



# APPLICATION FOR ADMISSION – 2015 SECC

- Independent Charity
- Federation
- Member Charity of \_\_\_\_\_

*Name of Federation*

**PLEASE REVIEW THE APPLICATION INSTRUCTIONS PRIOR TO FILLING OUT THIS DOCUMENT**

***All applicants are encouraged to review the following statute and regulations:***

*Texas Government Code Annotated (The Statute)*

*Texas Administrative Code, Title 34, Section 5.48 (The Comptroller's Rules)*

*Texas Administrative Code, Title 34, Chapters 329 & 331 (The SPC's Rules)*

## **PART A APPLICANT INFORMATION**

Legal Name of Organization \_\_\_\_\_

Other name (DBA or Program Name) \_\_\_\_\_

Physical Address \_\_\_\_\_

Name/Title of Agency Contact \_\_\_\_\_

Primary Contact's Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_ Website \_\_\_\_\_

(To Be Used in Campaign Resource Materials)

Federal Tax ID Number \_\_\_\_\_

### **Fundraising & Administrative Costs (FRA)**

Use your most current IRS Form 990 to calculate your FRA. A 990 EZ is not acceptable.

**Complete the section below:**

_____ ÷ _____	=	_____ % for _____	
<b>Mgmt. and Gen. + Fundraising Expenses</b> <small>"Functional Expenses" on Page 10 of the Form 990</small>  <small>Line 25, Columns C + D</small>		<b>Total Revenue</b> <small>"Total Revenue" on Page 9,</small> <small>Line 12, Column A</small>	<b>FRA</b> <small>(Carry out 2 decimal places)</small>
			<b>Form 990</b> <b>Fiscal Date/Year</b>

**Note: Your FRA should not exceed 25%.** Any application with FRA over 25% will be automatically denied.

**Description of Services:**

This information will describe your organization in 2015 Campaign materials. Descriptions may not exceed 25 words and hyphenated terms will count as two words. Please use descriptive language so that contributors will have a clear understanding of your mission, programs and services.

Example: **ABC Foundation** – Providing one-on-one training for adults in areas of reading, comprehension, and literature; teaching more than 2,000 citizens per year how to read.

**Category of Services** *Please check all applicable services that describe your organization* . If a service is not listed please select other and describe.

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Adoption Services           | <input type="checkbox"/> Disaster Relief & Recovery | <input type="checkbox"/> Healthcare Services      |
| <input type="checkbox"/> Advocacy or Victims' Rights | <input type="checkbox"/> Domestic Violence          | <input type="checkbox"/> Human Services           |
| <input type="checkbox"/> Alzheimer's Services        | <input type="checkbox"/> Education                  | <input type="checkbox"/> HIV / AIDS Prevention    |
| <input type="checkbox"/> Animal Protection           | <input type="checkbox"/> Elderly Support Services   | <input type="checkbox"/> Hospice                  |
| <input type="checkbox"/> Armed Forces/Veterans       | <input type="checkbox"/> Emergency Assistance       | <input type="checkbox"/> Housing Services         |
| <input type="checkbox"/> Arts                        | <input type="checkbox"/> Environmental Protection   | <input type="checkbox"/> Job Training             |
| <input type="checkbox"/> Autism Services             | <input type="checkbox"/> Environmental Conservation | <input type="checkbox"/> Legal Services           |
| <input type="checkbox"/> Cancer Prevention           | <input type="checkbox"/> Family Planning            | <input type="checkbox"/> Mental Health Awareness  |
| <input type="checkbox"/> Child Abuse & Neglect       | <input type="checkbox"/> Financial Services         | <input type="checkbox"/> Substance Abuse Programs |
| <input type="checkbox"/> Childhood Illness           | <input type="checkbox"/> Food Assistance Programs   | <input type="checkbox"/> Youth Development Other  |
| <input type="checkbox"/> Counseling Services         |   |   |
| <input type="checkbox"/> Disabilities Services       |   |   |

Describe other if applicable:

Area of Service:

Please check each box that describes your organization's scope of services.

- Local            Check local if your organization provides services in only one Texas SECC campaign area - SECC MAP
- Statewide      Check statewide if your organization provides services in two or more noncontiguous standard metropolitan statistical areas in Texas
- International   Check international if your organization provides services internationally

If the organization only provides services internationally it is required to have participated in the SECC at least once between 1994 - 2003. Please check the box to certify that the organization meets this requirement. If unable to certify the organization is ineligible.

**Please describe the direct or indirect health and human services this organization provides (continue on additional pages as necessary):**

**If the organization provides local or statewide services list the TX counties served below:**

## PART B ATTACHMENTS FOR ALL APPLICANTS

To determine your organization's eligibility, we must review the following attachments to assure compliance with campaign regulations. Please submit these documents and provide them in paper or electronic format per the instructions.

Attachment A	Texas Certificate of Authority or Articles of Incorporation
Attachment B	IRS 501c3 Letter
Attachment C	Signed IRS Form 990 dated on or after June 30, 2013
Attachment D	CPA Audit or Review
Attachment E	Fiscal Agent Letter (not applicable for independent charities)

### ADDITIONAL ATTACHMENTS FOR FEDERATIONS ONLY

Attachment F	<i>Statewide or multi-county organizations: Certificate of Authority</i>
Attachment G	<i>Statewide or multi-county organizations: Certificate of Authority</i>
Attachment H	<i>Federations only: Compensation disclosure (if applicable)</i>
Attachment I	<i>Federations only: Operating Budget</i>
Attachment J	<i>Federations only: Appeal acknowledgement</i>

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**PART C CERTIFICATION**

The State Employees Combined Campaign regulations require that all organizations applying for admission to the campaign attest to the following:

Applicant organization fully complies with all applicable federal nondiscrimination laws, including Chapter 21, Title 42, United States Code. Tex. Gov't Code Ann. Section 659.131(2)(C).

Applicant organization fully complies with all state statutes and rules relating to charitable organizations. Tex. Gov't Code Ann. Section 659.131(2)(D).

Applicant organization is not a private foundation. Tex. Gov't Code Ann. Section 659.131(2)(E).

Applicant organization is governed by voluntary boards of citizens that meet at least twice each year to set policy and manage the affairs of the organization. Tex. Gov't Code Ann. Section 659.146(a)(1).

Applicant organization has demonstrated it is accessible to state employees by maintaining: (i) a staff or volunteer representative residing in this state that is accessible at least 20 hours a week during normal working hours and (APPLICABLE FOR STATEWIDE AND LOCAL ORGANIZATIONS) (ii) a toll-free long-distance telephone number. (APPLICABLE FOR STATEWIDE ORGANIZATIONS) (iii) a locally listed telephone number (APPLICABLE FOR LOCAL ORGANIZATIONS) Tex. Gov't Code Ann. Section 659.131(21)(B).

Applicant organization will not use contributions from the Texas State Employee Charitable Campaign to directly or indirectly fund litigation or to engage in lobbying that would require registration under the Texas Government Code. Tex. Gov't Code Ann. Section 659.150(b).

Applicant organization will not use contributions from the Texas State Employee Charitable Campaign to engage in transactions and dealings with countries, entities, or individuals subject to economic sanctions administered by the U.S. Department of the Treasury's Office of Foreign Assets Control. 34 TAC § 329.7

Applicant organization's fund-raising practices are truthful and consumer-oriented, clearly identify and distinguish community-based organizations from statewide and international organizations, and ensure protection against: unauthorized use of a list of contributors to the organization; payment of commissions, kickbacks, finder fees, percentages, bonuses, or overrides for fund-raising; mailing of unordered merchandise or tickets with a request for money in return; and general telephone solicitation of the public. Tex. Gov't Code Ann. Section 659.149.

To preserve the integrity of the campaign and to minimize intrusion into the workplace, applicant organization will adhere to the rule requirement prohibiting statewide federations or funds from soliciting deductions from state employees at the employees' worksites unless the solicitation is pursuant to the state employee charitable campaign. 34 Tex. Admin. Code Section 5.48(s)(3) (Tex. Compt. of Public Accounts).

This organization is  is not  applying to participate in this campaign under more than one federation or fund. 34 Tex. Admin. Code, Section 5.48(a)(2) and (n)(2)(K)(iii).. If this organization is applying to participate in this campaign under more than one federation or fund, an Attachment L-1 must be part of the application as submitted to the State Policy Committee for eligibility determination.

Attachment L-1: Multiple listing. If a statewide charitable organization is applying under more than one federation in the statewide campaign, the organization must attach a document listing each federation under which it will apply. The organization must list the separate and distinct population(s) served under each federation. An organization failing to provide this attachment and establish that a separate and distinct population is served under each federation will not be listed under more than one federation in any campaign materials. 34 Tex. Admin. Code, Section 5.48 (a)(2) and (n)(2)(K)(iii).

**CERTIFICATION FOR FEDERATIONS ONLY**

Applicant organization is a charitable, umbrella fundraising entity that acts as an agent for at least five charitable organizations, Tex. Gov't Code Ann. Section 659.131(6)(B). Please indicate compliance by listing five qualifying organizations.

Applicant organization is supported by voluntary contributions by the public and is not organized exclusively to solicit contributions from Texas state employees. Tex. Gov't Code Ann. Section 659.131(6)(C) and (D).

Select one of the following:

Applicant organization is incorporated in the State of Texas and has an established physical presence in this state in the form of an office or service facility that is staffed at least 20 hours a week, Tex. Gov't Code Ann. Section 659.131(6)(D)(i);

Applicant organization is incorporated outside of the state of Texas, includes at least 10 affiliated charitable organizations, has existed at least three years, and participates in state employee charitable campaigns in at least 10 other states, Tex. Gov't Code Ann. Section 659.131(6)(D)(ii).

**PART D SIGNATURE**

*I am an authorized agent to act on behalf of this organization. I hereby certify to all statements in this application, on behalf of this organization and I affirm that all information in this application is current, complete, accurate, and true.*

Date \_\_\_\_\_

Organization \_\_\_\_\_

Authorized Agent (Print Name) \_\_\_\_\_

Signature \_\_\_\_\_