



## 2015 Maricopa County Combined Charitable Campaign Application for Federations

*In keeping with Maricopa County's Green Initiatives, we encourage applicants to submit their materials electronically, if possible.*

Deliver or Mail To:

**Email:** [CCC@mail.maricopa.gov](mailto:CCC@mail.maricopa.gov)

Maricopa County  
Attn: CCC Application Review  
301 West Jefferson Street, Suite 3200  
Phoenix, Arizona 85003

**DUE: Friday, July 10, 2015, 5:00 p.m.**

Questions: Call Jack Patton at (602) 506-2274

Email: [CCC@mail.maricopa.gov](mailto:CCC@mail.maricopa.gov)

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## GENERAL INFORMATION:

Each fall, as part of the annual Maricopa County Employees Combined Charitable Campaign (CCC) approximately 12,000+ employees of Maricopa County receive pledge cards to indicate the non-profit organization(s) of their choice to direct personal charitable contributions. As part of the 2014 CCC approximately 200 non-profit organizations were approved for inclusion in the annual campaign. ***The applying federation must assure that each of its member agencies meets the eligibility criteria listed in this application.*** Although the federation and its member agencies may be approved for inclusion in the Maricopa County campaign, Maricopa County does not guarantee that organizations will receive monies from the campaign.

Maricopa County's Application Review Committee is assigned the task to review each organization's compliance with the stated eligibility criteria. The responsibility of this committee is to assure that all organizations listed in the campaign are eligible to receive and manage funds donated by Maricopa County employees.

Maricopa County's Application Review Committee reviews each organization's application for compliance with the stated eligibility criteria and certification that the organization is operating in accordance with good financial and business practices. After the Committee reviews all applications, they will notify applicants that have not been approved for participation in the campaign and the reason. Applicants have ten (10) working days to appeal a denial by providing additional supporting information that may clarify its compliance with the criteria in question.

## DEFINITIONS:

**Federation:** A non-profit organization formed to coordinate the activities of a group of non-profit organizations, each having a common defined purpose as a health or human service delivery agency.

**Member Agency:** A 501(c)(3) non-profit organization that has been qualified by a federation as a health and human service organization and complies with all the requirements of a federation (such as the Community Health Charities) through a contractual agreement.

**Administrative Expense:** The annual percentage for administrative and fundraising expenses as computed from the IRS Form 990. See required calculation on page 12.

**Health and Human Service Organization:** An entity organized exclusively with the specific purpose to provide immediate health and/or human services directly to families and/or individuals. **Health services** are defined as physical health or behavioral health. **Human services** are defined as basic needs, developmental, emergency assistance, or other direct services that help families and individuals achieve self-sufficiency.

**2015 Maricopa County  
Employees Combined Charitable Campaign  
Application for Federations**

ORGANIZATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

WEB SITE: \_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

TELEPHONE:  
(If different than above) \_\_\_\_\_

EIN#: \_\_\_\_\_

MAILING ADDRESS:  
(If different than above) \_\_\_\_\_

\_\_\_\_\_

**Certifying Official**

I, \_\_\_\_\_, am the duly appointed  
representative of \_\_\_\_\_ authorized to  
Certify and affirm all statements enclosed in this application.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

## INSTRUCTIONS FOR FEDERATION APPLICANTS:

**NOTE:** *The Application Review Committee reserves the right to request independent evidence of eligibility for any of the applicant's member agencies. Federations shall keep all documentation and financial data and make them accessible if necessary.*

1. Submit an application including all required attachments no later than **Friday, July 10, 2015, by 5:00 P.M.** to the address listed on the cover page. Applications received after this date will be returned and will not be considered.
2. The Application Review Committee will ensure that the name of the authorized 501(c)(3) is listed with only one federation. If a member agency is a member of more than one federation, that member agency must choose which federation to be listed with. The federation must assure that every member agency meets all eligibility criteria.
3. Member agencies that do not meet Maricopa County's eligibility criteria will be removed from the application process. The Committee will notify federations which member agencies are not eligible and the reason.
4. Applicants must submit a Member Agency Description List to include the following information:
  - Member agency names in alphabetical order
  - Phone number, website address, EIN #, and email address, if applicable
  - 25-word description – please use keywords to describe specific programs or mission
  - Administrative expense percentage of the entity described
5. Applicants must submit a copy of their completed IRS Form 990 with an ending date on or after June 30, 2013. Even though the IRS may not require your organization to file this form, all applicants **must complete**, at a minimum, pages 1 and 2 of this form to be eligible for inclusion in this campaign. The Application Review Committee will use this submittal to verify financial data. IRS Form 990 is available for download at [www.irs.gov/formspubs](http://www.irs.gov/formspubs).
6. To be considered a complete application, applicants must submit all documents listed below in the specified sequence. Each attachment must be clearly labeled. **NOTE:** In keeping with the County's Green Initiatives, we encourage applicants to submit all materials electronically, if possible (PDF files preferred) to [CCC@mail.maricopa.gov](mailto:CCC@mail.maricopa.gov).

## CHECKLIST FOR FEDERATIONS:

- Attachment A - Copy of most recent IRS 501(c)(3) Determination Letter
- Attachment B - Copy of Current Board of Directors List with a statement identifying how often the Board meets and the date of the most recent Board meeting.
- Attachment C - Document that verifies that each individual non-profit organization is a human or health organization and has a direct and substantial local presence.
- Attachment D - Latest Financial Statements (dated on or after 06/30/2013)
- Attachment E – IRS Form 990 with page 4 of the IRS Form 990 included (must be for same period as financial statements)
- Attachment F – Administrative Expense Calculation (see page 12)
- Attachment G – 2013 or more recent Annual Report (or other documentation)
- Attachment H – Member Agency Description(s). Include the following information *in electronic format (preference is Microsoft Word)*:
  - Member agency names in alphabetical order
  - Phone number, website address
  - 25-word description
  - Administrative expense percentage of the entity described
  - EIN#

## ELIGIBILITY CRITERIA & REQUIRED ATTACHMENTS:

### 1. IRS DETERMINATION LETTER:

The Federation and each individual non-profit organization within the Federation must be recognized by the Internal Revenue Service (IRS) as tax exempt under 26 U.S.C. 501(c)(3) and to which contributions are tax deductible pursuant to 26 U.S.C. 170.

If two organizations have merged, the newly formed organization must show proof of merger and submit determination letters indicating former 501(c)(3) statuses from IRS.

Include as **ATTACHMENT A:** A copy of federation's most recent IRS determination letter.

**Place a check in the box and sign:**

- I certify that the Federation and each individual non-profit organization within the federation named in this application is recognized by the Internal Revenue Service as tax-exempt under 26 U.S.C. 501(c) (3) and to which contributions are tax deductible pursuant to 26 U.S.C. 170.

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**Certifying Official's Signature**

### 2. CHARTERED/INCORPORATED UNDER A GOVERNMENTAL ENTITY:

Applicant must certify that they are chartered/incorporated under a governmental entity and indicate the name of the government entity (for example, the Arizona Corporation Commission).

**Place a check in the box and sign:**

- I certify that the Federation and each individual non-profit organization within the federation application are chartered/incorporated under a governmental entity.

This entity or State is: \_\_\_\_\_

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**Certifying Official's Signature**

### 3. BOARD OF DIRECTORS:

Applicant must demonstrate that they are directed by a local, active, and responsible governing body that meets regularly and has an independent board of directors who are non-compensated.

Include as **ATTACHMENT B:** A list of the current Board members. Include a statement identifying how often the Board meets, and the dates of the Board meetings that correspond to the time period of the annual report submitted with this application.

**Place a check in the box and sign:**

- I certify that the Federation and each individual non-profit organization within the federation named in this application is directed by an active and responsible governing body and has an independent board of directors, who are non-compensated.

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**Certifying Official's Signature**

**4. HEALTH AND/OR HUMAN SERVICE ORGANIZATION:**

Applicant must be organized exclusively with the specific purpose to provide immediate health and/or human services directly to families and/or individuals.

Health services are defined as physical health or behavioral health.

Human services are defined as basic needs, developmental, emergency assistance, or other direct services that help families and individuals achieve self-sufficiency. Applicant may provide any of the following eligible health or human services within a community:

**ELIGIBLE ACTIVITIES: (listing may not be all-inclusive)**

- Family and child care
- Child and adult protective services
- Child and adult foster care services
- Information, referral and/or counseling services
- Emergency shelter care and relief services
- Social readjustment and rehabilitation services
- Youth support services
- Community legal services for low-income clients
- Education and training for basic life skills
- Medical research & medical education
- Or a combination of such programs and services that meet the immediate needs of specific target groups such as children and youth, the elderly, the ill and the infirm, and the mentally or physically impaired

**INELIGIBLE ACTIVITIES:**

- Political in nature
- Scholarship services
- Lobby/advocate organizations
- Historic preservation
- Sectarian organizations
- Sporting leagues
- Professional
- Religious
- Fraternal

**Place a check in the box and sign:**

- I certify that the Federation and each individual non-profit organization within the federation named in this application is a health and human service organization providing services, benefits, or assistance to, or conducting activities affecting, human health and welfare.

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**Certifying Official's Signature**

**5. DIRECT AND SUBSTANTIAL LOCAL PRESENCE:**

Applicant must demonstrate that its member agencies have a direct and substantial local presence in the community. This is defined as an organization that has a staffed facility, office, or portion of a residence located in Maricopa County that is dedicated exclusively to that organization, and makes its services or benefits available to members of the Maricopa County community.

Include as **ATTACHMENT C:** Supporting documentation or narrative that demonstrates your local presence, such as an annual report that describes the type of delivery services, geographic area served, accomplishments, and number of clients served.

**Place a check in the box and sign:**

- I certify that the Federation and each individual non-profit organization within the federation named in this application has a substantial local presence in the geographical area covered by the local campaign -- Maricopa County.

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**Certifying Official's Signature**

**6. UNAUTHORIZED USE OF CONTRIBUTOR LISTS:**

Applicant must certify that they do not engage in the sale or lease of the contributor lists.

**Place a check in the box and sign:**

- I certify that the Federation and each individual non-profit organization within the federation named in this application prohibits the sale or lease of the contributor lists.

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**Certifying Official's Signature**

**7. PUBLICITY AND PROMOTIONAL ACTIVITIES:**

Applicant must certify that they conduct publicity and promotional activities that are truthful and non-deceptive.

**Place a check in the box and sign:**

- I certify that the Federation and each individual non-profit organization within the federation named in this application conducts publicity and promotional activities based upon its actual program and operations, that these activities are truthful and non-deceptive, include all material facts, and make no exaggerated or misleading claims.

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**Certifying Official's Signature**

**8. ACCOUNTING STANDARDS:**

Applicant must certify that its accounting standards comply with Generally Accepted Accounting Principles (GAAP).

**Place a check in the box and sign:**

- I certify that the Federation and each individual non-profit organization within the federation named in this application accounts for its funds in accordance with Generally Accepted Accounting Principles (GAAP).

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**Certifying Official's Signature**

**9. AUDITED FINANCIAL STATEMENTS:**

Applicants with annual revenue that exceeds \$100,000 shall submit financial statements that present the overall financial activities and financial position of the organization. These statements must have an ending date on or after June 30, 2013, and have been prepared in accordance with generally accepted accounting principles and reporting practices. They shall include the auditor's or treasurer's report, notes, and any supplementary schedules.

Include as **ATTACHMENT D:** A copy of the latest financial statements dated on or after June 30, 2013.

**Place a check in the box and sign:**

- I certify that the Federation and each individual non-profit organization within the federation named in this application was audited in accordance with Generally Accepted Auditing Principles (GAAP) by an independent certified public accountant in the immediately preceding year, except those non-profit organizations specifically listed who have an annual revenue less than \$100,000 and therefore are exempt from

submitting an audit in accordance with generally accepted auditing principles by an independent certified public accountant.

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**Certifying Official's Signature**

List of member organizations that have annual revenue less than \$100,000:

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**10. IRS FORM 990:**

Applicant must attach a copy of their completed IRS Form 990 with an ending date on or after June 30, 2013. IRS Form 990 is available for download at [www.irs.gov/formspubs](http://www.irs.gov/formspubs).

**NOTE:** Although the IRS may not require your organization to file the IRS Form 990, applicants must complete, at a minimum, pages 1 and 2 of this form in accordance with the IRS regulations to be eligible to participate in the Maricopa County Employees Charitable Campaign.

Include as **ATTACHMENT E:** A copy of completed IRS Form 990, with an ending date on or after June 30, 2013.

**11. ADMINISTRATIVE OVERHEAD EXPENSE:**

Applicant must compute as follows and certify their administrative overhead expense using requested information from IRS Form 990 submitted with this application.

Include as **ATTACHMENT F:** The following financial calculation to verify administrative expense.

**ATTACHMENT F:**

<b>COMPUTATION OF ADMINISTRATIVE EXPENSES</b> <i>(Reference: IRS Form 990 - dated no earlier than 6/30/13)</i>			
Part IX, Statement of Functional Expenses, Management and General Expenses (IRS Form 990, Line 25, column C)			{a}
Part IX, Statement of Functional Expenses, Fundraising Expenses (IRS Form 990, line 25, Column D)	+		{b}
Total	=		{c}
Total Revenue (Part VIII, Statement of Revenue, Line 12, Column A)			{d}
Administrative Fundraising Rate % <b>Divide {c} by {d}. Percentage must be rounded to the tenth of a percent (e.g. 15.7%)</b>	=		{c} ÷ {d}

**Place a check in the box and sign:**

- I certify that the federation and each individual non-profit organization within the federation named in this application in the immediately preceding year have spent 25% or less of its total support and revenue on administrative and fundraising expenses, except for the non-profit organizations listed below.

- OR -

- I certify that the federation named in this application in the immediately preceding year has spent in excess of 25% of its total support and revenue on administrative and fundraising expenses.

\_\_\_\_\_  
**Certifying Official's Signature**

List all member non-profit organizations having spent in excess of 25% of its total support and revenue on administrative and fundraising expenses:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## 12. ANNUAL REPORT

Applying agencies must certify that they prepare and make available to the public an annual report.

Include as **ATTACHMENT G** a copy of the 2013 or more recent annual report or other documentation such as web pages, brochures, newsletters, etc., that describe the organization's activities, supporting services, board of directors and administrative personnel.

**Place a check in the box and sign:**

- I certify that the Federation and each individual non-profit organization within the federation named in this application prepares and makes available to the public an annual report that includes a full description of the organization's activities and supporting services and identifies its directors/governing body and chief administrative personnel.

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**Certifying Official's Signature**

## 13. FUNDS DISTRIBUTED

At least 80% of the funds distributed to the federation and its member agencies must be spent within Maricopa County.

**Place a check in the box and sign:**

- I certify that the Federation and each individual non-profit organization within the federation named in this application effectively spends at least 80% of the funds received from the Maricopa County Employees Combined Charitable Campaign to benefit Maricopa County residents or community.

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**Certifying Official's Signature**

## 14. MEMBER AGENCY CERTIFICATION

The federation named in the application certifies that ALL member agencies listed in this application meet all eligibility criteria to be included in the Maricopa County Employees Combined Charitable Campaign.

This includes:

- Adhering to the employee solicitation process as approved by the County Manager's Office.
- Having the financial records audited annually (or bi-annually, if the by-laws call for a bi-annual audit) by an independent public accountant whose examination conforms to generally accepted accounting principles. Such audit must also verify the percent

of total contributed dollars that was used for fundraising and administrative expenses.

- Make such financial and operational audits available to Maricopa County upon request.
- If an organization is subject to A.R.S. 44-6551 et seq., the organization must have met all reporting requirements.

**Place a check in the box and sign:**

- The federation certifies its member agencies meet all eligibility criteria to be included in the Maricopa County Employees Combined Charitable Campaign.

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**Certifying Official's Signature**

**ATTACHMENT H**

Please provide an updated Member Agency Description(s). Include the following information *in electronic format (preference is Microsoft Word)*:

- Member agency names in alphabetical order
- Phone number, website address
- 25-word description
- Administrative expense percentage of the entity described
- EIN#

*(See following sample)*

## Member Agency Description List - **SAMPLE**

*(NOTE: Please include a current Website address after the phone number, if applicable. If no Website is available, please include a current email address after the phone number)*

<p><b>100 BLACK MEN OF PHOENIX</b> (602) 256-3231 <a href="http://www.100blackmenofphoenix.com">www.100blackmenofphoenix.com</a> Provides mentoring, health and wellness education, financial literacy, and leadership development for African American children ages 8 to 18. <b>ADMINISTRATIVE RATE: 11.7%</b> EIN: 86-0715610</p>
<p><b>100 CLUB OF ARIZONA</b> (602) 485-0100 <a href="http://www.100club.org">www.100club.org</a> Provides financial support to families of public safety personnel killed or seriously injured in the line of duty along with preventive and follow-up assistance. <b>ADMINISTRATIVE RATE: 16.6%</b> EIN: 23-7172077</p>
<p><b>A NEW LEAF</b> (480) 969-4024 <a href="http://www.turnanewleaf.org">www.turnanewleaf.org</a> Behavioral health agency dedicated to providing a continuum of services to the community in order to help individuals lead healthy and productive lives. <b>ADMINISTRATIVE RATE: 13.9%</b> EIN: 86-0256667</p>
<p><b>ACTION AGAINST HUNGER USA</b> (877) 777-1420 <a href="http://www.actionagainsthunger.org">www.actionagainsthunger.org</a> Help Action Against Hunger - USA, end world hunger with our innovative programs in nutrition, water and sanitation, food security, and health. <b>ADMINISTRATIVE RATE: 11.9%</b> EIN: 13-3327220</p>

As of 5/21/2015