SED-7
(Rev 10/2019)

2020 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 2020 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 2020 campaign.*

- Charitable organizations that did not apply or did not qualify in 2019, are required to submit a completed application with ALL attachments requested in Part B and D of this application.
- Charitable organizations that were approved in 2019, are only required to submit a completed application with Attachments A, B, F (if applicable), G, H and I.

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 B. 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 Monday, March 2, 2020,** 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 30, 2020, to the Chief Executive Officer (CEO), using the CEO mailing address provided within this application.

2020 State Combined Charitable Campaign - Charity Application

PART A – Applicant Information and Approval

1. Charitable organization's legal name *(as currently registered with the Louisiana Secretary of State)***:**

_____

If your organization wishes to be listed in the 2020 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 F in Part D.)

2. Organizational Information:

(Quarterly disbursements will be mailed to the address provided below. The website and telephone number provided below will be used in the 2020 LA SCCC Charity List.)

Mailing Address: _____

Website Address: _____

Telephone #: _____

3. Description of Services:

Provide an organizational description to be used in the 2020 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.

4 . Please list the health and human services your charity provides within the state of Louisiana:

_____

_____

_____

_____

2020 State Combined Charitable Campaign - Charity Application

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:

Date of Signature:

Signature of CEO, CPO or ED:

By my signature above, I certify that this application is accurate and complete within ALL Parts.

6. Volunteer Board Officer:

Volunteer Board Officer Name:

Volunteer Board Officer Title:

Date of Signature:

Signature of Board Officer:

By my signature above, I certify that this application is accurate and complete within ALL Parts.

7. Staff Contacts:

Primary Staff Contact:

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

Name:

Telephone #:

E-mail:

Application Staff Contact:

(Please indicate the authorized staff contact who is able to receive questions/requests related to this application submittal.)

Name:

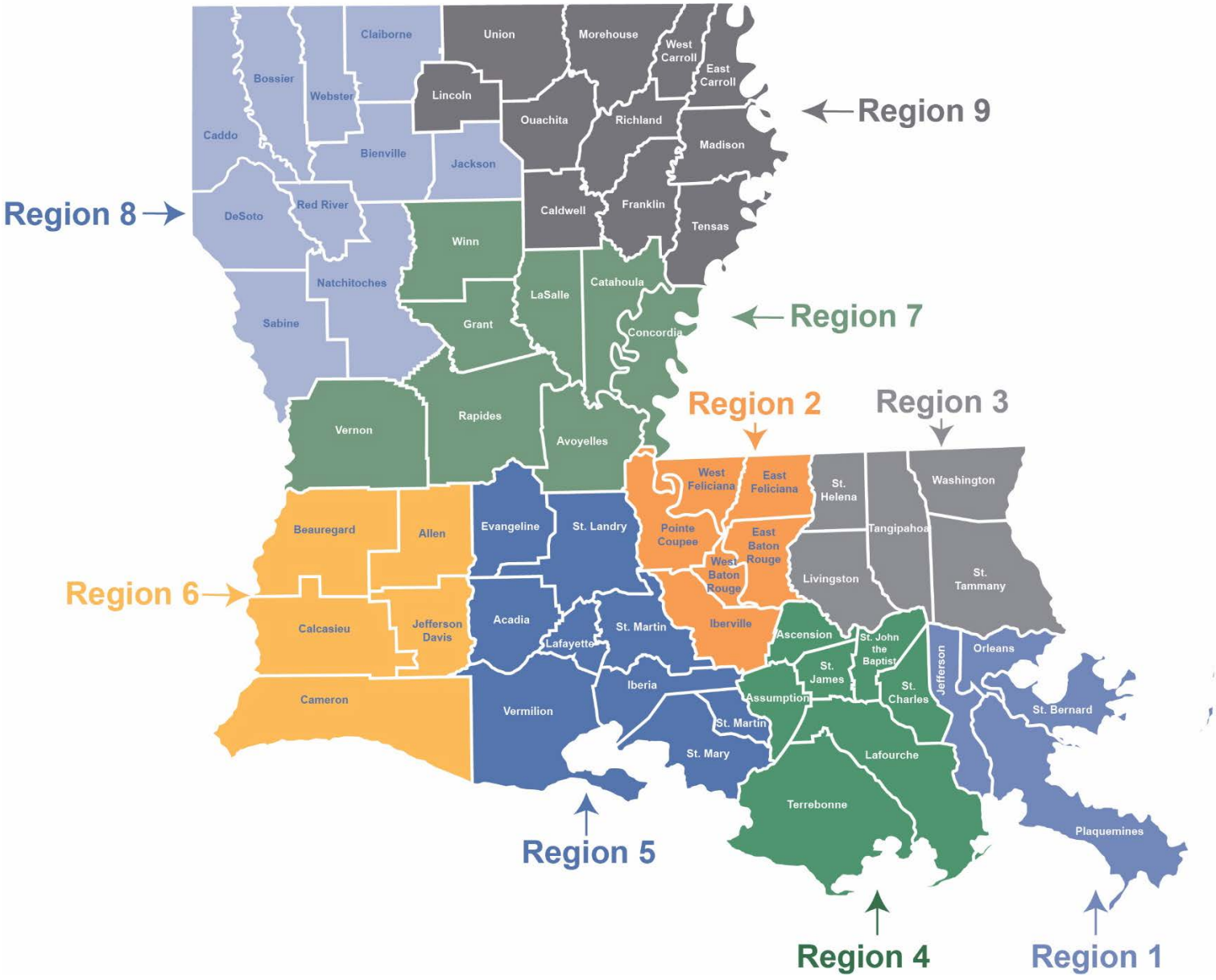
Telephone #:

E-mail:

2020 State Combined Charitable Campaign - Charity Application

8. 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**



2020 State Combined Charitable Campaign - Charity Application

PART B – 990 Verification

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.)

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

- *Your 990's organizational EIN must correspond with the number provided above.*
- *If your charity is a subordinate organization covered in a group extension, please list the EIN # for both your subordinate organization and central organization.*

☐ **Attachment A** **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)***:**_____

- 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".

PART C –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 within application).

_____	÷	_____	=	**0.00**	% for	_____
Mgmt. & Gen. + Fundraising Expenses		**Total Revenue**		**FRA**		**Form 990 Fiscal Year**
"Functional Expenses" on Page 10 of Form 990 Line 25, Columns C + D		*"Total Revenue" on Page 9, Line 12, Column A*		*Rounded to the second decimal point*		

2020 State Combined Charitable Campaign - Charity Application

PART D - Required Attachments and Related Information

Charitable organizations that were approved in 2019, are only required to submit Attachments A (found in Part B), B, F (if applicable), G, H and I.

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. Please fill in blanks as requested below. Label each document and attach them in the order shown.

☐ **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).

☐ **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 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**

Proof of IRS 501(c)(3) Status (corresponding to the Name and EIN provided in application)

If your charity is a subordinate organization covered in a group extension, please provide documentation for both your subordinate organization and central organization.

☐ **Attachment F**

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 G**

List of Current and Immediate-Past Term Board Members and Board Officers

☐ **Attachment H**

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 I**

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.

PART E - 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 approval (in Part A #5 & #6), 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.*
- ☐ *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.*
- ☐ *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.*
- ☐ *funds received by the LA SCCC will not be used for fundraising and administrative costs.*
- ☐ *this organization is in compliance with the USA Patriot Act of 2001.*
- ☐ *this organization has no outstanding debt owed to a state agency.*
- ☐ *this organization currently is not under investigation for any reason.*
- ☐ *this organization is governed by a board of directors which meets regularly and whose members serve without compensation.*
- ☐ *this organization is an active, non-profit in good standing with the LA Secretary of State Office.*
- ☐ *this organization has substantial local presence within the state of Louisiana.*
- ☐ *this organization is in compliance with and is not included on the Louisiana Legislative Auditors (LLA) non-compliance list.*
- ☐ *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.*
- ☐ *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.*
- ☐ *we acknowledge that LA SCCC solicitation materials must be provided by the PCFO.*
- ☐ *we acknowledge that the Division of Administration shall accept or reject the certifications of a charitable organization.*
- ☐ *we acknowledge that if our charitable organization ceases its operations or merges with another organization, it shall be ineligible to receive donations from the LA SCCC.*
- ☐ *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.*