

# Jennings County United Way Agency Certifications

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Principle Contact Person: Name \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## **PART I VERIFICATION OF CHARITABLE USE OF FUNDS**

Select 1 box (one)

We the undersigned as duly appointed representatives of the above named organization,

Verify that even though the organization is not a 501(c)(3) organization (as determined by the Internal Revenue Service), we will use the funds received through Jennings County United Way entirely for charitable purposes.

Verify that the organization is a 501(c)(3) organization (as determined by the Internal Revenue Service). We will use the funds received through Jennings County United Way entirely for charitable purposes.

Federal Tax Identification Number- \_\_\_\_\_

If at anytime, the Board of Directors of the Jennings County United Way, Inc. determines that the funds distributed to our organization were not used for charitable purpose, we agree to repay those funds immediately.

This agreement is in effect as of \_\_\_\_\_, 20\_\_\_\_\_ for a maximum period of 12 months.

## **PART II ANTI-TERRORISM COMPLIANCE MEASURES**

In compliance with the USA PATRIOT Act and other counter terrorism laws, the Jennings County United Way requires that each agency certify the following:

“I hereby certify on behalf of the above named organization that all United Way funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.”

\_\_\_\_\_  
Signature of Representative (**Volunteer**)

\_\_\_\_\_  
Signature of Representative (**Staff**)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Title

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name