization) receiving funds certify compliance with the following conditions:

- 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.
- 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.
- 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, material support or resources be used to carry out acts of terrorism.
- This Organization does not, will not and has not knowingly provided financial, 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.
- 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.
- This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations.
- 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.

*\*"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 this organization all the information provided on this form is correct and our agency fully complies with all the conditions stated above.*

Print Signatory Name \_\_\_\_\_

\_\_\_\_\_  
Signature of Chief Professional Officer  
or Chief Volunteer Officer

\_\_\_\_\_  
Date