**United Way of southeastern Connecticut**

**partner agency compliance checklist**

 **agency Name**:

|  |  |  |
| --- | --- | --- |
| **Check the appropriate column to indicate your compliance with each of the following:** | **CEO/ED** | **CVO/BOD PRESIDENT** |
| All United Way Partner Agency and Partner Program information has been updated on the 2-1-1 website. Instructions on how to update agency and program information can be found at: <http://uwc.211ct.org/professionals/>.  | [ ]  | [ ]  |
| The agency meets all United Way Partner Agency criteria. | [ ]  | [ ]  |
| The agency meets all Board of Directors requirements as stated in the agency’s bylaws, including number of board members and number of meetings held per year. | [ ]  | [ ]  |
| The agency has reviewed and follows United Way publicity guidelines. | [ ]  | [ ]  |
| The agency will run an annual United Way Giving Campaign. | [ ]  | [ ]  |

**I certify, on behalf of the Agency, the above listed is true.**

Chief Executive Officer

Name:

Title:

Date:

Chief Volunteer Officer/Board President

Name:

Title:

Date: