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## December 2017

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

TO: Renewal 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 Renewal

Following you will find the 2018-2019 State Charitable Contributions Program application for **renewing** participants. If you wish to apply to be a participating charity, please complete the following application with all requested documentation. If your administrative percentage is above 25%, please submit a brief explanation. While extenuating circumstances are considered, continued administrative costs of more than 25% is not permissible for participation in this program. 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 more documentation. Applications will be reviewed for completion as they are received and you will be contacted regarding any missing documentation.

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 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 renewing 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 or 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);

\_\_\_\_\_\_ 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.

1. Name of Charitable Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

2. We do \_\_\_\_, do not \_\_\_\_, wish to continue as a participant in this program.

3. Is your organization

 \_\_\_\_\_ an independent, statewide charitable organization, or

 \_\_\_\_\_ a federation that coordinates fundraising and allocations for other member charitable organizations?

 **Note: If you are a federation, please email a current member listing to sccp@doas.ga.gov. Indicate clearly which members are new.**

4. Note the following changes in our basic organizational structure or function and our program services since we filed the last application:

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

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5. Attach **listing of applicant's current Officers and Directors**, including the business or home address of each.

6. List the **name, business address, telephone number, FAX number and Internet Email address** of the contact person for your organization.

 Name and Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State, ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Secondary Contact (optional):

 Name and Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 City, State, ZIP\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Telephone\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_FAX\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

7. Organizations applying for inclusion as **an independent, statewide charitable organization**, list the name of each county in Georgia served by your organization, identify services provided and indicate the number of clients receiving each type of service in each county your organization served in 2016 or 2017. You may use the attached Listing of Service Area form, which lists acceptable service categories, to provide this information, or you may provide this information in an alternate format.

8. Organizations applying for inclusion as **a** **federation that coordinates fundraising and allocations for other 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 in 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 alternate format like a spreadsheet.

9. Does applicant observe a policy and practice of nondiscrimination on the basis of race, color, religion, sex, disability or national origin, under law, applicable to persons served by the applicant, to applicant staff, and to membership on the applicant's governing board?

 Yes \_\_\_\_\_\_\_ No \_\_\_\_\_\_\_ **Please attach a copy of your organization's policy**. **Please make certain that your policy addresses clients, staff and board members.**

10. Attach a copy of most recently completed IRS Form 990. This document should not be more than **two** years old and should not be the same one submitted last year. Charitable organizations affiliated with national organizations must submit Form 990 or other financial documentation showing **revenues and expenses for Georgia** on an explicitly isolated basis.

11. Attach a copy of most recently completed annual independent audit (if total revenue exceeds $500,000), or review (if total revenue is less than $500,000).

12. Management/general and fund raising costs are \_\_\_\_\_% of total expenses. If more than 25%, please attach an explanation. **Percentage is computed by adding total management/general and fundraising expenses and dividing that total by the total expense figure.** Please show computation. \_\_\_\_\_% (Please indicate year: 20\_\_\_).

13. Is applicant, and all of its member agencies, 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 \_\_\_\_\_\_\_

NOTE: License numbers begin with CH followed by 4 numbers, ex. CH 6908. Your organization's registration with the Secretary of State's Office is required by O.C.G.A. (Official Code of Georgia Annotated) 43-17-5, unless your organization and/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 license is under Profession-Charities, License Type-Charity. The Secretary of State’s website is <http://verify.sos.ga.gov/websites/verification/Search.aspx?facility=Y>

 If your registration, or that of your member agencies, has expired and not been renewed, please contact the Secretary of State’s Office at (404) 656-3920 for reinstatement.

**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 this 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 all other state and federal laws. Failure of any organization to meet the requirements stated above will result in the organization being excluded from the program for one year.**

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

Suite 520, West Tower

Atlanta, GA 30334

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.

You can go to the Secretary of State's web site at: <http://www.sos.ga.gov/securities/> for additional information on exemptions. 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.

**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.