



# 2008 APPLICATION FOR ADMISSION

The deadline for receipt of applications is Friday, March 28, 2008.  
Applications received by mail must be postmarked by Friday, March 28, 2008.

<input type="checkbox"/> New Applicant <input type="checkbox"/> Re-Applicant
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Federation  
 Member Agency of \_\_\_\_\_  
*Name of Federation*

## PART A APPLICANT INFORMATION

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

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

Mailing Address \_\_\_\_\_  
Street/Box #
City
State
Zip

Name/Title of Organization CEO \_\_\_\_\_

Name/Title of Organization Contact \_\_\_\_\_

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

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

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

### Description of Services

This information will describe your organization in the 2008 Resource Guide. Descriptions may not exceed 25 words. Please use descriptive language so that contributors will have a clear understanding of your mission, programs and services. Please include your organization's telephone number and website address. The telephone number format we use is xxx-xxx-xxxx – do not use parentheses, dots, or other punctuation for the number.

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.  
 919-821-2886 www.abcfoundation.org

Organization				
1	2	3	4	5
6	7	8	9	10
11	12	13	14	15
16	17	18	19	20
21	22	23	24	25
Phone Number		Website		

**FUNDRAISING & ADMINISTRATIVE COSTS [FRA]**

What is the percentage of your organization’s total support and revenue allocated to fundraising and administrative costs? \_\_\_\_\_% for \_\_\_\_\_ Fiscal Year

Please use the following formula to figure your FRA percentage:  
**(Line 14 + Line 15) ÷ Line 12 of the IRS 990 = FRA %**

**PUBLIC SOLICITATIONS**

Does your organization receive a substantial portion of their annual budget from public solicitations in the State of Oklahoma? **Yes** **No** (Please Circle One)

Please use the following formula to figure your government support:  
**Line 1d ÷ Line 12 of the IRS 990 = Government Support %**  
\_\_\_\_\_ % for \_\_\_\_\_ Fiscal Year

Please use the following formula to figure your public support:  
**(Line 1a + Line 1b + Line 1c) ÷ Line 12 of the IRS 990 = Public Support %**  
\_\_\_\_\_ % for \_\_\_\_\_ Fiscal Year

**CATEGORY OF SERVICES** Please check all applicable services that describe your organization. If necessary, please feel free to attach an additional page that briefly describes each of your service categories.

- Adoption Services
- Advocacy or Victims’ Rights
- Alzheimer Services
- Armed Forces/Veterans
- Cancer Prevention
- Child Abuse & Neglect
- Domestic Violence
- Childhood Illness
- Counseling Services
- Disabilities Services
- Disaster Relief & Recovery
- Education
- Elderly Support Services
- Emergency Assistance
- Family Planning
- Financial Services
- Food Assistance Programs
- Healthcare Services
- Human Services
- HIV / AIDS Prevention
- Hospice
- Housing Services
- Job Training
- Legal Services
- Mental Health Awareness
- Substance Abuse Programs
- Youth Development

Other \_\_\_\_\_

**AREA OF SERVICE**

So that we can accurately identify your organization, it’s important that you indicate whether your programs and services are local, statewide or international in scope. Please check one box that describes your organization’s scope of services.

- Local** Check if your organization provides services to a local geographic area.
- Statewide** Check if your organization provides services to a majority of Oklahoma’s counties.
- International** Check if your organization provides services globally.



Unless your organization's scope of service is international, we need to know the counties in Oklahoma in which you provide services. Please circle each county where your organization provides services or check the box below if your organization provides services in all the counties in Oklahoma.

The organization named in this application serves all 77 counties in Oklahoma.

Adair	Le Flore
Alfalfa	Lincoln
Atoka	Logan
Beaver	Love
Beckham	Major
Blaine	Marshall
Bryan	Mayes
Caddo	McClain
Canadian	McCurtain
Carter	McIntosh
Cherokee	Murray
Choctaw	Muskogee
Cimarron	Noble
Cleveland	Nowata
Coal	Okfuskee
Comanche	Oklahoma
Cotton	Okmulgee
Craig	Osage
Creek	Ottawa
Custer	Pawnee
Payne	Payne
Dewey	Pittsburg
Ellis	Pontotoc
Garfield	Pottawatomie
Garvin	Pushmataha
Grady	Roger Mills
Grant	Rogers
Greer	Seminole
Harmon	Sequoyah
Harper	Stephens
Haskell	Texas
Hughes	Tillman
Jackson	Tulsa
Jefferson	Wagoner
Johnston	Washington
Kay	Washita
Kingfisher	Woods
Kiowa	Woodward
Latimer	

## **PART B ATTACHMENTS**

To determine your organization's eligibility, we must review the following attachments to assure compliance with campaign regulations. Please submit these documents and attach them in the order shown.

- Attachment A            Category of Services Descriptions (Optional)
  - Attachment B            List of Current Board Members & Addresses
  - Attachment C            CPA Audit
  - Attachment D            IRS Form 990
  - Attachment E            Federal Tax Exempt Letter
  - Attachment F            Oklahoma Certificate of Registration of a Charitable Organization
  - Attachment G            Oklahoma Certificate of Incorporation
  - Attachment H            List of Member Organizations (Federations Only)
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## **PART C CERTIFICATIONS**

The State Charitable Campaign regulations require that all organizations applying for admission to the campaign attest to the following certifications. Please check the box for each certification that your organization meets and sign below.

- I certify that the organization named in this application is recognized by the Internal Revenue Service as tax-exempt under 26 USC 501(c) (3) and to which contributions are tax deductible pursuant to 25 USC 170.
- I certify that the organization named in this application is incorporated or authorized to do business in the state of Oklahoma as a private, non-profit organization.
- I certify that the organization named in this application has a current certificate of registration of a charitable organization from the Oklahoma Secretary of State's office.
- I certify that the organization named in this application was audited in accordance with generally accepted auditing principles by an independent certified public accountant in the immediate preceding year. *[Note: If the annual budget of a voluntary charitable agency is less than fifty thousand dollars, no annual audit shall be required.]*
- I certify that the organization named in this application is directed by an active and responsible board of directors whose members serve without compensation.
- I certify that the organization named in this application has, in the preceding year, received a substantial portion of their annual budget from public solicitations in the state of Oklahoma.



- I certify that the organization named in this application has a board of directors made up of individuals in which at least a majority of them are residents of the state of Oklahoma. *[Note: International organizations that provide human health and welfare services overseas, whose activities do not require a local presence and which meet the other eligibility criteria in the statutes and rules, may be accepted for participation in the campaign.]*
  
- I certify that the organization named in this application is a human health and welfare organization which provides services, benefits, or assistance to, or conducts activities affecting human health and welfare within the state of Oklahoma. *[Note: International organizations that provide human health and welfare services overseas, whose activities do not require a local presence and which meet the other eligibility criteria in the statutes and rules, may be accepted for participation in the campaign.]*

*I, the undersigned, certify that this organization is in full compliance with all conditions listed in Part C and has provided all requested documents listed in Part B.*

*I acknowledge that the Oversight Committee for State Employee Charitable Contributions (OCSECC) shall accept or reject the certifications of a federation or member agency. I further acknowledge, if the applicant organization is a federation, that all member agencies shall comply with all the Oklahoma State Charitable Campaign statutes and administrative rules.*

*If the Committee or State Principal Combined Fundraising Organization (SPCFRO) requests information supporting a certification of eligibility, that information shall be furnished promptly. Failure to furnish such information constitutes grounds for the denial of eligibility of that member agency. The burden of demonstrating eligibility shall rest with the applicant.*

*I further acknowledge that the Committee may elect to decertify a federation or member agency which makes a false certification, subject to the requirement that the SPCFRO shall notify any federation that the Committee proposes to decertify of its decision and stating the grounds for decertification. If rejected, the federation or member agency may file an appeal to the Committee within 45 calendar days of OCSECC's regularly scheduled May meeting. False certifications are presumed deliberate. The presumption may be overcome by evidence presented at an appeals hearing.*

Date \_\_\_\_\_

Authorized Agent's Signature \_\_\_\_\_

**PART D      LPCFRO CERTIFICATION**

I certify that the organization named in this application, if chosen as the LPCFRO, will develop the campaign materials and publicize the local State Charitable Campaign; ensure that each state employee receives informational material and a pledge card; recruit and train volunteers, departmental coordinators and solicitors to distribute material, conduct meetings, answer questions and collect pledge cards; ensure that all informational materials are fair and equitable; and ensure that each state employee is given the opportunity to make a gift and the option to designate the gift.

Date \_\_\_\_\_

Authorized Agent's Signature \_\_\_\_\_

