AREA AGENCY ON AGING OF PASCO-PINELLAS, INC.

POLICY: Voluntary Contributions From Clients
DEPARTMENT: Development
DATE DEVELOPED: 06/18/2026
DATE REVISED:

POLICY #:
PRIOR POLICY #: NA
PROGRAM:

POLICY: Voluntary Contributions From Clients

PURPOSE: To establish guidelines for the acceptance, management, and stewardship of voluntary contributions from clients receiving OAA services through AAAPP.

SCOPE: This policy applies to all AAAPP employees and volunteers involved in the administration, communication, processing accounting and reporting of voluntary contributions from clients enrolled in Older Americans Act (OAA) Programs.

GUIDELINES:

Voluntary Nature of Contributions

- All client contributions shall be voluntary.
- Clients are informed that contributions are not required to start services, are not required to remain enrolled in services, and are not required to receive an increase or change in services.
- Clients may contribute any amount including no contribution.
- Clients' income or assets are not reviewed or checked to determine eligibility or ability to provide a contribution.
- Clients are to receive a copy of the voluntary contribution form within their onboarding process, and the service provider will reinforce that all contributions are voluntary.

Donor Recognition:

- Clients must disclose on the form if they wish to receive donor recognition for their contribution, or if they wish for their donation to remain anonymous.
- Donors will be asked to provide a program designation in the memo on the check or designation box online when submitting their voluntary contribution.
- Appropriate safeguards shall be implemented to protect donor information.
- A client's choice to give or not give, as well as the amount given, must remain confidential unless otherwise authorized by the client or client representative.

Client Communications:

- Information regarding voluntary contributions shall be included in all onboarding paperwork for OAA program providers.
- Information regarding voluntary contributions shall be presented in a manner that is non-coercive, and consistent with client dignity.

Designations and Restrictions:

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- Program income received via Voluntary Client Contributions is to be designated back to the program in which they are registered. Received contributions are to be used to expand the services under the program in which the funds were collected.
- Program income must be expended or disbursed prior to requesting additional funds.
- Program income may not be used to match grant awards funded without prior approval.
    - Note ADI and CCE Copayments are allowed for match for their respective programs.
- Agency is to report program income at least quarterly by program and by service for the Older Americans Act Performance System (OAAPS)

PROCEDURE:

1. As contributions and donations are received, a copy of the check, and Voluntary Contribution form as well as any additional original accompanying information is sent to the Chief Financial Officer.
2. Once designation is determined, CFO returns the check and all accompanying documents to AAAPP receptionist who will record the voluntary contribution via the daily check log.
3. AAAPP receptionist then delivers the payment as well as all original accompanying documents to finance department for deposit.
4. Contributions, donations, and all other cash receipts are entered into the accounting system by the assigned individual as part of the cash receipts posting process.
5. AAAPP receptionist is to send a copy of the daily check log and accompanying documents including a copy of the voluntary contribution form to the Director, Strategic Advancement to initiate the donor recognition process.
6. The Executive Assistant, in collaboration with Director, Strategic Advancement, is to prepare and review the acknowledgement letter according to the donors' wishes noted on the form and is to denote the designation of their voluntary contribution.
7. The Executive Director then signs the acknowledgment/thank you letter for each voluntary contribution and is post-marked within 2 business days. The letter must contain the fact that "this is a tax-deductible donation to a non-profit 501 (c)(3) organization".
8. The Agency will follow additional stewardship guidelines as noted in the Board Approved Development Plan.
9. The Agency will maintain records of transactions for all the donations and voluntary contributions in the accounting system as well as Donor Management CRM. The Agency will appropriately present on the financial statements as required by Generally Accepted Accounting Principles, adhering to the board-approved policies, providing for proper internal controls and accounting procedures.
10. The Finance Committee provides for governance over management to ensure all regulatory, legal, accounting standards and reporting requirements imposed by federal, state, and local governments relating to nonprofit organizations; and restrictions imposed by donors on the use of donations are followed.

AREA AGENCY ON AGING PASCO-PINELLAS

The Older Americans Act
Voluntary Contribution System

CLIENT NAME: _____

The Area Agency on Aging of Pasco-Pinellas, Inc. (AAAPP) is pleased to offer *SERVICE* to individuals residing in Pinellas and Pasco County. Because of federal funding, these services are provided at no cost to the client but, you can make a donation. Contributions are voluntary and inability to contribute will not affect client's eligibility for services. As a nonprofit agency, your donation to the AAAPP is tax deductible. Any donation that you can make, regardless of size, would be appreciated and would directly help serve more seniors.

We hope that you are able to contribute, however, your services will not change or be affected in any way by your donation decision.

Please note: *SERVICE* is normally billed at *$00.00*/hour.

If you are able to donate, make your check payable to **AAAPP.**

I would be willing and able to make a donation of $_____ to the Area Agency on Aging's *Service* Program. This is:

☐ a one-time donation

☐ a monthly donation

Remember that any amount is helpful.

Name _____

Address _____

_____

If you are sending a check, **make it payable to AAAPP**

Send donations to:
The Area Agency on Aging of Pasco-Pinellas, Inc.
9549 Koger Blvd-Gadsden Bldg, Suite 100
St. Petersburg, FL 33702

Thank you for your support!