

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: _____

Website: _____

E-mail: _____

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

Date

Printed Name

Title

**STATE COMBINED CAMPAIGN
APPLICATION**

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

The organization named in this application is (choose one only):

_____ A "Charitable Fund Raising Federation": A legally constituted grouping of at least ten health and human care agencies, bound together to raise and distribute at least \$60,000 in charitable contributions.

_____ An "Affiliated or Federated 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.

The organization named is applying as a (choose one only):

_____ A Statewide Agency: Services are available and provided to citizens across Alabama.

_____ A Local Agency: Services are available to citizens in the local campaign community.

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 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)?

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 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. **Federations must provide the above for each agency they represent which will be included in the State Combined Campaign.**

Percentage of administrative and fundraising expenses: this percentage shall be computed from information on the IRS Form 990 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 exceeds 30.00% - **STOP** - your organization does not meet the criteria and does not qualify for participation.

2. **Substantial Local or 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 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.

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:** Provide proof that your organization has been granted tax-exempt status under the Internal Revenue Service Code, Section 501(c)(3).

4. **Legally Incorporated:** Provide 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 (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).

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 following:

- a. Names and addresses of your organization's Board of Directors, and
- b. A schedule of the Board's meetings (minimum of four meetings per year).

For local organizations, Board must be made up of residents of the geography you are applying for participation. If applying as a statewide organization, Board should be diverse geographically.

