

**ATTACHMENT D: Counterterrorism Compliance Form 2019-2020**

In compliance with the spirit and intent of the USA PATRIOT Act and other counterterrorism laws, the United Way for Cortland County requests that each applicant agency (“Organization”) certify that it is in compliance with the United Way for Cortland County and the United Way of America’s (“UWA”) compliance program.

Organization Name: \_\_\_\_\_

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.

**Comply** \_\_\_\_\_                      **Does Not Comply** \_\_\_\_\_

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.

**Comply** \_\_\_\_\_                      **Does Not Comply** \_\_\_\_\_

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.

**Comply** \_\_\_\_\_                      **Does Not Comply** \_\_\_\_\_

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.

**Comply** \_\_\_\_\_                      **Does Not Comply** \_\_\_\_\_

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.

**Comply** \_\_\_\_\_                      **Does Not Comply** \_\_\_\_\_

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.

**Comply** \_\_\_\_\_                      **Does Not Comply** \_\_\_\_\_

This Organization takes reasonable, affirmative steps to ensure that any funds or resources distributed or processed do not fund terrorism or terrorist organizations

**Comply** \_\_\_\_\_                      **Does Not Comply** \_\_\_\_\_

\* 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: \_\_\_\_\_

**ATTACHMENT E: Certification Checklist 2019-2020**

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ Is your organization recognized as exempt from taxation under Section 501(c) (3) of the Internal Revenue Code as well as from corresponding provisions of other applicable state and local laws and regulations?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ Does your organization file a Form 990? If not, why?

Explanation:

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ Does your organization have an annual audit conducted by an independent certified public accountant? Organizations with annual revenue of less than \$250,000 may have their financial statements reviewed by an independent accountant.

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ Does your organization have an active, responsible and voluntary governing body which ensures effective governance over policies and financial resources of the organization?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ Does your organization adhere to a locally developed and adopted code of ethics for volunteers and staff which includes provisions for ethical management, publicity, fundraising practices and full and fair disclosure? If not, why?

Explanation:

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ Have you completed the Counterterrorism Compliance Sheet?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_ Have you included the following sections (1-8 and A-E) with your grant proposal in the required format?

<p><b><i>I have included, as part of my paper copies (5 copies each) AND electronic Word Document application, 15 page maximum:</i></b></p> <p>_____ 1. Cover Sheet - 1 page maximum          _____ 2. Program Methodology Narrative          _____ 3. Outcomes Narrative          _____ 4. Outcomes Chart - 2 pages maximum          _____ 5. Budget Narrative          _____ 6. Budget Worksheet          _____ 7. Collaboration &amp; Partnerships Table - 1 page maximum          _____ 8a. Organizational Summary - NEW APPLICANTS ONLY              OR          _____ 8b. Outcomes Success – 17/18 AWARD RECIPIENTS ONLY</p>	<p><b><i>I have included, as part of my electronic application only:</i></b></p> <p>_____ 9. Community Impact Story – 17/18 AWARD RECIPIENTS              Word Document, attach jpg files if appropriate          _____ Attachment A: Most Recent Annual Report and Audit          _____ Attachment B: Roster of Board Members and Dates          _____ Attachment C: Most Recent Budget or Balance Sheet          _____ Attachment D: Counterterrorism Compliance Form          _____ Attachment E: Certification Checklist</p>
--	--

Disclosures Notices

By submitting this RFP and signing below, we certify that the above information is true and correct to the best of our knowledge. We understand that submission of this year’s funding request does not guarantee United Way for Cortland County funding at any level or in any consecutive year. We also understand that the UWCC Panel assigned to review this funding request may take the authority to reassign our request to a specific community impact focus area or to the discretionary funding area, if necessary or appropriate.

**Program Name** \_\_\_\_\_

**Organization Name** \_\_\_\_\_

**Board President Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Executive Director Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Program Director Signature** \_\_\_\_\_ **Date** \_\_\_\_\_