

Alabama State Employees Combined Charitable Campaign 2017 Federation Application for Participation

Organization:			
President/Director/CEO:			
Email:			
Street Address:			
City, State, Zip:			
PO Box:		Zip:	
Telephone:		Fax:	
Contact Person:			
Street Address:		Zip:	
PO Box:		Zip:	
Telephone:		Fax:	
Email:			
Web address:			

Federation Certification

	I certify the organization named above is "Charitable Fund Raising <u>Federation</u> ": A legally constituted grouping of at least ten (10) health and human care agencies, bound together to raise and distribute at least \$60,000 in charitable contributions.
	I certify that all agencies named on the enclosed list are currently affiliated with the above named federation as either member or partner agencies.
	I certify that all of the agencies named on the enclosed list participated as a member organization in the 2014 State Combined Campaign.
	I understand that any agency that did not participate as a member agency in 2014 must complete a full application package and be approved prior to being listed in the 2015 Campaign.

CERTIFICATION

I am the duly appointed representative to the organization named above. I certify the information contained in this application is complete and accurate to the best of my knowledge.

Certifying Official's Signature:			
Printed Name:			
Title:			
Date:			

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Federation Name:	
Does your organization OR any of your member organizations:	
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 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 or statewide presence including a facility staffed by professionals or volunteers, available to provide services to the community and open at least 15 hours per week (unless rendered to needy persons overseas)?
	<p>Have a Board of Directors comprised of individuals who are residents of the geography you are applying for participation, serve without compensation and meet at least quarterly? (If applying for state-wide participation, Board should be representative of the State.)</p> <p><i>Note: An Advisory Board cannot substitute a Board of Directors. Organizations who serve the needy overseas are exempt from the local/statewide requirement only.</i></p>
If you answered 'NO' to any of the prior questions - STOP - your organization does not qualify.	

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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.	<p><u>Organizational Description:</u> Please provide a 25-word description of your organization and the services it offers to the local community or statewide. 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. <u>Federations must provide the above for each agency they represent which will be included in the State Combined Campaign.</u></p> <p><u>Percentage of administrative and fundraising expenses:</u> this percentage shall be computed from information on the <u>IRS Form 990</u> by adding the amount in Part IX (Statement of Functional Expenses), Line 25, Column C (Management and General Expenses) to the amount in Line 25, Column D (Fundraising Expenses), and dividing the sum by Part VIII (Statement of Revenue), Line 12, Column A (Total Revenue). No other methods may be used to calculate this percentage. All percentages must be listed to the tenth of a percent (i.e. 10.0% or 15.5%). If this percentage <u>exceeds</u> 30.0% - STOP - your organization does not meet the criteria and does not qualify for participation.</p>
2.	<p><u>Substantial Local or Statewide Presence:</u> Include a list of programs or services offered as well as the address and the phone number(s) of your organization's offices in the campaign area or statewide. In addition, please show the hours your offices are open and number of paid staff and/or volunteers who actually provide services from each office.</p> <p><u>In applying for statewide participation,</u> 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.</p>
3.	<p><u>Tax-exempt Status:</u> Provide proof that your organization has been granted tax-exempt status under the Internal Revenue Service Code, Section 501(c)(3).</p>
4.	<p><u>Legally Incorporated:</u> Provide proof that your organization is legally incorporated or authorized to do business <u>in the state of Alabama</u> as a private, nonprofit organization.</p>
5.	<p><u>Alabama Fund Raising:</u> Provide data showing that at least 60% of the funds your organization raised locally (or statewide) in each of the two fiscal years prior to this application came from individual contributions from within Alabama (unless rendering services to the needy overseas).</p>
6.	<p><u>Nondiscrimination:</u> 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 <u>not</u> sufficient and cannot be accepted in lieu of your written policy.</p>

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7.	<p>Active Local Board: Organizations must be directed by an active local board, which meets at least quarterly, whose members serve without compensation (for organizations where a paid executive director or other staff member is a member, volunteers must constitute the majority of the board), and whose members are residents of the local geographic region served. <i>(Organizations serving the needy overseas are exempt from the local geographic region served.)</i></p> <p>Provide the following:</p> <ul style="list-style-type: none"> • Names and addresses of your organization's Board of Directors • A <u>current</u> schedule of the Board's meetings (minimum of four meetings per year) <p><u>For local organizations, Board must be made up of residents of the geography you are applying for participation.</u> If applying as a statewide organization, Board should be diverse geographically.</p>
8.	<p>Proper Financial Procedures: Demonstrate that your organization adopts and employs the standards of accounting and financial reporting for voluntary health and welfare organizations, including: Preparing and making available to the general public a detailed annual budget; and providing for an annual external audit by an independent public accountant and making such audit available to the general public.</p> <p>Provide copies of the following:</p> <ul style="list-style-type: none"> • <u>Current</u> annual budget. • <u>Current</u> annual report or newsletters. Newsletters must educate the public on the organization's activities. Newsletters must be at least quarterly. • Most recent independent audit (Organizations with total revenues less than \$150K are exempt from this requirement; an internal review should be submitted). • Most recent IRS Form 990 (IRS Form 990 EZ is not an acceptable substitute; however a pro forma 990 can be submitted. Download the IRS Form 990 at www.irs.gov. The following sections must be completed: page 1 (Part I, Summary and Part II, Signature Block), pages 7 and 8 (Part VII, Compensation sections A and B); page 9 (Part VIII, Statement of Revenues), page 10 (Part IX, Statement of Functional Expenses), and page 11 (Part XI, Financial Statements and Report).
9.	<p><u>FEDERATIONS ONLY</u></p> <p>Local Fundraising (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.</p>

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LARC 10 (SOUTH CENTRAL ALABAMA) AND STATEWIDE ORGANIZATIONS ONLY:

FOR FEDERATIONS AND UNAFFILIATED AGENCIES ONLY - Electronic Funds Transfer (EFT) Information: Disbursements for the State Combined Campaign will be made through EFT. ATTACH A VOIDED CHECK and complete the following page:

Corporate Credit Authorization

I authorize **United Ways of Alabama** to initiate electronic credit entries to my account. I understand that, if necessary, an adjusting debit entry may be made to correct an error.

I also authorize the financial institution named below to credit and/or debit my account for the correcting entries. I duly certify that I am an authorized signer of said account and have the right to enter into this agreement.

This authority will remain in full force and effect until such time as **United Ways of Alabama** has received written notification from me or until written notification of termination by either party has been provided.

Checking Account

Savings Account

FINANCIAL INSTITUTION

FINANCIAL INSTITUTION CITY & STATE

TRANSIT ROUTING NUMBER

ACCOUNT NUMBER INFORMATION

	:									
										:

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NOTE: Only 9 digits in Routing Numbers

SIGNATURE

NAME OF AUTHORIZED SIGNER

COMPANY NAME

COMPANY ADDRESS

ATTACH A VOIDED CHECK HERE