

United Way of Lake & Sumter Counties



Application for Sponsorship

United Way of Lake and Sumter Counties offers event sponsorships to organizations that do not currently receive a grant from United Way. Sponsorships are available only to 501(c)3 tax exempt organizations and must sign a US Patriot Act and a W-9 form.

Name of Tax Exempt Organization: _____

Address: _____

Date of Sponsored Event: _____

FEIN: _____

(Please attach a copy of the organization's IRS Letter of Determination to this application.)

Amount of Sponsorship: \$ _____

UWLS may sponsor events from \$250 up to \$1000. Funds are limited.

Please describe the nature of the event and what United Way of Lake and Sumter Counties will receive for sponsoring the event.

State how you will advertise United Way of Lake and Sumter's sponsorship (marketing material, table tents, banners, newspaper ads, event recognition, etc.)

United Way of Lake and Sumter Counties focuses its efforts on impacting Education, Income Stability, and Health. Please identify which of the three impact areas your organization's sponsored event will impact: _____

Send the completed application and supporting documents to UWLS, 32644 Blossom Lane, Leesburg FL 34788, or fax to 352-787-6048, or email to programs2@uwls.org.

USA PATRIOT ACT COUNTERTERRORISM COMPLIANCE

In compliance with the spirit and intent of the USA PATRIOT ACT and other counterterrorism laws, United Way of Lake & Sumter Counties, Inc. requests that each funded agency (“Organization”) certify that it is in compliance with the United Way of Lake & Sumter Counties, Inc. and United Way Worldwide’s (“UWW”) compliance program.

Organization Name: _____

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 provisions of financial, technical, in-kind or other material support or resources to terrorists and terrorist organizations.	<input type="checkbox"/>	<input type="checkbox"/>

*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 listed above that the foregoing is true.

Print Name: _____ Title: _____

Signature: _____ Date: _____