

State Combined Campaign

Local Unaffiliated & Federation Member Application for Participation

Organization: _____

Street Address: _____ Zip: _____

City, State, Zip: _____

P.O. Box: _____

City, State, Zip: _____

Telephone: _____

Contact Person: _____

Street Address: _____ Zip: _____

P.O. Box: _____

City, State, Zip: _____

Telephone: _____

Fax Number: _____

E-mail: _____

CERTIFICATION

I certify that the information contained in this application is complete and correct to the best of my knowledge.

Certifying Official's Signature

Date

Title

**STATE COMBINED CAMPAIGN
APPLICATION**

FEDERATION OR AGENCY NAME: _____
(Federations must include a list of member agencies)

The organization named in this application is (check one):

- _____ An "Charitable Fund Raising Federation": A legally constituted grouping of at least ten health and human care agencies, bound together to raise and distribute charitable contributions.

- _____ An "Affiliated Charitable Agency": A charitable organization, affiliated with a Charitable Fund Raising Federation for purposes of sharing funds raised.

- _____ An "Unaffiliated Charitable Agency": A volunteer, not-for-profit organization under 26 CFR 1.501(c)(3) which provides health and human care services to individuals.

Does your organization:

YES or NO

- _____ Directly or indirectly support institutions of higher education?

- _____ Engage in litigation activities on behalf of parties other than themselves?

- _____ Engage in lobbying as a primary activity?

- _____ Require participation in religious activities as prerequisite to a client's receiving services through the organization or for employment purposes?

- _____ Function as a foundation within the meaning of Section 509(a) of the Internal Revenue Service code?

- _____ Have fundraising and administration expense that exceeds 30 percent of total revenue?

If you answered 'YES' to any of the prior questions - STOP - your organization does not qualify.

- _____ Provide or support direct health and welfare services to individuals and/or families?

- _____ Provide services that consist of care, research, or education in the fields of human health or social adjustment or rehabilitation; disaster or emergency relief; or assistance to the impoverished?

- _____ Have a substantial local presence including a facility staffed by professionals or volunteers, available to provide services to the community and open at least 15 hours per week?

If you answered 'NO' to any of the prior questions - STOP - your organization does not qualify.

DOCUMENTATION CHECKLIST

The following section requires the submission of documentation to support your application. To facilitate the review of your application, please submit the documents in the order shown on the checklist. Enclosure sheets are provided to assist in the assembly of your application.

Enclosure #:

- 1. Organizational Description:** Please provide a 25-word description of your organization and the services it offers to the local community. Include in your description the percentage of your total support and revenue that goes to administration and fund raising as well as a phone number through which donors may receive further information about your organization. This description will be used in the campaign brochure if your organization is approved for participation in the State Combined Campaign. **Federations must provide the above for each agency they represent which will be included in the State Combined Campaign. Attach this description to a copy of your agency's current annual report (or minimum of bi-yearly newsletters).** Percentage of administrative and fundraising expenses: this percentage shall be computed from information on the IRS Form 990 by adding the amount spent on "management and general" (line 14) to "fundraising" (line 15) and then dividing the resulting total by "total revenue" (line 12). If this percentage exceeds 30% - STOP - your organization does not meet the criteria and does not qualify for participation.
- 2. Substantial Local (Statewide) Presence:** Include a list of programs or services offered as well as the address and the phone number(s) of your organization's offices in this area. In addition, please show the hours your offices are open and number of paid staff and/or volunteers who actually provide services from the local office. In applying for statewide participation, please provide evidence that services of direct benefit to individuals are available to state employees statewide. Representative samples of people directly benefiting from your service would be solid evidence.
- 3. Tax-exempt Status:** Show proof that your organization has been granted tax-exempt status under the Internal Revenue Service Code, Section 501(c)(3).
- 4. Legally Incorporated:** Show proof that your organization is legally incorporated or authorized to do business in the state of Alabama as a private, nonprofit organization.
- 5. Alabama Fund Raising:** Provide data showing that at least 60% of the funds your organization raised locally (statewide) in each of the two fiscal years prior to this application came from individual contributions from within Alabama.
- 6. Nondiscrimination:** Provide a copy of the written policy regarding nondiscrimination adopted by your Board of Directors. Please note that a signed statement from a Board Official or Director of the program is not sufficient and cannot be accepted in lieu of your written policy.
- 7. Active Local Board:** Provide the names and addresses of your organization's Board of Directors and a schedule of the Board's meetings. Board must be made up of residents of the geography you are applying for participation.
- 8. Proper Financial Procedures:** Provide copies of your current annual budget, most recent independent audit, and most recent IRS Form 990 (**IRS Form 990 EZ is not acceptable**). This document is mandatory for participation.
- 9. Local Fundraising (for federations only with the exception of federations serving the needy overseas):** Provide documentation that your federation has raised at least \$60,000 at the local level, and distributed that sum among at least ten (10) charitable agencies, in each of its last two fiscal years preceding this application.