##

## December 2017

### M E M O R A N D U M

TO: NEW Charitable Organizations Applying for Inclusion in the

 2018-2019 State of Georgia's Charitable Contributions Program

FROM: La Toya Wimbush, Program Manager

 State Charitable Contributions Program

SUBJECT: 2018-19 Application for New Charities

Enclosed you will find the 2018-2019 State Charitable Contributions Program application for **new** participants. If you wish to apply to be a participating charity, please complete the following application with all requested documentation. In Section VI you are asked to provide the percentage for management/general and fundraising costs. If that percentage is above 25%, please submit a brief explanation; however, please note that new charities are rarely approved with a percentage above 25%. Please note that if your organization is affiliated with a national charitable organization, a Form 990 or other financial documentation must be submitted showing **revenues and expenses for Georgia on an explicitly isolated basis**. Only the stated documents are required, so you do not need to submit additional documentation. Applications will be reviewed for completion as they are received and you will be contacted regarding any missing parts.

Your completed application should be mailed to my attention and must be postmarked by no later than **February 15, 2018.**

SCCP Manager – Re: SCCP Application

Human Resources Administration

Department of Administrative Services

200 Piedmont Avenue, S.E

West Tower, Suite 520

Atlanta, GA 30334-9010

Failure to submit your completed application by February 15, 2018 will result in your organization not being considered for participation in the 2018-2019 program. To assist with ensuring you have enclosed all the required documents, I have included a checklist for you to reference. Please ensure you include all of the requirements. **Failure to submit missing documentation within 30 days of the application close deadline will cause your application to be denied for participation in the 2018-2019 campaign.**

 Please pay close attention to the following requirements:

* On the final page, the form asks for the signature of both the President and Executive Director. We ask for both to sign, but the application will be accepted if only one signature is available. We also understand some organizations have one person in both roles.
* The service area requirement may be completed by entering the number served on the available map or completing the Listing of Service document that lists services provided per county. For service area, we consider the reach of your services but the mission of the program is to include charities that service more than just extremely localized areas. Unfortunately, if you only serve one county in Georgia you will not meet that requirement unless you are an internationally affiliated organization.
* If you do not have a current charity registration with the Georgia Secretary of State’s office, you should contact the SOS office to learn if you must register or state exempt. Either way, you must submit either a printout of the screen showing your active status, or a letter detailing why you are exempt. Exemptions are listed at the end of the application. The website is located here: <http://verify.sos.ga.gov/Verification/Search.aspx?facility=Y> Under Profession, choose Charities, and License Type choose Charity. Search for your organization’s name in the Business/Company Name field using the \* as a wildcard. Don’t just type in Cancer, but type Cancer\* to pull up all charities with cancer in the name. Find your organization, click on the name and the printout of that screen may serve as proof.

State Charitable Contributions Program staff will be available to answer questions regarding the application by telephone (404-651-6084) or email sccp@doas.ga.gov.

Thank you for your interest in the State Charitable Contributions Program.

Sincerely,

La Toya Wimbush

SCCP Program Manager

**A new charity must include all the following required documents to be considered for participation. Any missing information will delay your application process and must be received within 30 days of application deadline.**

\_\_\_\_\_ A listing of applicant's Officers and Board of Directors, including the business and home address of each (see Section IV, Management, Subsection A);

 \_\_\_\_\_A list of the names of each county served by the applicant, the services provided in each county and number of clients receiving each type of service in the county (see Section III, Service Area and Services Provided, Subsection B);

\_\_\_\_\_ A copy of the applicant's written policy on non-discrimination with respect to providing Service, staffing, and membership on the Board of Directors (see Section V, Management, Subsection C);

\_\_\_\_\_ A copy of applicant’s fundraising registration with the GA Sec of State (**and member organizations if federation**) required by the Official Code of Georgia Annotated, O.C.G.A. 43-17-5, unless you or your member agencies are exempt. ***If exempt, please check no and indicate exempt on application.***

**\_\_\_\_\_\_\_** A letter of exemption signed by your Executive Director or President, if applicant is **not** required by the Official Code of Georgia Annotated, O.C.G.A. 43-17-5 to register with the GA Sec of State.

\_\_\_\_\_ Shown computation of total expenses allocated/spent for fundraising and management/general costs? **Percentage is computed by adding total management/general and fundraising expenses and dividing that total by the total expense figure.**

\_\_\_\_\_\_ If more than 25%, please attach an explanation. (Please indicate year: 20\_\_\_).

 \_\_\_\_\_ A copy of the applicants most recently completed IRS Form 990 (**no more than two years old**, which shows revenues and expenses for services provided to Georgia residents on an explicitly isolated basis);

\_\_\_\_\_\_A copy of the applicant's most recent annual, independent audit (or review if revenue < $500,000) (see Section VI, Financial, Subsection E);

\_\_\_\_\_\_A copy of the applicant's current and proposed budgets.

\_\_\_\_\_ A copy of the applicant’s IRS notification letter for Federal Tax-exempt status (under section 501(c)(3) of the Internal Revenue Code) (see Section I, Basic Information, Subsection F);

\_\_\_\_\_\_ Application must be signed by the Board Chair/President and by its Chief Professional Officer. One signature of **either** is permissible if both are not available.

\_\_\_\_\_ If Federation, please email current members listing to **sccp@doas.ga.gov** in Excel format.

**I. Basic Information**

1. Name of Applicant:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of Main Office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Street/Post Office Box

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City County State ZIP

 Contact Person: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone/Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Optional Secondary Contact: Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone/Fax \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Email Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. Is applicant, and all member agencies if the organization is a federation, a voluntary health,

welfare, educational or environmental restoration/conservation organization that is private,

self-governing, non-profit, and authorized or chartered to operate in Georgia by the

Secretary of State’s Office? Yes\_\_\_\_\_\_\_ License # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ No\_\_\_\_\_\_\_\_

License # should begin with a CH followed by 4 numbers, ex. CH6089. Your

organization’s registration (complete Form C100), and the registration of all

member agencies if the organization is a federation, with the Secretary of State’s

Office is required by the Official Code of Georgia Annotated, O.C.G.A. 43-17-5, unless

 you or your member agencies are exempt. (Please see the list of exemptions attached

to this application.) If your organization is required to register, please provide official

documentation showing that your organization (and member agencies for federations)

has current fundraising registration with the Office of the Secretary of State. The

Secretary of State’s website to look up this information is:

<http://verify.sos.ga.gov/websites/verification/Search.aspx?facility=Y>

Print out the screen that shows your organizations Name, Number and Status or provide a copy of the application if you are applying for the first time to the Secretary of State.

 C. Is applicant a Religious Organization? Yes \_\_\_\_\_ No \_\_\_\_\_\_

 D. Please attach copy of applicant’s Purpose as stated in its charter, constitution or by-laws.

 E. Date applicant obtained exemption from taxation by Georgia Code Section 48-7-25: (Organizations possessing Federal Tax Exempt Status prior to Jan. 1, 1987

 automatically have tax exempt status under Ga. Code Section 48-7-25).

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month /Day/Year

F. Are contributions to the applicant authorized as deductible by Section 170 of the United

 States Internal Revenue Code of 1954, as amended? Yes \_\_\_\_\_ No \_\_\_\_\_\_

Date applicant qualified as an organization as defined in Section 501(c)(3) of

the Internal Revenue Code:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Month/Day/Year

**II. Organization Affiliation**

1. Does applicant coordinate fundraising and/or allocations for other charitable

 organizations? Yes \_\_\_\_\_ No \_\_\_\_\_

1. Does applicant belong to, or is applicant otherwise affiliated with, a federated,

 nonsectarian, voluntary charitable organization? Yes \_\_\_\_\_ No \_\_\_\_\_

 If yes, list the name and address of the organization.

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 Name Complete Mailing Address

**III. Service Area and Services Provided**

1. Does applicant provide services directed at one or more of the following human

needs in Georgia for local federations or independent statewide charities, or

internationally for international federations? Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, check the

 appropriate service/services.)

\_\_\_\_\_ Service, research and education in the health field

\_\_\_\_\_ Family and child care services

\_\_\_\_\_ Protective services for children and adults

\_\_\_\_\_ Services for children and adults in foster care

\_\_\_\_\_ Services related to the management and maintenance of the home

\_\_\_\_\_ Day care services for adults

\_\_\_\_\_ Transportation services

\_\_\_\_\_ Information, referral and counseling services

\_\_\_\_\_ The preparation and delivery of meals

\_\_\_\_\_ Adoption services

\_\_\_\_\_ Emergency shelter

\_\_\_\_\_ Neighborhood and community organization services

\_\_\_\_\_ Recreation services

\_\_\_\_\_ Social adjustment and rehabilitation services

\_\_\_\_\_ Health support services

\_\_\_\_\_ Animal Health/Welfare support services

\_\_\_\_\_ Services concerned with the ecological impact of altering the environment

\_\_\_\_\_ Services concerned with the cultivation/imparting of knowledge or skills

\_\_\_\_\_ Combination of services to meet the special needs of specific groups, such as

 children and youth, the aged, the ill and inform, and the disabled (Specify)

1. If your organization is applying for inclusion as an independent charitable organization that provides direct and substantial services on a statewide basis, list the name of each county in Georgia served by your organization, identify the services provided, and indicate the number of clients receiving each type of service in each county your organization served for 2016 or 2017. You may use the attached **Listing of Service Area form**, which lists acceptable service categories, to provide this information. (Attach additional pages if necessary.)
2. If your organization is applying for inclusion as a Georgia federation that coordinates fundraising and

allocations for at least five other local or statewide and local charitable organizations, list your member

agencies, including a description of the purpose and services provided, geographic area served and the

number of clients served by each for 2016 or 2017. You may use the **Listing of Service Area form** which lists acceptable service categories, to provide this information, or you may provide this information in an

 alternative format.

1. If your organization is applying for inclusion as an international federation that coordinates fundraising

and allocations for at least five other international charitable organizations, list your member agencies,

including a description of the purpose and services provided, countries served and total number of clients

served by each for 2016 or 2017. You may use the **Listing of Service Area form**, which lists acceptable service categories, to provide this information, or you may provide this information in an alternative format.

1. **Management**
2. Does the applicant have a non-paid Board of Directors that controls and manages the affairs, funds and property of the applicant, and is representative of the community it serves?

 Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, attach a list of members.)

1. Does the applicant’s Board of Directors have final authority on all agency matters?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If no, who does?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_)

1. Does applicant observe a policy and practice of nondiscrimination on the basis of race, color,

 religion, sex, disability or national origin applicable to persons served by the applicant, to

 applicant staff, and to membership on the applicant’s governing board? Please attach a copy of this

 policy and make certain it addresses clients, staff and board members.

**V. Financial**

 A. What is the percent of total expenses allocated/spent for fundraising and

management/general costs? **Percentage is computed by adding total management/general**

**and fundraising expenses and dividing that total by the total expense figure.** If more than 25%,

please attach an explanation. Please show computation. \_\_\_\_\_% (Please indicate year: 20\_\_\_).

 B. List any expenditure intended to influence the outcome of elections or the

 determination of public policy.

 C. Has applicant incurred a budget surplus or deficit during the past fiscal year?

Yes \_\_\_\_\_ No \_\_\_\_\_ (If yes, please indicate the year and amount and provide an explanation.)

1. Does applicant issue an annual financial statement in accordance with generally

accepted accounting standards? Yes \_\_\_\_\_ No \_\_\_\_\_

1. Does applicant have a publicly available annual independent audit (revenue in

excess of $500,000), or review (revenue less than $500,000)? If yes, provide a copy not

more than two years old. Yes \_\_\_\_\_ No \_\_\_\_\_

1. Federated Charitable Organizations: Explain the method/formula utilized to

distribute funds to member/affiliate agencies. Are designations made by contributors to your

member/affiliate agencies honored? Yes \_\_\_\_\_ No \_\_\_\_\_

 G. What is your organization’s Federal Employee Identification (FEI) Number? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**VI. List of Required Attachments**

1. List of applicant’s Officers and Directors, including the business or home address of each. (see Section IV, Management, Subsection A)
2. If applicant coordinated fundraising and/or allocations for other charitable organizations, list: (see Section III, Service Area and Services Provided, Subsection C)
	1. Names of member agencies;
	2. Geographic area in Georgia served by each member agency, or;
	3. Countries served by each member agency for international federation;
	4. Number of clients served by each member agency for 2016 or 2017.
3. If applicant provides direct and substantial services on a statewide basis, list: (see Section III, Service Area and Services Provided, Subsection B)
	1. List each county served in Georgia;
	2. List the services provided in each county;
	3. Number of clients receiving each type of service in each county for 2016 or 2017.
4. Copy of most recently completed IRS Form 990. (Charities that are affiliates of

national charitable organizations must submit Form 990 or other financial documentation showing revenue and expenses for services provided to Georgia residents on an explicitly isolated basis. Financial information submitted with this application should not be more than two years old.)

1. Copy of Notification Letter qualifying applicant as tax-exempt organization under

 Section 501(c)(3) of the Internal Revenue Code. (see Section I, Basic Information, Subsection F)

1. Copy of policy statement on non-discrimination and date adopted. (see Section V,

 Management, Subsection C).

1. Copy of current year’s budget and proposed budget for next fiscal year.
2. Last complete independent audit (if revenue exceed $500,000), or review (if revenue is less than $500,000). (see Section VI, Financial, Subsection E).
3. Copy of current fundraising registration from the Office of the Secretary of State for your organization (Federated charitable organizations must also submit current fundraising registration for each of their member.) Following is a link to the Secretary of State’s website: <http://verify.sos.ga.gov/Verification/Search.aspx?facility=Y>
4. If Federation, please email current members listing to sccp@doas.ga.gov in Excel format.

To the best of my knowledge, the information contained in this application and its attachments is true and correct. The governing body of the applicant has properly authorized the document. The applicant will comply with the requirements and mandates of O.C.G.A. 45-20-50 and the State Personnel Board, which governs the State of Georgia Charitable Contributions Program, the USA PATRIOT Act, and all other applicable state and federal laws. If applying as a federated charitable organization, applicant organization certifies that its member agencies also meet all requirements of O.C.G.A. 45-20-50, the State Personnel Board, the USA PATRIOT Act, and any other applicable state or federal laws. Failure of any organization to meet the requirements stated above may result in the organization being excluded from the program for up to two years.

 Signed\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Applicant President - required)

 Signed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 (Executive Director - required)

Mail Application to:

SCCP Manager – RE: SCCP Application

HR Administration Division

Department of Administrative Services

200 Piedmont Avenue

West Tower, Suite 520

Atlanta, GA 30334-9010

If you have any questions contact: SCCP Program Manager La Toya Wimbush, by phone 404-651-6084, FAX to (770) 342-4245, or by email at sccp@doas.ga.gov.

**Charitable Solicitations Act Exemption Information**

The Office of the Secretary of State provided the following information, which pertains to the exemption of charitable organizations from the charitable solicitations registration under O.C.G.A. 43-17-5. (See Item IB on page one of this application.) This information is provided so that you can determine if your organization is exempt. If you have any questions regarding this information, please contact the Office of the Secretary of State for clarification.

Below are the registration exemptions under the Charitable Solicitations Act (43-17-9), which is administered by the Office of the Secretary of State. Current registration, if applicable, is required for participation in the State Charitable Contributions Program. Federations should submit proof of current registration, if applicable, for each of their member agencies.

a) The following persons are exempt from the provisions of Code Sections 43-17-5 (the registration section of the Act)

(1) Educational institutions and those organizations, foundations, associations, corporations, charities, and agencies operated, supervised, or controlled by or in connection with a nonprofit educational institution, provided that any such institution or organization is qualified under Section 501(c) of the Internal Revenue Code of 1986, as amended;

(2) Business, professional, and trade associations and federations which do not solicit members or funds from the general public;

(3) Fraternal, civic, benevolent, patriotic, and social organizations, when solicitation of contributions is carried on by persons without any form of compensation and which solicitation is confined to their membership;

(4) Persons requesting any contributions for the relief of any other individual who is specified by name at the time of the solicitation if all of the contributions collected, without any deductions whatsoever, are turned over to the named beneficiary; provided, however, that any such person who collects contributions in excess of $5,000.00 in order to claim benefit of this exemption shall file with the Secretary of State a written accounting of funds so collected on forms prescribed by the Secretary of State at the end of the first 90 days of solicitation and, thereafter, at the end of every subsequent 90 day period until said solicitation is concluded;

(5) Any charitable organization whose total gross revenue has been less than $25,000.00 for both the immediately preceding and current calendar years or which is exempt from filing a federal annual information return pursuant to Section 6033(a)(2)(A)(i) and (iii) of the Internal Revenue Code and Section 6033(a)(2)(C)(i) of the Internal Revenue Code;

(6) Any local or state-wide organization of hunters, fishermen, and target shooters which has been recognized as an organization described in Section 501(c)(3) or Section 501(c)(4) of the Internal Revenue Code, as amended, or the corresponding provisions of any future federal revenue law;

 (7) Religious organizations; or

(8) Political parties, candidates for federal or state office, and political action committees required to file financial information with federal or state elections commissions.

(b) Local community organizations or local fundraising campaign managers affiliated with or acting for a state-wide parent organization by contract or agreement need not register separately with the Secretary of State. The single registration of the state-wide parent organization shall be considered all inclusive of all of its chapters, branches, or affiliates and individuals, which will be identified by listing the communities in which they are located and their directors, as provided in Code Section 43-17-5.

(c) National charitable organizations having a Georgia affiliate registered under this chapter need not register separately with the Secretary of State; provided, however, that all records of such national organizations which relate to charitable solicitations or charitable contributions shall be subject to such reasonable periodic, special, or other examinations by the Secretary of State, within or outside this state, as the Secretary of State deems necessary or appropriate for the protection of the public. The Secretary of State shall not disclose this information except to the extent necessary for investigative or law enforcement purposes.

(d) Charitable organizations which do not solicit or receive contributions from the general public other than through affiliated organizations registered under this chapter need not register separately with the Secretary of State; provided, however, that all records of such organizations which relate to charitable solicitations or charitable contributions shall be subject to such reasonable periodic, special, or other examinations by the Secretary of State, within or outside this state, as the Secretary of State deems necessary or appropriate for the protection of the public. The Secretary of State shall not disclose this information except to the extent necessary for investigative or law enforcement purposes.

The Secretary of State's Office was not able to cut and paste the rules into this e-mail, but you can go to the Secretary of State's web site at: <http://www.sos.state.ga.us/securities/> Once you get to the Charitable rules under Georgia Laws and Rules and Regulations, look at rules 590-9-6.01, 590-9-6.03 and 590-9-6.04 for additional information on exemptions.

**If a charitable organization chooses to rely on one or more of the above referenced exemptions, the responsibility remains with the charity to document and prove such right to claim exemption, if challenged by the Office of the Secretary of State.**

If it comes to the attention of the Secretary of State’s office that the charity is not entitled to the exemption, then the charity may be subject to enforcement actions for violation of the Georgia Charitable Solicitations Act.

If you believe your organization is not required to file a fundraising registration with the Office of the Secretary of State based on one or more of the exemptions listed above, you must provide a written statement on your organization's letterhead stating the exemption that applies to your organization. This statement must be signed and dated by your Executive Director or President. Federated charitable organizations must provide written statements in the format given above for any of their member agencies claiming exemption from fundraising registration.