



Florida State Employees' Charitable Campaign Application for Participation

1. Name of Your Organization: _____

Any other name under which your organization is registered (i.e. D/B/A):

2. Affiliation: Name of the umbrella group with which your organization is affiliated (whether you are a member of, or the umbrella group itself):

- America's Charities
- Independent Charities of America
- Community Health Charities
- Global Impact
- Earth Share
- Neighbor to Nation
- United Way of _____
- Other _____
- Not Applicable – We are an Independent Unaffiliated Agency

3. Mailing Address: _____

4. City/State/Zip Code: _____

5. Contact Person: _____

6. Contact Person's Telephone Number: _____

7. Fax Number: _____

8. E-mail Address: _____

9. Federal Employer ID Number (FEIN): _____

10. Campaign Brochure Listing Information

(a) Purpose of Organization: Please put one (1) word in each block. Longer descriptions will be truncated after the 25th word.

(b) Telephone number your organization would like included at the end of the campaign brochure listing:

(____) _____

(a) Website Address your organization would like included at the end of the campaign brochure listing:

11. Detailed narrative of your organization's past, present and planned activities:

In lieu of a written narrative in the space provided above, we are providing the attached documents.

12. Expenses.

Before completing this section, refer to instructions regarding the source for these figures and how to calculate the percent requested in 12(d). Organizations that have filed an IRS Form 990 EZ or that are exempt from filing an IRS Form 990 must refer to instructions for alternative requirements. Completing this question is required even if your organization is exempt from filing an IRS Form 990 or has filed an IRS Form 990 EZ.

(a) What was your organization's past year administrative expense as reported on your most recent filing of IRS Form 990?

(b) What was your organization's past year fundraising expense as reported on your most recent filing of IRS Form 990?

(c) What was your organization's past year total revenue as reported on your most recent filing of IRS Form 990?

(d) What percent of your organization's past year total revenue were administrative & fundraising expenses? ____%
(carried to two decimal places only)

(e) Attach a copy of Pages 9 and 10 of your organization's most recent filing of IRS Form 990.

(f) If applicable, description of extraordinary circumstances and why they could not be mitigated:

13. Registration Information - Solicitation of Contributions Act (Chapter 496, F.S.)

(a) Provide from your Florida Department of Agriculture and Consumer Services ("DOACS") registration, the following information for your organization:

Registration#: _____ Expiration Date: _____

(b) Attach a copy of your organization's most recent registration letter from DOACS or a printout showing your organization's current registration number and expiration date from the DOACS online Gift Givers Guide.

(c) Check the box if your organization is exempt, as provided for in Section 496.406, F.S.

Exempt

(d) Check the box if your organization automatically excluded pursuant to Section 496.403, F.S.

Automatically Excluded

14. Principal Mission: Check the following principal mission(s) that your organization serves

- Public health and welfare;
- Education;
- Environmental restoration and conservation;
- Civil and human rights; or
- The relief of human suffering and poverty.

15. Does your organization comply with all state and federal nondiscrimination laws? Yes No

16. Do the activities of your organization contain an element that is more than incidentally political in nature?
Yes No

17. Are your organization's activities primarily religious, professional, or fraternal in nature?
Yes No

18. Are your organization's financial records audited annually by an independent public accountant whose examination conforms to generally accepted accounting principles? Yes No

19(a) Is your organization an umbrella group or an affiliated member of an umbrella group serving basic human or environmental needs inside the United States (i.e. a national agency)?

Yes

No

(b) If yes, describe how your organization's program services provide direct services that meet basic human or environmental needs that are readily available, being administered, or which provide a substantial direct benefit to Florida residents: Any information provided outside this space will not be considered by the Steering Committee.

20(a) Is your organization providing any services outside the United States (i.e. an international service agency)?

Yes

No

(b) If yes, describe how and where your organization's program services have a well-defined program that meets basic human or environmental needs outside of the United States with no duplication of existing programs: Any information provided outside this space will not be considered by the Steering Committee.

21. This question should be answered only by Independent Unaffiliated Agencies that are **neither** a National Agency nor an International Service Agency, as described above. Define how your organization’s program services provide substantial, direct, hands-on services throughout the year and throughout the state (i.e. in every fiscal agent area). Any information provided outside this space will not be considered by the Steering Committee.

22. Affidavit: The following must be completed by all applying organizations and signed by the appropriate representatives.

AFFIDAVIT

I, _____ (print name and title),

as an authorized agent or officer of the _____ (name of organization) hereby submit this application to participate in the Florida State Employees' Charitable Campaign. I certify that I have thoroughly reviewed this application to ensure that it is complete, that all required information and documents have been included and are truthful and accurate, and that this organization is in compliance with Section 110.181, Florida Statutes and Chapter 60L-39, Florida Administrative Code.

I certify that the organization named in this application is in compliance with all federal law, Executive orders, and regulations.

I understand that any incomplete application and any application submitted after the deadline (postmarked by March 1st) will not be considered by the FSECC Statewide Steering Committee. I further understand that the applying organization bears ultimate responsibility for a complete, accurate and timely submission and that any falsifications, misstatements or misrepresentation may be grounds for disqualification from participation in the FSECC.

Signature of and Authorized Agent or Officer of Your Charitable Organization

Date

Instructions for Completing Form DMS-ADM-100

General Information

- Terms used in this application are defined in either Section 110.181, Florida Statutes (F.S.) and Rule 60L-39.0015, Florida Administrative Code (F.A.C.)
- Eligibility criteria for participation in the campaign are contained in Section 110.181, F.S. and further clarified in Rule 60L-39.0015, F.A.C.
- The above referenced statute and rule should be reviewed prior to completion of this application and is available on the Department's website at:
http://dms.myflorida.com/human_resource_support/human_resource_management/for_state_employees/state_employees_charitable_campaign

Application Form

Paper Applications:

Applicants submitting a paper application shall submit a signed application and all required supporting documentation, **postmarked no later than March 1**, to the following address:

Florida State Employees' Charitable Campaign
Department of Management Services
4050 Esplanade Way, Suite 235
Tallahassee, Florida 32399-0950

Electronic Applications:

Applicants may apply online at:

http://dms.myflorida.com/human_resource_support/human_resource_management/for_state_personnel_system_employees/state_employees_charitable_campaign no later than 11:59 pm on March 1.

- If completed application and all required documentation is submitted electronically, no further action is required. A copy of the submitted application and the confirmation page may be printed for reference.
- If required documentation cannot be submitted electronically with the application, applicant shall be required to mail such documentation, along with the printed confirmation page from the electronically submitted application, **postmarked no later than March 1**, to the following address:

Florida State Employees' Charitable Campaign
Department of Management Services
4050 Esplanade Way, Suite 235
Tallahassee, Florida 32399-0950

Application Instructions for Each Field

1. Name of Your Organization - **To be answered by all applying charitable organizations.**
Name of applying charitable organization. If you are "doing business as" (d/b/a) under a different name, please indicate both names.
2. Affiliation - **To be answered by all applying charitable organizations.**
 - Check the appropriate category that describes the umbrella group with which your organization is affiliated. If you are not affiliated with an umbrella group (Independent Unaffiliated), check "Not Applicable". Check only one box.
 - If your umbrella group is not listed on this application, check "Other" and provide name.

- Applicants affiliated with a United Way umbrella group must insert the specific name of the local United Way.
- Organizations incorrectly identifying their membership may be disqualified.

3. Mailing Address - **To be answered by all applying charitable organizations.**

The address where applying organizations would like official correspondence to be mailed.

4. City/State/Zip Code - **To be answered by all applying charitable organizations.**

The City/State/Zip Code where applying organizations would like official correspondence to be mailed.

5. Contact Person - **To be answered by all applying charitable organizations.**

The individual representing the organization to whom official correspondence will be mailed or whom the Statewide Steering Committee should contact if requesting clarifying information.

6. Contact Person's Telephone Number - **To be answered by all applying charitable organizations.**

The telephone number of the individual designated by your organization as the contact person.

7. Fax Number - **This is not a required field.**

If your organization sends or receives documents by facsimile, provide the number, including area code.

8. E-mail Address - **This is not a required field.**

The e-mail address of the individual designated by your organization as the contact person, if applicable. Although an e-mail address is not an eligibility criterion, it is helpful for communication purposes.

9. Federal Employer Identification Number (FEIN) - **To be answered by all applying charitable organizations.** Provide the identification number which indicates that your organization is duly registered with the U.S. Department of Treasury.

10. Campaign Brochure Listing Information

This information will appear in the campaign brochure that employees receive during the campaign kick-off for review, in order to select the organizations to which they wish to contribute.

(a) Purpose of Organization - **To be answered by all applying charitable organizations.** In twenty-five (25) words, or less, provide the statement describing your organization's program service(s) to be printed in the campaign brochure. Insert one (1) word in each block. Longer descriptions will be truncated after the 25th word. Please review spelling and grammar as these statements will be published as written.

(b) Telephone number - **To be answered by all applying charitable organizations.**

Provide the telephone number to be included with your 25 word purpose statement that employees can use to inquire further about your organization.

(c) Website Address - This is not a required field. Provide the website address that your organization would like included in the brochure listing.

11. Detailed Narrative - **To be completed by all applying charitable organizations.**

Use the space provided on the application to complete a detailed narrative and attach additional pages if necessary.

However, in place of the written narrative, you may attach a document or document excerpts such as the applicable portions of your annual report or Part III of IRS Form 990 "statement of program services accomplishments" that focuses on (what are) your organization's activities (past, present and planned).

Note: You must check the box indicating you are providing attached documents. Failure to provide either a written detailed narrative or attachments will result in your application being considered incomplete.

12. Expenses - **To be completed by all applying charitable organizations.**

If your most recent filing was on an IRS Form 990:

12(a) For administrative expenses, insert figure from Page 10, Line 25, Column C of Part IX

- 12(b) For fundraising expenses, insert figure from Page 10, Line 25, Column D of Part IX
- 12(c) For total revenue, insert figure from Page 9, Line 12, Column A of Part VIII
- 12(d) For percent, add 12(a) to 12(b) then divide that figure by 12(c). Multiply the sum by 100 for the percentage and carry to the second decimal.
- 12(e) A copy of Pages 9 and 10 of your IRS Form 990 **MUST** be attached to your completed application.

If your most recent filing is an IRS Form 990 EZ or 990 PF

1. Supply the analogous figures for your administrative expenses, your fundraising expenses, and your total revenue on Pages 9 and 10 of an IRS Form 990 and make the same calculations as listed above for IRS Form filings using IRS Form 990.
2. A copy of Pages 9 and 10 of the IRS Form 990 on which you have inserted the analogous figures **MUST** be attached to your completed application, otherwise your application will be considered incomplete. **Do not submit a copy of your IRS Form 990 EZ or IRS Form 990 PF.**

If your organization is not required to file an IRS Form 990

1. Supply the analogous figures for your administrative expenses, your fundraising expenses, and your total revenue on Pages 9 and 10 of an IRS Form 990 and make the same calculations as listed above for IRS Form filings using IRS Form 990.
2. A copy of Pages 9 and 10 of the IRS Form 990 on which you have inserted the analogous figures **MUST** be attached to your completed application, otherwise your application will be considered incomplete.

Sample Calculation for 12(d)

1. $\$30352.00(\text{admin expense}) + \$12887.00(\text{fundraising expense}) = \43239.00
2. $\$43239.00 \div \$350000.00(\text{total revenue}) = 0.12354$
3. $0.12354 \times 100 = 12.354$
4. $= 12.35$ (carried to two decimal places)

12(f) Description of Extraordinary Circumstances - If applicable, **to be completed by all applying charitable organizations exceeding 25%.**

If your organization's administrative and fundraising expenses for the past year exceeded twenty five (25%) percent of your total revenue, please set forth with particularity (below or in an attachment), the facts you allege that constitute "extraordinary circumstances" and which justify your organization's inclusion in the campaign under Section 110.181(1)(h)1, Florida Statutes. In addition, pursuant to Rule 60L-39.004(1)(a), F.A.C., explain why these extraordinary circumstances could not have been avoided.

13. DOACS Registration Information

- (a) **To be completed by all applying charitable organizations that are required to register pursuant to Chapter 496, F.S.** Provide the registration number and expiration date which indicates that your organization is duly registered with the Florida Department of Agriculture and Consumer Services ("DOACS"), pursuant to the Solicitation of Contributions Act, Chapter 496, F.S. This registration number must be valid on March 1 of the application year.
- (b) **All organizations required to register pursuant to Chapter 496, F.S., must provide attachments in response to this question.** Organizations that are required to register with DOACS must have a registration number that is valid on March 1, of the application year. For proof, you must attach a copy of your organization's current registration letter or a printout from the DOACS Online Gift Givers Guide showing your organization's current registration number and expiration date.
- (c) If your organization is exempt from registration under any provision of Chapter 496.406, F.S., check the box provided to indicate such exempt status.
- (d) If your organization is automatically excluded pursuant to Section 496.403, F.S., check the box provided to indicate such automatic exclusion.

NOTE:

- If your organization has obtained an **extension** for filing an annual renewal statement or financial report pursuant to Section 496.405(1)(d), F.S., please attach a copy of the letter from DOACS granting the extension.
- If your organization is still in the process of **renewing** your registration, please provide acknowledgement from DOACS that they are in receipt of your organization's renewal paperwork and that the renewal is in process.

14. Principal Mission - **To be answered by all applying charitable organizations.**

The purpose of this question is for your organization to certify that its principal mission is at least one of the following: public health and welfare; education; environmental restoration and conservation; civil and human rights; or the relief of human suffering and poverty. Check at least one box indicating your organization's program services.

15. Non-Discrimination – **To be answered by all applying charitable organizations.**

The purpose of this question is for your organization to certify that it does not discriminate against any individual or group on account of race, color, religion, sex, national origin, age, handicap, or political affiliation pursuant to Section 110.181(1)(h)3., Florida Statutes.

16. More than Incidentally Political – **To be answered by all applying charitable organizations.**

The purpose of this question is for your organization to certify that its activities do not contain an element that is more than **incidentally political**, based on the definition of these terms found in Rule 60L-39.0015(1)(l) and (1)(p), F.A.C., respectively.

17. Religious/Professional/Fraternal - **To be answered by all applying charitable organizations.**

The purpose of this question is for your organization to certify that its activities are not **primarily religious, professional, or fraternal** in nature, based on the definition of these terms found in Rule 60L-39.0015(1)(q), Rule 60L-39.0015(1)(s), Rule 60L-39.0015(1)(r), Rule 60L-39.0015(1)(k), F.A.C., respectively.

NOTE regarding "primarily religious": The question is asking about the "activities" of your organization, not if your organization views itself as a religious entity.

18. Financial Audit - **To be answered by all applying charitable organizations.**

The purpose of this question is for your organization to certify that its financial records are audited annually, in accordance with Section 110.181(1)(g), F.S., regardless of federal audit requirements.

19(a) National Agency – **To be answered only by all applying charitable organizations not affiliated with the United Way.**

19(b) Service Requirement for National Agencies - **To be answered by National Agencies only (if your organization responded "yes" to question 19a).**

The purpose of this question is for National Agencies to describe how their direct services meet basic human or environmental needs and are readily available to, being administered to, or providing a substantial direct benefit to Florida residents, in accordance with Section 110.181(1)(f), F.S. Using only the space on the application, provide information that is more specific and concise than the detailed narrative requested in question 11 and focus on how such services are provided to or benefit Florida residents.

20(a) International Service Agency - **To be answered only by all applying charitable organizations not affiliated with the United Way.**

20(b) Service Requirement for International Service Agencies - **To be answered by International Service Agencies only (if your organization responded "yes" to question 20(a)).**

The purpose of this question is for International Service Agencies to describe how their program services are well defined and meet basic human or environmental needs outside the United States with no duplication of existing programs, in accordance with Section 110.181(1)(e), F.S. Using only the space on the application, provide information that is more specific and concise than the narrative requested in question 11 to focus on your service activities outside the United States.

21. Independent Unaffiliated Agency - **To be answered by all applying charitable organizations which self-identified as Independent Unaffiliated Agencies in question 2, but responded "No" to questions 19(a) and 20(a) above.**

The purpose of this question is for Independent Unaffiliated Agencies to certify their substantial, direct, hand-on services on a statewide and year-round basis, in accordance with Section 110.181(1)(d), F.S. Using only the space on the application, provide information that is more specific and concise than the detailed narrative requested in question 11 and focus on how and where such services are provided.

22. Affidavit - **To be answered by all applying charitable organizations.**

The purpose of the signature is to certify the truthfulness and accuracy of the information provided on the application and to acknowledge an understanding of the application requirements. The person who signs this affidavit on behalf of the organization must be an authorized agent or officer of the charitable organization. The name and title of this individual must be clearly printed or typed in the space provided. Additionally, clearly print or type the name of the organization as it is recorded for 501(c)(3) purposes.

NOTE: If this application is submitted electronically, the password associated with the applying organization will serve as the electronic signature and shall have the same force and effect as a written signature, in accordance with Section 668.004, F.S.