

**UAB FACULTY AND STAFF BENEVOLENT FUND**  
**DESIGNATION NONPROFIT APPLICATION**



**Applications are accepted on a rolling basis with a Deadline of October 15.**

*Please type cover page and application*

**Name of Nonprofit:** \_\_\_\_\_

We \_\_\_\_\_are \_\_\_\_\_ are not a branch of a larger national nonprofit

**Director's Name:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Mailing Address:** \_\_\_\_\_

\_\_\_\_\_

**Street Address:** \_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

**Web Address:** \_\_\_\_\_

**Social media sites:** \_\_\_\_\_

**Tax ID (EIN):** \_\_\_\_\_

**Date of 501 (c) (3) determination:** \_\_\_\_\_

**Individual Completing Application:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

I verify the information contained in this application is complete and accurate. I understand that we may be asked to answer additional questions and make a presentation regarding the proposal. I further certify that our IRS 501 (c) (3) status has not been changed or revoked.

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

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



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Requirements for UAB Benevolent Fund Designation Nonprofits		True	False
A.	Our nonprofit has as its mission to provide service, education and/or research to meet human health-care needs and social services.		
B.	Our nonprofit has been a 501 (c) (3) and maintained a local presence for at least 3 years prior to the date of application.		
C.	Our nonprofit or chapter provides its primary services within the UAB service area.		
D.	Our nonprofit's board approved non-discrimination policy goes beyond what is required by federal law to include genetic or family medical history, sexual orientation, gender identity and gender expression. This mirrors UAB's nondiscrimination policy.		
D.	Our nonprofit status is independent of UAB and more than 50% of our funding comes from outside of UAB.		
E.	What percentage of your budget originates outside UAB? STATE PERCENTAGE	_____ %	
F.	Our nonprofit has fundraising and administrative overhead costs lower than 35% of your total budget. (For our purposes, program related salaries and program expenses such as rent for program space are not considered administrative expenses )		
G.	What is your percentage of fundraising & administrative overhead? STATE PERCENTAGE	_____ %	
H.	What percentage of your nonprofit's resources are spent annually on lobbying and advocacy efforts? Lobbying involves communicating directly or soliciting others to communicate with elected officials or their staff to influence specific legislation at any level while advocacy is focused on education about a specific issue.	_____ %	
I.	We have provided commitments for new Benevolent Fund Pledges from a minimum of 5 UAB employees totaling a minimum of \$1,000 to be designated to our nonprofit. To remain on the list of nonprofits to which UAB employees can designate, nonprofits should maintain a minimum designation amount of \$1,000 from UAB employees.		

***If "False" is marked on any of the above items or if any items below are not attached, your application will not be considered.***

**APPLICATION**

(limit 5 pages for items 1-5. Please number pages and identify the question to which each response relates)

1. STATEMENT OF PURPOSE (*Mission/Vision/Values Statement*):
2. Brief History of Organization
3. Description of Programs to be Funded:
  - a) General description of programs to be funded including the community need it addresses and specific goals of the program:
  - b) Number of persons served (include target population and frequency/intensity of services):



- c) How is the success of the program evaluated? (attach evaluation documents, provide most recent aggregate program evaluation results and share a success story; this is *not* included in the 5 page limit)
- d) Please explain how your programs collaborate with and differ from other nonprofit programs that offer similar services in our community?

4. Does your nonprofit require and/or have a certain level of cash reserves? Please explain.

5. Please describe your collaborations, if any, with UAB, UAB Hospital, UAB Health Services Foundation, UAB Health System, Callahan Eye Hospital and Viva Health following the sample chart below. “Nonprofit staff Hours” should reflect the number of hours staff at your nonprofit spent last year in collaboration with UAB students, faculty and staff. Activities may include but are not limited to the following:

- a) Students engaging in service learning or research with your non-profit
- b) Faculty or staff volunteering with your agency
- c) academic and medical research conducted in collaboration with UAB
- d) special programs specifically for UAB employees or students

Please reproduce this chart to show your collaborations with UAB.

<b>Collaborative Activity Name</b>	<b>Description of Collaborative Activity</b>	<b>Names of UAB faculty &amp; staff when applicable</b>	<b>Nonprofit Staff Hours</b>
Domestic Violence on the College Campus	Trained Student Life staff on recognizing and responding to domestic violence	Jane Doe, UAB Student Life	11
Diabetes Research	“identification of a TXNIP-Regulated microRNA Involved Insulin Production \$150,000 award	Sally Researcher, M.D. Endocrinology	25
Mentorship	3 students shadowed professional staff one afternoon a week for 10 weeks	Dr. John Therapist, Occupational Therapy	40
Board volunteer	Service on our board of directors; approximately 3 hours per month	Mike Volunteer, UAB Financial Affairs	36

6. Please include copies of the following

- a) Verification of Internal Revenue Service 501 (c) 3 status (letter from IRS)
- b) Board approved and signed Non-Discrimination Policy. (the policy should be inclusive of staff, volunteers and individuals served by your nonprofit)
- c) Organizational Chart (include staff and volunteers)
- d) Agency Annual Report for the preceding tax year (this should provide agency program information and should not be a restatement of the budget or a copy of your 990. When applicable include programs offered and number of clients served in each program and/or research grants awarded including amount, brief description, and principal investigator)
- e) Current Year-To-Date Financial Statement including annual budget(2 page maximum)
- f) Independent Audit for the preceding tax year including financial statement, income statement and



cash flows. If you do not have an audit, please provide one of the following I order of preference:  
Financial review, compilation, or IRS form 990 along with most recent fiscal year end statement.

- g) List of current agency board of directors including affiliations
- h) Letters of Support including one from a current UAB faculty or staff member. Limit 3 – 1 page letters

**Applications are accepted twice a year on a rolling basis with Deadlines of April 15 and October 15 for review.**

Incomplete submissions will not be considered. Please submit your entire proposal in a **single PDF document with a title that includes the name of your nonprofit**. *Complete applications should be submitted to [benevolentfund@uab.edu](mailto:benevolentfund@uab.edu).*

Applications Received	Presentation Dates	Response to Nonprofits
October 15	November 1-14	December 1

If you have any questions, please contact [benevolentfund@uab.edu](mailto:benevolentfund@uab.edu) or 205-934-1581.