Print Form

2010 APPLICATION FOR ADMISSION

The deadline for receipt of applications is Friday, March 26th, by 5:00 p.m.

Materials that are postmarked but not received by Friday, March 26th, will not be accepted.

☐ New Applicant
☐ Re-Applicant

☐ 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 2010 Resource Guide. **Descriptions may not exceed 25 words**. Do not use an attachment for this item; please use the boxes provided below. 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

If you are using the 2007 990, Please use the following formula to figure your FRA percentage:
(Line 14 + Line 15) ÷ Line 12 of the IRS 990 = FRA %
_____% for _____ Fiscal Year

If you are using the 2008 990,Please use the following formula to figure your FRA percentage:
Add the amount in Part IX (Statement of Functional Expenses), Line 25, Column C (Management and General Expenses) to the amount in Line 25, Column D (Fundraising Expenses), and divide the sum by Part VIII (Statement of Revenue), Line 12, Column A (Total Revenue).
[(Part IX, Line 25, Column C) + (Part IX, Line 25, Column D)] ÷ (Part VIII, Line 12, Column A)
_____% for _____ Fiscal Year

PUBLIC SOLICITATIONS

Does your organization receive a substantial portion of their annual budget from public solicitations in the State of Oklahoma? Please use the formula below to substantiate your government and public support.
If you are using the 2007 990, Please use the following formula to figure your government support:
Line 1d ÷ Line 12 of the IRS 990 = Government Support %
_____% for _____ Fiscal Year

If you are using the 2008 990,Please use the following formula to figure your government support:
Part VIII (Statement of Revenue), Line 1e(Government Grants), Column A (Total Revenue) divided by Part VIII (Statement of Revenue), Line 12, Column A (Total Revenue)
(Part VIII, Line 1e, Column A) ÷ (Part VIII, Line 12, Column A)
_____% for _____ Fiscal Year

If you are using the 2007 990, 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

If you are using the 2008 990,Please use the following formula to figure your public support:
Part VIII (Statement of Revenue), [Line 1a (Federated Campaigns), Column A (Total Revenue)+ Line 1f (All other contributions, gifts, grants, and similar amounts not included above), Column A (Total Revenue)]÷ Part VIII (Statement of Revenue), Line 12, Column A (Total Revenue)
[(Part VIII, Line 1a, Column A)+(Part VIII, Line 1f, Column A)] ÷ (Part VIII, Line 12, Column A)
_____% for _____ Fiscal Year

CATEGORY OF SERVICES *Please check all applicable services that describe your organization. As stated in the instructions, please attach an additional page as Attachment A 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. If your organization's scope of service is international, please list the countries you serve in the area provided below.

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

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

For international charities only, please list the countries you serve:

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
☐	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)

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.

1. ☐ 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.

2. ☐ 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.

3. ☐ 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.

4. ☐ I certify that the organization named in this application was audited in accordance with generally accepted accounting 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.]*

5. ☐ I certify that the organization named in this application is directed by an active and responsible board of directors whose members serve without compensation.

6. ☐ 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. *[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.]*

7. ☐ 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.]*

8. ☐ 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 20 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

***Complete this section only if you are a federation applying as the LPCFRO for an SCC District.**

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 _____