



**Georgia State Charitable Contributions Program (GASCCP)
2023-2024 Campaign Online Application Instruction Guide**

This instruction guide is provided to aid independent, federation and member charities with the completion and submission processes for participation in the 2023-2024 Georgia State Charitable Contributions Program (GASCCP) campaign. The State of Georgia utilizes an online application process for GASCCP – paper applications will not be accepted. It is recommended that prior to starting your organization’s online application, thoroughly review this instruction guide to aid in the accuracy of your submission.

Additionally, this guide highlights each question contained in the application and provides important notices to ensure accurate completion from the start through the end of your application. Please be aware that you may be systematically unable to proceed with completing your application submission if you have not effectively answered and/or attached your required document(s).

The 2023-2024 application period will close on **March 31, 2023, at 11:59 PM**. In addition to completing and submitting your charitable organization’s application, the State Personnel Board of the state of Georgia will also be reviewing and approving the charitable organizations that qualify for participation. Below are the Georgia Codes relevant to the GASCCP:

- Official Code of Georgia Annotated (O.C.G.A): 45-20-50 through 56
- Exempt Corporations and Organizations: 48-7-25
- Registration of Charitable Organizations: 43-17-5
- Charitable Solicitations: 43-17-1

If you have questions regarding the information contained in this instruction guide, or other GASCCP activities, email the team at gascpp.support@doas.ga.gov.

Introduction		
No.	Section	Requirements
1.	Charity Name as it appears on your Georgia Secretary of State license.	Enter your organization's name as it appears on your State license.
2.	Enter your Georgia Secretary of State Professional license number with format starting CH-	Enter license number
3.	Enter your Georgia Secretary of State Professional license expiration date.	License must be active during the campaign (9/16-11/16)
4.	Enter the date your charitable organization obtained exemption from taxation by Georgia Code Section 48-7.25	Date must be on or before completion and submission of the GASCCP application
5.	Does your charitable organization have a 501(c)(3) tax designation exemption?	Yes No

6.	Does your charitable organization have a Federal Tax Employer Identification Number (FEIN) -If not applicable, provide explanation Provide FEIN#	Yes No
Religious Information		
7.	Is your charity a religious organization?	Yes No
8.	If your charity is a religious organization, does it operate on a non-sectarian basis?	Yes No
Organizational Details		
9.	What was the result of the most recent GASCCP application that your organization submitted? -Not Applicable/First time Applicant -Approved -Denied	Select response
10.	Which is applicable to your 2023-2024 charitable application? -New, First Time GASCCP Applicant -Previous "Independent" Applicant -Previous "Member Charity Participating Under A Federation" Applicant -Previous "Independent Federation" Applicant -Previous "Federation with Member Charities" Applicant	Select response
11.	For your 2023-2024 GASCCP application, what is your submission type? - Independent Charity - Federation Charity - International Federation Charity	Select response
12.	If submitting as a Federation or International Federation, how many GASCCP qualified member charities does your organization have?	Charitable organizations submitting as a federation with member charities must have 5 or more member charities.
13.	Provide the number of State of Georgia counties your organization serves. Attach your charity's spreadsheet of the State of Georgia counties served along with the services provided by each county and the number of clients served in each county.	Use the attached MS Excel spreadsheet. Do not alter the fields, format, or information.

14.	Indicate the services provided by your charity. -Health -Welfare -Educational -Environmental Restoration/Conservation -Meals/Nutrition -Transportation -Combined Services -Other	Select from list of services.
15.	Enter your charity's purpose as stated in its charter, constitution, or bylaws	Response should be a maximum of 250 characters OR add attachment of your charity's purpose Upload charity purpose statement in PDF Format
16.	What is the date your organization established its non-discrimination policy? Attach your charity's non-discrimination policy	Enter Date Provide PDF only
Financials		
17.	Select the most recent 2021 or 2022 tax form your organization filed with the IRS: -IRS Form 990 -IRS Form 990 EZ -IRS Form 990 with Supplement Form O -IRS Form 990 EZ with Supplement Form O -Other, please specify (additional details) Additional Details:	Select from list of forms.
18.	Does your budget align with your organization's fiscal year? Provide the end date for your current fiscal year	Yes - continue No - Provide end date
19.	Organizations total management and general expenses from Form 990: Part IX, Line 25, Column C from Statement of Functional Expenses or Form 990EZ.	
20.	Enter your organization's total expenses, as recorded on Total expenses from Form 990: Line 18 or Form 990-EZ: Line 17.	
	Upload your IRS Form 990, 990 EZ, Supplemental Form O or other financial document	

21.	Are any of your charity's expenditures intended to influence the outcome of elections or the determination of public policy? Enter list of expenditures intended to influence the outcome of elections or the determination of public policy.	Yes No List expenditures
Management		
22.	Is your Board of Directors voluntary?	Yes No
23.	Which activities does your non-paid Board of Directors carry out for your charity? -Manage Affairs -Manages Funds and Property -Represents the Community Served -Has financial authority on all agency matters	Select from the list of options. NOTE: If one or more activities are not performed by your Board of Directors, your organization does not qualify to participate in the GASCCP campaign.
Contact Information		
24.	-Charity Name (as it appears on your Georgia Secretary of State license) -First Name -Last Name -Title -Charity Address -Charity State -Charity City -Charity County -Charity Zip Code -Charity Email Address -Charity Phone Number -Charity URL	
	Your Signature (using your PC's cursor/mouse)	Sign document

Once you have gathered all your organization's necessary information for your GASCCP application, proceed to the website at www.gasccp.org to complete the application process. Remember, the last day to submit your completed online application is **March 31, 2023**. Paper applications are not accepted for the 2023-2024 GASCCP campaign. If you have any questions regarding the completion of your application, contact the team at gasccp.support@doas.ga.gov.