

2019 State Combined Charitable Campaign - Charity Application

Definition of Eligibility:

Health and human service non-profit organizations registered through the Louisiana Secretary of State, meeting all requirements set forth in LA R.S. 42:456(A)(3) and the Louisiana Administrative Code, Title IV, Part III, Chapter 11 (herein referred to as the Rule) are eligible to apply to be part of the Louisiana State Combined Charitable Campaign (LA SCCC).

Submission Instructions:

Each organization seeking inclusion in the 2019 LA SCCC must submit an application and provide all requested documentation. *If any information is omitted, the application will be considered incomplete and declined for inclusion in the 2019 campaign.*

- Charitable organizations that did not apply or did not qualify in 2018, are required to submit a completed application with ALL attachments requested in Part C of this application.
- Charitable organizations that were approved in 2018, are only required to submit a completed application with Attachments B, E, G (if applicable), H, I and J in Part C of this application.

To submit, provide an original and one photo copy of the entire application, including attached documents. Please do not use binders or bind.

Documentation and all contents must correspond to the applicant's legal name and Federal Tax Identification Number (EIN) provided in Part A. Organizations applying under a trade name must provide certification issued by the Louisiana Secretary of State. Tax documentation must be in compliance with IRS deadlines. Audit, financial compilations or other financial documentation must meet the requirements of the Louisiana Legislative Auditor.

As part of the review process, information may be requested to certify eligibility. The requested information must be furnished promptly by mail or delivery to Office of State Uniform Payroll (OSUP). Failure to furnish information within 10 days of request constitutes grounds for the denial of eligibility. The burden of demonstrating eligibility shall rest with the applicant.

Deadline and Delivery Instructions:

An application (original and one photo copy) **must be received no later than 4:30 p.m. on Friday, March 1, 2019**, by the Office of State Uniform Payroll. Mailing and delivery instructions below:

Mailing Address:

Office of State Uniform Payroll
Attn: BFA Unit
P O Box 94095
Baton Rouge, LA 70804-9095
Telephone: 225-342-0713

Physical Address:

Office of State Uniform Payroll
Claiborne Building, Ste. 3-210
1201 North Third Street
Baton Rouge, LA 70802

- Applications will not be accepted by fax, e-mail or any other means.
- UPS/Fed Ex will not deliver to a post office box; therefore, please use the physical address when using these services.
- Applications hand delivered to the Office of State Uniform Payroll will be accepted weekdays between 8 a.m. and 4:30 p.m.

Notification of Outcome of Application Review:

Letters will be mailed by the Louisiana Division of Administration no later than June 28, 2019, to the Chief Executive Officer (CEO), using the CEO mailing address provided within this application.

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PART A – Applicant Information

1. Legal name of the applying charitable organization *(as currently registered with the Louisiana Secretary of State):*

If your organization wishes to be listed in the 2019 LA SCCC Charity List using a trade name, please provide the trade name below:

(You are required to provide proof of trade name registration with the LA Secretary of State Office. Provide Attachment G in Part C.)

2. Is your charity applying under the structure of a national or parent organization, with the use of its EIN # and legal name?

- YES**
 NO

3. Federal Tax Identification Number (EIN) for this application: _____

(All requested documents referencing your organizational EIN must correspond with the number provided above.)

4. Name an authorized contact who is able to receive questions or additional requests related to this application:

Name:

Title:

Telephone #:

E-mail:

5. Chief Executive Officer (CEO), Chief Professional Officer (CPO) or Executive Director (ED):

(Please indicate the top management personnel for the organization named in question #1. Application and final campaign results will be mailed to this contact using the mailing address provided below.)

Name:

Title:

Telephone #:

E-mail:

Mailing Address:

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6. Organizational Contact Information:

(Quarterly disbursements will be mailed to the address provided below. The website and telephone number provided below will be used in the 2019 LA SCCC Charity List.)

Mailing Address:

Website Address:

Telephone #:

Fax #:

Facebook URL:

Twitter URL:

7. Primary Staff Contact for LA SCCC Activities:

(LA SCCC correspondence about activities, trainings, deadlines and donor contact lists will be sent to this staff contact.)

Name:

Title:

Telephone #:

E-mail:

Mailing Address:

8. Description of Services:

Provide an organizational description to be used in the 2019 campaign materials. ***This description cannot exceed 25 words.*** When published in the LA SCCC Charity List, your organization's name, website address and organizational phone number will be added to your description. If exceeding 25 words, discretionary edits will be made to reduce wording.

Please do not write in first person and use complete sentences.

EXAMPLE: Offers free health and human services to those in need throughout the capital region.

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9. What was the estimated dollar value of services provided to the citizens of Louisiana by your organization between January 1, 2018 and December 31, 2018? \$ _____

10. What is the last day of your annual fiscal year? _____
(Your attached 990 must correspond with IRS deadlines and the closure of your fiscal year.)

11. Has your organization participated in the LA SCCC in past years?

- YES
- NO

REMINDER: *Charitable organizations that were approved in 2018, are only required to submit Attachments B, E, G (if applicable), H, I and J in Part C of this application.*

12. Is your organization currently under investigation for any reason?

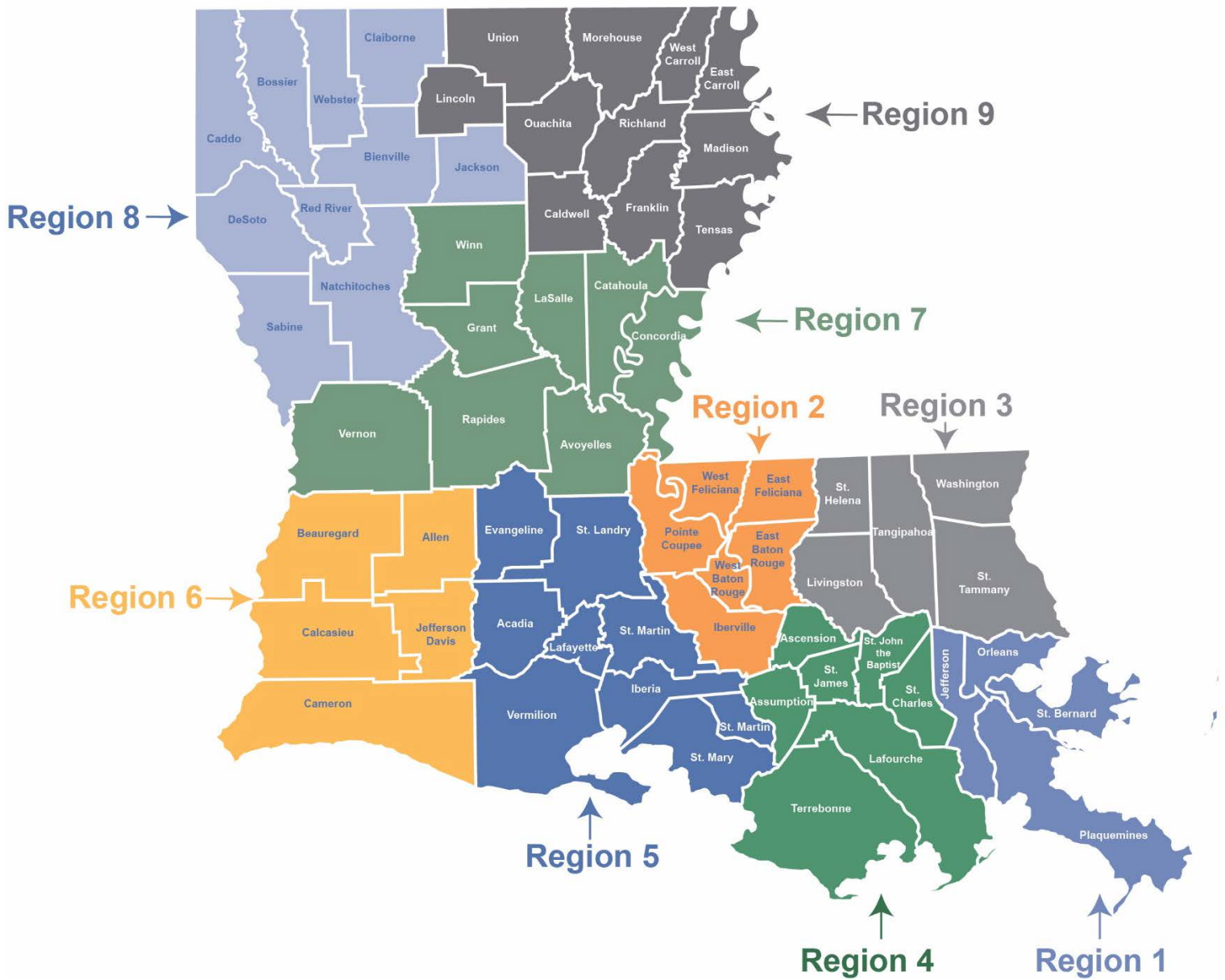
- YES
- NO



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13. Please indicate which region or regions is served by your charitable organization:

- Region 1
- Region 2
- Region 3
- Region 4
- Region 5
- Region 6
- Region 7
- Region 8
- Region 9
- ALL REGIONS**



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PART B - Your Fundraising and Administration Costs (FRA)

The FRA is the total support and revenue (restricted and unrestricted) that an organization allocates to fundraising and administrative expenses. **To be eligible to participate in the LA SCCC, your FRA must not exceed 25%.**

Complete the calculation below using your attached 990 (corresponding with the legal name and EIN provided on Part A, #2). Your 990 must be your recent filing and must not be delinquent in meeting IRS deadlines. If your 990 is not compliant with IRS deadlines, this calculation and form will not be accepted. A 990 EZ cannot be used.

	÷		=		%
Mgmt. & Gen. + Fundraising Expenses		Total Revenue		FRA	for
<i>“Functional Expenses” on Page 10 of Form 990 Line 25, Columns C + D</i>		<i>“Total Revenue” on Page 9, Line 12, Column A</i>		<i>Rounded to the second decimal point</i>	Form 990 Fiscal Year

PART C - Required Attachments and Related Information

To determine eligibility in accordance with the Rule, the following information must be submitted and correspond with the applicant’s legal name and EIN provided in Part A. Please fill in blanks as requested below. Label each document and attach them in the order shown.

Charitable organizations that were approved in 2018, are only required to submit Attachments B, E, G (if applicable), H, I and J.

- Attachment A** **Resolution from Board of Directors**

Name of Board Officer Signing Resolution:

A resolution, (1) signed by a board officer and (2) placed on organizational letterhead, (3) requesting inclusion in the campaign and (4) certifying compliance with the LA SCCC eligibility standards and the Rule AND (5) which certifies that the organization has no outstanding debt owed to any state agency.

Note: As of 2015, all LA SCCC proceeds must be used in the community and must not be used for Fundraising and Administrative expenses. (See sample on page 10)

- Attachment B** **Most recent CPA Audit, Compilation or Sworn Financial Statement (board approved)**

Report is for fiscal year ending: _____

Date of Report: _____

Please provide your most recent, board approved audited financial statement conducted by a CPA. This statement must be completed by the deadline required by the Louisiana Legislative Auditor, corresponding with the closure of your annual fiscal year. (Report must be completed within a year of this application.) Financial statements that are outdated or delinquent will not be accepted. Your organization may submit a compilation or sworn financial statement if within Louisiana Audit Guidelines (these guidelines consider the size of your operational budget).

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Attachment C **Board Approved Annual Budget for the Current Fiscal Year (12 month period)**

Attachment D **Registration with the LA Secretary of State or proof of Congressional Charter**
Provide a copy of your original certificate issued by the LA Secretary of State and ensure this certificate corresponds with the Name provided in Part A.

If you do not have an original certificate issued by the LA Secretary of State, provide a copy of the page displaying your organization's name and EIN as listed in the database on the LA Secretary of State's website:

<https://coraweb.sos.la.gov/CommercialSearch/CommercialSearch.aspx>.

If you possess a congressional charter, provide documentation of this charter.

Attachment E **Current IRS Form 990 filed with the IRS (signed by an authorized officer).**

Provide the name and title of officer providing signature for your Form 990 (must match the signature found on the filed 990):

Name: _____

Title: _____

When did you file this attached 990 (actual date filed): _____

Provide your most recent 990 filing submitted by IRS deadlines, corresponding with the closure of your annual fiscal year.

- The EIN # for your 990 must match the EIN number provided in Part A.
- A 990 EZ cannot be used.
- If your charity has filed an extension to file your most recent 990, please submit documentation of this request and its approval.
- If you are a charity applying under your national or parent organization's name and using its EIN, please submit the national 990 filed. State Pro Formas, not filed with the IRS, will not be accepted.
- A CPA or accountant signature is not acceptable and will not fulfill this requirement.
- If your organization is not required by the IRS to submit a Form 990, complete pages 1, 2, 9, and 10 in order to fulfill this requirement. You may write at the top of the first page of Form 990 "For LA SCCC Purposes Only".

Attachment F **Proof of IRS 501(c)(3) Status (corresponding to the Name and EIN provided in Part A)**

Attachment G **Trade Name**
If your organization would like to be listed in the LA SCCC Charity List using a trade name, please attach your trade name registration provided by the Louisiana Secretary of State.

Attachment H **List of Current and Immediate-Past Term Board Members and Board Officers**
(for the charitable organization identified in Part A, # 1 and 2 of this application.)

Attachment I **A digital copy of your organizational logo**
Please send a digital copy to sccc@launitedway.org in a JPG or PNG format.
Date emailed: _____

Attachment J **Application Fee**
Please make a check or money order for \$250.00, made payable to **Louisiana Association of United Ways (LAUW)**. This application fee is non-refundable.

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PART D - Certifications by Authorized Agents

The Louisiana State Combined Charitable Campaign requires that all organizations applying for admission certify compliance with the requirements as outlined in this Campaign Application, as well as, LA R.S. 42:456(A)(3) and the Louisiana Administrative Code Title 4, Part III, Chapter 11.

Authorized agents, signing application, are to review and check each item to indicate certification.

- As authorized agents, we certify that all of the organizational information provided in Part A is accurate and may be used within LA SCCC materials and marketing efforts as needed.
- As authorized agents, we certify that this organization is a health and human services charity and is not organized for cultural, educational, religious or political purposes as defined in §1109 of the Rule.
- As authorized agents, we certify that an equivalent amount collected as contributions through the LA SCCC will be spent to provide services and benefits primarily to the citizens of Louisiana unless there is an exception granted under the requirements of the Rule.
- As authorized agents, we certify that funds received by the LA SCCC will not be used for fundraising and administrative costs.
- As authorized agents, we certify that this organization is in compliance with the USA Patriot Act of 2001.
- As authorized agents, we certify that this organization is governed by a board of directors which meets regularly and whose members serve without compensation.
- As authorized agents, we certify that this organization is an active, non-profit in good standing with the LA Secretary of State Office.
- As authorized agents, we certify that this organization is in compliance with and is not included on the Louisiana Legislative Auditors (LLA) non-compliance list.
- As authorized agents, we certify that the organization operates without discrimination in regard to all persons and complies with all requirements of law and regulations respecting non-discrimination and equal employment opportunities with respect to its officers, staff, employees and volunteers.
- As authorized agents, we acknowledge that solicitation of charitable donations through payroll deduction is only allowed during the annual campaign period, or other time periods indicated by the State of Louisiana.
- As authorized agents, we acknowledge that LA SCCC solicitation materials must be provided by the PCFO.
- As authorized agents, we acknowledge that the Division of Administration shall accept or reject the certifications of a charitable organization.
- As authorized agents, we acknowledge that OSUP, in coordination with the Division of Administration's Commissioner's Office, may remove a charitable organization from the LA SCCC for violating the provisions of the Rule, other applicable provisions of law, or any directive or instruction from OSUP. We further acknowledge that the charitable organization will be notified in writing of OSUP's intent to remove them from the current campaign and will have 10 business days from the date of the receipt of the notice to submit a written response. OSUP will communicate their final decision in writing to the charitable organization, with a copy being sent to the Louisiana Association of United Ways (PCFO). We also acknowledge that a written appeal may be filed with the Commissioner of Administration in the event of removal from the LA SCCC and the decision of the Commissioner of Administration shall be the final administrative review.

PART E – Signature of Authorized Agents

By our signatures below, we certify that this application is accurate and complete within ALL Parts.

Volunteer Board Officer Name:

Volunteer Board Officer Title:

Signature of Board Officer:

Date of Signature:

CEO, CPO or ED Name:

*(This name must be the same name
as provided in Part A, #5.)*

Signature of CEO, CPO or ED:

Date of Signature:

SAMPLE – Resolution (Attachment A)

For Attachment A of this application please provide a resolution, signed by a board officer and placed on organizational letterhead, requesting inclusion in the campaign and certifying compliance with the LA SCCC eligibility standards and the Rule AND which certifies that the organization has no outstanding debt owed to any state agency. Note: As of 2015, all LA SCCC proceeds must be used in the community and must not be used for Fundraising and Administrative expenses.

BOARD RESOLUTION (SAMPLE COPY)

At the meeting of the Boards of Directors of [Organization] on [Date], the following resolution was proposed and approved by the board:

RESOLVED:

WHEREAS [Organization] provides health and human services to the people of Louisiana

WHEREAS [Organization] requests inclusion in the 2019 Louisiana State Combined Charitable Campaign (LA SCCC)

WHEREAS [Organization] certifies that it is in compliance with the LA SCCC eligibility standards and Rule

WHEREAS [Organization] understands that all proceeds received must be used in the community and not towards organizational fundraising and administrative expenses

WHEREAS [Organization] does not owe debt to any state agency.

SIGNED:

[Board Officer printed name and title]

[Board Officer signature]

[Date signed]