



State Employees' Charitable Campaign 2012 Organization Application

This workbook contains the 2012 Organization Application. Please fill out this form completely and accurately. Failure to supply any of the information requested will result in your organization being ruled ineligible for participation in the 2012 State Employees' Charitable Campaign.

For complete details on how to complete this form, please refer to the 2012 Organization Application Instructions, which are available on our web site www.delawaresecc.org. If you have additional questions which cannot be answered through the instructions, please contact Jane Hahn via e-mail at jane.hahn@state.de.us or at 302-739-4195.

Application Deadline:

**Monday, April 9, 2012
4:30 P.M.**

*Applications received after April 9, 2012 will not be reviewed or considered for approval.
NO EXCEPTIONS!*



State Employees' Charitable Campaign

Application Deadline:

**Monday, April 9, 2012
4:30 P.M.**

U.S. Mail Address:

State Employees' Charitable Campaign
c/o Office of Management and Budget
Haslet Armory
122 William Penn Street, Third Floor
Dover, DE 19901

Note: If you mail your application, we strongly suggest you mail it via certified mail with return receipt requested so that you can be sure we have received your application prior to the deadline.

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State Employees' Charitable Campaign

2012 Organization Application Instructions

Application Deadline
April 9, 2012

BACKGROUND

Enclosed is the application for participation in the State Employees' Charitable Campaign (SECC). The following instructions and forms are intended to assist charitable agencies applying for participation in the SECC. All aspects of the SECC, including eligibility for participation, are strictly governed by Executive Order Number 11. The Executive Order is available in Adobe Acrobat PDF and Word on our web site at www.delawaresecc.org. Additional copies of the application can also be downloaded from the web site.

All required documents and attachments must be complete and submitted before the application deadline. ***Applicants submitting missing, incomplete or out of date documents will not be permitted to correct their applications after the deadline.*** The SECC Steering Committee will review each application and determine whether an organization should be approved for participation in the campaign. The Steering Committee's decision shall be final.

**FAXES OR ELECTRONIC SUBMISSIONS
OF APPLICATIONS ARE NOT ACCEPTED**

INSTRUCTIONS

Corporate Name Legal name of the applicant organization.

State of Incorporation Fill-in name of state.

Mailing Address This address will be used for the receipt of funds, if you are eligible.

Web Site Address List the complete Internet address of the applicant organization.

Telephone Number Self-explanatory

Organization Name This is the name by which the organization will be listed in printed materials. Complete this section if different than corporate name.

Contact Person The contact person is the individual to whom the SECC will direct communications. This person must be a responsible local Delaware representative of the organization that is authorized to act on its behalf in connection with the SECC.

Contact Address Contact person's physical mailing address if different than the organization's address.

Telephone Number Contact person's number if different than the organization's number.

Contact E-Mail Address Self-explanatory

Item 1

Provide a statement in 25 words or less that describes services, benefits or program activities the organization provides. **The SECC Steering Committee will edit any statement that exceeds 25 words.**

Item 2

Provide an example of services you can provide with a contribution. (*Example: \$5 can provide three hot meals to a senior citizen.*) This information may be used in SECC literature.

Item 3

The Steering Committee compiles a speaker's bureau in order to provide state agencies with representatives of charitable organizations for various campaign events. If you would like your organization to be listed, please provide the speakers' names and a telephone number at which they can be reached.

Item 4

Place a check in the **one** appropriate box. If you are applying as an umbrella organization, you must submit with your application a list of the organizations you represent.

Item 5

This applies ONLY to those organizations applying as an umbrella organization. Place a check in the **one** appropriate box, if applicable.

Item 6

Place a check in the box to certify the statement.

Item 7

Place a check in the box to certify the statement.
Please note: if your organization does not have a physical office/service facility located in Delaware, the Steering Committee may request additional information to verify the organization's eligibility.

Item 8

Place a check in the box to certify the statement.
Include as Attachment A a copy of the most recent IRS determination letter.

Item 9

Place a check in the box to certify the statement.

Item 10

Place a check in the box to certify the statement and enter the organization's annual revenue in the space provided.

Item 11

Include as Attachment B a copy of the most recently completed IRS Form 990, including signature. A complete Form 990 includes all supplemental statements, if applicable, for the applicant organization.

A completed Form 990 is required to be eligible for the SECC even if the Internal Revenue Service does not require your organization to file the Form 990. IRS Forms 990EZ, 990PF, and comparable forms will not be accepted. However, smaller organizations that file Form 990EZ may submit it with pages 1 & 10 of the Form 990 attached. The IRS Form and audit must cover the same period. If revenue and expenses on the two documents differ, these amounts must be reconciled either on the IRS Form 990, Parts X-A and X-B, or by the independent certified public accountant who completed the audit in an accompanying signed statement.

Item 12

Place a check in the **one** appropriate box. **If applicable, include as Attachment C a copy of the most recently completed annual report.** The annual report must include a full description of the mission, target population, activities, objectives, and achievements of the organization and the names of its chief administrative personnel. **An annual report is not required for organizations with annual revenue of less than \$100,000.**

Item 13

Place a check in the **one** appropriate box. The annual percentage for administrative and fund-raising expenses is computed **only** from IRS Form 990 by adding the amount spent on "management and general" (Part IX, line 25C) to "fund-raising" (Part IX, line 25D) and the dividing the resulting total by "total revenue" (Part 1, line 12). Enter the organization's actual percentage in the space provided. **If the annual percentage for administrative and fund-raising expenses is greater than 25%, include as Attachment D an explanation and documentation that these actual expenses are reasonable and appropriate.** Failure to separately submit an acceptable justification may result in a denial.

Item 14

Place a check in the box to certify the statement.

Item 15

Place a check in the box to certify the statement. **Include as Attachment E a list that includes the names, titles, and addresses of the directors and the local advisory board, if applicable.**

Item 16

Place a check in the **one** appropriate box. **If applicable, include as *Attachment F* a copy of the organization's most recently completed local audit. Compiled audits are not accepted because they do not break out individual figures for the applicant organization.** Consolidated audits must include a separate section on the applicant. *The IRS Form 990 and audit must cover the same fiscal period. If revenue and expenses on the two documents differ, these amounts must be reconciled either on the IRS Form 990, Parts X-A and X-B, or by the independent certified public accountant who completed the audit in an accompanying signed statement. An audit is not required for organizations with annual revenue of less than \$100,000.*

Item 17

Place a check in the box to certify the statement.

Item 18

Place a check in the box to certify the statement.

Item 19

Place a check in the box to certify the statement.

Item 20

Place a check in the box to certify the statement.

For additional information, please visit our web site www.delawaresecc.org or contact Jane Hahn via e-mail at jane.hahn@state.de.us or at 302-739-4195.

Application Deadline:

**Monday, April 9, 2012
4:30 P.M.**

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State Employees' Charitable Campaign 2012 Organization Application

****Deadline for Submission is April 9, 2012****

Corporate Name: _____

State of Incorporation: _____

Mailing Address: _____

Note: This is the address to be used for the receipt of funds, if you are eligible.

City State Zip

Web Site Address: _____

Telephone Number: () - _____

Please include area code.

Organization Name: _____

Note: This is the name by which the organization will be listed in printed materials

Contact Person: _____

Note: This person must be a responsible local Delaware representative of the organization who is authorized to act on its behalf in connection with the SECC.

Contact Address: _____

Street

City State Zip

Telephone Number: () - _____

Please include area code

Contact E-Mail Address: _____

1. Provide a brief description of your program in 25 words or less, for use in SECC literature.

Please type in the box below:

Please note: If you exceed the 25 word maximum, the Steering Committee will edit your description to meet this requirement.

2. Provide an example of services you can provide with a contribution. (*Example: \$5 can provide three hot meals to a senior citizen.*) This information may be used in SECC literature.

Please type in the box below:

3. We provide speakers for our state agencies during the campaign. If you would like your organization to be listed, please provide the speaker's name and a telephone number at which they can be reached.

Please type in the box below:

4. Place a check in the *one* appropriate box:

I am applying as a(n): **Individual Organization**

Foundation

Umbrella Organization

If applying as an umbrella organization, attach a list of the organizations you represent to this application.

5. If you are applying as an umbrella organization, do you serve as the administrative agency for at least four non-profit organizations, each of which is organized and operated for the purpose of rendering, or materially or financially support the rendering of, services to, and for the benefit of, the health and welfare of residents of the State of Delaware?

Yes

No

6. I certify that the organization, and if an umbrella organization, the organizations which it represents, is a human health and welfare organization which is organized and operated for the purpose of rendering, or materially or financially supporting the rendering of services to, and for the benefit of, the health and welfare of residents of the State of Delaware.
7. I certify that the organization, and if an umbrella organization, the organizations which it represents, has **an established physical presence in the State of Delaware**, either in the form of an office or service facility which is staffed at least fifteen (15) hours a week, or by making available its staff through scheduled appointments with Delaware residents or businesses at least fifteen (15) hours a week.
8. I certify that the organization, and if an umbrella organization, the organizations which it represents, is recognized by the Internal Revenue Service as tax exempt under 26 U.S.C. 501(c)(3) and to which contributions are tax deductible pursuant to 26 U.S.C. 170. **Include a copy of the most recent IRS determination letter as ATTACHMENT A.**
9. I certify that this organization, and if an umbrella organization, the organizations which it represents, has a policy and demonstrates the practice of non-discrimination on the basis of race, color, religion, sex, age, national origin, or physical or mental handicap in its staff employment and membership on its governing
10. I certify that the organization's, and if an umbrella organization, the organizations which it represents, annual revenue is:

Enter annual revenue above

11. **Include as ATTACHMENT B a copy of the most recently completed IRS Form 990, including signature.** *(NOTE: If the Internal Revenue Service does not require your organization to file the Form 990, you **must still complete** one in accordance with IRS regulations to be eligible for the SECC. IRS Forms 990EZ, 990PF, and comparable forms are not accepted. However, small organizations that file Form 990EZ may submit it with pages 1 & 10 of the Form 990 attached. The IRS Form 990 and audit must cover the same period. If revenue and expenses on the two documents differ, these amounts must be reconciled either on the IRS Form 990, Parts X-A and X-B, or by the certified public accountant who completed the audit in an accompanying signed statement.)*
12. Place a check in the **one** appropriate box:
- I certify that the organization named in this application prepares and makes available to the public an annual report that includes a full description of the mission, target population, activities, objectives, and achievements of the organization and the names of its chief administrative personnel. **Include as ATTACHMENT C a copy of the most recently completed annual report.**

-OR-

- I certify that the organization named in the application has an annual revenue less than \$100,000 and therefore is exempt from submitting an annual report.

13. Place a check in the *one* appropriate box:

- I certify that the organization, and if an umbrella organization, the organizations which it represents, named in this application in the immediately preceding year has spent 25% or less of its total support and revenue on administrative and fund-raising expenses. The actual percentage of administrative and fund-raising expenses is:

Enter total percentage above

This percentage must be computed from information on the IRS Form 990 by adding the amount spent on "management and general" (Part IX, line 25C) to "fund-raising" (Part IX, line 25D) and dividing the resulting total by "total revenue" (line 12).

-OR-

- I certify that the organization, and if an umbrella organization, the organizations which it represents, named in this application in the immediately preceding year has spent in excess of 25% of its total support and revenue on administrative and fund-raising expenses. The actual percentage of administrative and fund-raising expenses is:

Enter total percentage above

Include as ATTACHMENT D an explanation and documentation that these actual expenses for the above-named purposes are reasonable and appropriate.

14. I certify that the publicity and promotional activities of the organization, and if an umbrella organization, the organizations which it represents, are based upon the actual program and operations of the entity and are truthful, non-deceptive and consumer oriented. I further certify that fund-raising practices assure: protection against unauthorized use of the organization's contributors' list; no payment of commissions, kickbacks, finder fees, percentages or bonuses for fund-raising; no mailing of unsolicited tickets or commercial merchandise with a request for money in return; and no general telephone solicitation. This requirement shall apply only to those activities connected with the SECC.
- the entity and are truthful, non-deceptive and consumer oriented. I further certify that fund-raising practices assure: protection against unauthorized use of the organization's contributors' list; no payment of commissions, kickbacks, finder fees, percentages or bonuses for fund-raising; no mailing of unsolicited tickets or commercial merchandise with a request for money in return; and no general telephone solicitation. This requirement shall apply only to those activities connected with the SECC.
15. I certify that the organization, and if an umbrella organization, the organizations which it represents, is **directed by an active, voluntary Board of Directors** which serves without compensation, holds regular meetings, and exercises effective administrative control. I further certify *if the Board of Directors is not located in Delaware, that there is a local board, comprised of Delaware citizens which advises the Board of Directors with respect to Delaware activities.* **Include as ATTACHMENT E a list that includes the names, titles, and addresses of the directors and the local advisory board, if applicable.**
- regular meetings, and exercises effective administrative control. I further certify *if the Board of Directors is not located in Delaware, that there is a local board, comprised of Delaware citizens which advises the Board of Directors with respect to Delaware activities.* **Include as ATTACHMENT E a list that includes the names, titles, and addresses of the directors and the local advisory board, if applicable.**

16. Place a check in the *one* appropriate box:

- I certify that the organization, and if an umbrella organization, the organizations which it represents, has adopted and employs the Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations set forth by the American Institute of Certified Public Accountants (AICPA) and provides for an annual external audit by an independent, certified public accountant. **Include as ATTACHMENT F a copy of the organization's most recently completed local audit.**

-OR-

- I certify that the organization named in the application has an annual revenue less than \$100,000 and therefore is exempt from submitting an audit.
17. I certify that the organization, and if an umbrella organization, the organizations which it represents, has been in operation in Delaware for at least three (3) years prior to submitting this application.
18. I certify that the organization, and if an umbrella organization, the organizations which it represents, does not exist solely to advocate particular religious or ethical beliefs and is not a partisan political and propaganda program.
19. I certify that any lobbying activities of the organization, and if an umbrella organization, the organizations which it represents, to influence voting or legislation at the local, State or Federal level would classify it as a tax-exempt agency under 26 U.S.C. 501(h).
20. I certify that the funds contributed by State employees will be effectively used for the announced purposes of the organization, and if an umbrella organization the organizations which it represents.

I acknowledge that all certifications and statements made in this application are true and correct to the best of my knowledge and that I am authorized on behalf of the organization to make such certifications.

Certifying Official's Signature & Title

Date

Print Name & Title

NOTE:

Applications will not be accepted if submitted electronically or by facsimile.

The certifying official's signature must be original.

Automatic pens and/or signature stamps may not be used.



2012 SECC Application Documentation Check List



- Application
- Program description in 25 words or less
- Example of services to be provided
- IRS determination letter
- IRS Form 990
- Most recent annual report
- Explanation and documentation IF management, general and fund-raising costs are in excess of 25 % of total revenue
- List of Board of Directors
- Most recent local audit
- Signature on application