

**STATE OF NEW JERSEY
EMPLOYEES CHARITABLE CAMPAIGN
Post Office Box 6579
FREEHOLD, NJ 07728**

2012-2013 FEDERATION APPLICATION

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING

Each charitable organization accepted into the state campaign must be a registered charity in full compliance with the registration requirements of New Jersey law, unless it is a religious entity or an educational institution. To confirm the registration status of an agency or request the charitable registration number, call the Division of Consumer Affairs Charities Registration Section at 973-504-6215, visit their website at www.state.nj.us/lps/ca/charfrm.htm. If the agency is not in **full compliance** with the registration requirements, it will not be accepted into the campaign.

Application Status: (Must check (X) one) New Renewal

1. **Federation Name:** _____
2. **Federation Address:** _____

3. **Contact Person & Representative to Steering Committee**
Name: _____ **Title:** _____
Telephone Number: _____ **Fax Number:** _____
E-Mail Address: _____ **Website Address : www.** _____

PREVIOUS AND NEW APPLICANTS

4. **ATTACHMENT A: List of Board of Directors AND Executive Personnel** – Attach a list of names and addresses of the governing board, officers of the governing board, **AND** the names and addresses of executive personnel at the time of application submission.

Must Check (X) “Yes” or “No” to ALL the following questions:

5. Is the organization directed by a governing body whose members have no material conflict of interest in their service on the governing body? YES NO

6. **ATTACHMENT B: IRS Determination Letter** – Has the organization received tax-exempt status pursuant to Section 501(c)(3) of the Internal Revenue Code? YES NO

IF “NO,”  You are not eligible to participate in the NJSECC)

7. Have all the organization’s affiliated agencies provided you with documentation that they are tax exempt pursuant to Section 501(c)(3) of the Internal Revenue Code? YES NO

8. *Have you documented the charitable registration status of all your affiliated agencies?
All organizations seeking inclusion in the campaign must be in compliance with the NJ Charitable Registration Act of at the time of the application deadline (12/07/11).* YES NO

9. **What is your organization’s Charitable Registration Number?** CH _____

Federation Name: _____

10. Submit the following data for each of the two fiscal years preceding this application:

Total amount of funds raised: FYE _____ \$ _____
Amount of those funds raised from individual citizens of NJ _____ \$ _____

Total amount of funds raised: FYE _____ \$ _____
Amount of those funds raised from individual citizens of NJ _____ \$ _____

NOTE: The amount of funds raised from individual citizens of NJ must be at least \$35,000 per year.

11. **ATTACHMENT C: List of Affiliated Agencies and Total Amount of Funds.** Attach a list of all affiliated agencies the Federation gave funds to in each of its two fiscal years prior to this application and the amount given to each. This list must demonstrate that the organization has distributed at least \$60,000 among at least 15 charitable agencies.
12. If you chose to list agencies in the ECC codebook **(YOU MUST HAVE AT LEAST 15)**, excluding the Federation itself. Please list number of agencies.
13. **ATTACHMENT D: Anti-Terrorism Compliance Measures Form** - Attach completed and signed official certification that the Federation and its affiliated agencies are in compliance with the USA PATRIOT ACT as well as other counterterrorism laws. **Failure to complete this form will result in automatic denial of application.**
14. **ATTACHMENT E: List of 25-Word Descriptions** - Submit a 25-word description of the health, welfare or human care services for the Federation and each of its agencies, along with the, Charities Registration number, telephone number and website for each agency via EMAIL. This statement will be included in the published code book list of agencies and must not exceed 25 words. Statements that exceed the 25-word limit will be returned to the Federation. Failure to comply may result in the description's exclusion from the campaign codebook. **IF submitting a name change, you must provide the Amended Articles of Incorporation Name Change/Amendment Page for the federation and/or member agency (ies). Without this document, the name change will not be made.**

E-MAIL: You must e-mail your 25-word descriptions to rchambless@npssi.org, using **ONLY** the database spreadsheet provided to you by the campaign. **Please make sure to identify your Federation on the subject line.**

PREVIOUS APPLICANTS

15. **ATTACHMENTS: F – Independent Auditor’s Report; G - IRS Form 990; and H - Annual Report** - Must submit a **full** copy of each of these Federation documents for the most recent fiscal year. **FORM 990 MUST BE SIGNED BY FEDERATION OFFICER AND PREPARER.**

FIRST-TIME APPLICANTS

16. **ATTACHMENTS: F-1 - Independent Auditor’s Report; G-1 - IRS Form 990; and H-1 - Annual Report** - Must submit **full** copies of each of these Federation documents for the **two** most recent fiscal years. **BOTH COPIES OF THE FORM 990 MUST BE SIGNED BY FEDERATION OFFICER AND PREPARER.**
17. **ATTACHMENT I: Articles of Incorporation** - Must submit a **full** copy of the organization’s Articles of Incorporation.
ATTACHMENT I-1: Bylaws - Must submit a **full** copy of the Federation’s Bylaws.
18. I certify that the information provided herein is true and correct to the best of my knowledge.

Signature of Authorized Official (required)

Date

Print Name

Title



Employees Charitable Campaign

ANTI-TERRORISM COMPLIANCE MEASURES

In compliance with the spirit and intent of the USA PATRIOT Act and other Counter-terrorism laws, the New Jersey State Employees Charitable Campaign requests that each funded agency (“Organization”) certify the following:

“I hereby certify on behalf of _____
[Agency Name]

that all New Jersey State Employees Charitable Campaign funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.”

Signature of Authorized Official (required)

Print Name

Title

Date

STATE OF NEW JERSEY EMPLOYEES CHARITABLE CAMPAIGN

2012-2013 FEDERATION APPLICATION

ATTACHMENTS CHECKLIST FOR PREVIOUS APPLICANTS

Federation Name: _____

Use this checklist if your organization participated in last year's campaign. Identify each attachment by labeling it with the appropriate letter.

DOCUMENT	DOCUMENT NAME	DID YOU ATTACH WITH APPLICATION?	
		YES	NO
	Application – Completed, Signed, and Dated		
ATTACHMENT A	List of Board of Directors, Officers AND Executive Personnel with Addresses or email addresses.		
ATTACHMENT B	IRS Determination Letter		
ATTACHMENT C	<p>Have all your Affiliated Agencies provided documentation verifying their 501(c)(3) tax exempt status?</p> <p>Also, did you make sure that the names are the same as the one registered with the New Jersey Charitable Registration Division?</p> <p style="color: red;">IF different, must provide the Amended Articles of Incorporation Name Change/Amendment Page for the federation and/or member agency(ies).</p> <p>List of Affiliated Agencies and Total Amount of Funds</p>		
ATTACHMENT D	Anti-Terrorism Compliance Measures Form <i>(Must be completed, signed by your organization's Authorized Official). Failure to complete this form will result in automatic denial of application.</i>		
ATTACHMENT E	<p>List of 25-Word Descriptions</p> <p>Update your organization and affiliated agencies 25-word statements on the database spreadsheet provided by the campaign. No other document will be accepted.</p> <p>E-MAIL it to rchambless@npssi.org. Identify your Federation name in the subject line.</p>		
ATTACHMENT F	Independent Auditor's Report for the most recent fiscal year.		
ATTACHMENT G	IRS Form 990 for the most recent fiscal year. FORM 990 MUST BE SIGNED BY FEDERATION OFFICER AND PREPARER.		
ATTACHMENT H	Annual Report for the most recent fiscal year.		

Send your completed application along with the required documentation to be **received** by **DECEMBER 7, 2011** at:

NJSECC
Post Office Box 6579
Freehold, NJ 07728

STATE OF NEW JERSEY EMPLOYEES CHARITABLE CAMPAIGN
2012-2013 FEDERATION APPLICATION
ATTACHMENTS CHECKLIST FOR FIRST-TIME APPLICANTS

Federation Name: _____

Use this checklist if your organization is applying for the first-time to the campaign. Identify each attachment by labeling it with the appropriate letter.

DOCUMENT	DOCUMENT NAME	DID YOU ATTACH WITH APPLICATION?	
		YES	NO
	Application – Completed, Signed, and Dated		
ATTACHMENT A	List of Board of Directors, Officers AND Executive Personnel with Addresses or email addresses.		
ATTACHMENT B	IRS Determination Letter		
	Have all your Affiliated Agencies provided documentation verifying their 501(c)(3) tax exempt status? Also, did you make sure that the names are the same as the one registered with the New Jersey Charitable Registration Division? <i>IF different, must provide the Amended Articles of Incorporation Name Change/Amendment Page for the federation and/or member agency(ies).</i>		
ATTACHMENT C	List of Affiliated Agencies and Total Amount of Funds		
ATTACHMENT D	Anti-Terrorism Compliance Measures Form <i>(Must be completed, signed by your organization's Authorized Official). Failure to complete this form will result in automatic denial of application.</i>		
ATTACHMENT E	List of 25-Word Descriptions Please call RON at the Campaign Manager's office for a spreadsheet. 800.242.4356 or 410.580.1591 E-MAIL it to rchambless@npssi.org. Identify your Federation name in the subject line.		
ATTACHMENTS F-1	Independent Auditor's Report for the two most recent fiscal years.		
ATTACHMENT G-1	IRS Form 990 for the two most recent fiscal years. BOTH COPIES MUST BE SIGNED BY FEDERATION OFFICER AND PREPARER.		
ATTACHMENT H-1	Annual Report for the two most recent fiscal years.		
ATTACHMENT I	Articles of Incorporation (Must be legible)		
ATTACHMENT I-1	Bylaws		

Send your completed application along with the required documentation to be **received** by **DECEMBER 7, 2011** at:

NJSECC
Post Office Box 6579
Freehold, NJ 07728