

# INSTRUCTIONS FOR APPLYING TO THE 2010-2011 EMPLOYEES CHARITABLE CAMPAIGN AS A FEDERATION


**PLEASE READ INSTRUCTIONS CAREFULLY. FAILURE TO FOLLOW INSTRUCTIONS MAY  
RESULT IN DENIAL OF YOUR FEDERATION'S APPLICATION.**

<b>Deadline:</b>	<b>November 6, 2009 by 4:00 p.m. All applications must be received by this date. <i>There will be no exceptions.</i></b>
<b>Address:</b> Applications must be mailed/delivered to:	ECC Steering Committee c/o United Way of Greater Mercer County 3131 Princeton Pike, Bldg. #4, Ste. 113 Lawrenceville, NJ 08648  <b>For questions or assistance, contact:</b> Janis O. Glasberg, Campaign Manager 609.637.4901 <a href="mailto:janis.glasberg@uwgmc.org">janis.glasberg@uwgmc.org</a>
<b>Application Status:</b>	You will be notified in writing, of your denial or acceptance into the campaign by letter dated December 11, 2009.

## You must submit the following attachments with the application.

	<b>Application Status</b>	Must check (X) one box: <i>New or Renewal</i> <b>(NOTE:</b> Renewal only applies to Federations who participated in the prior year's campaign. An absence of one or more years changes status as to a new applicant.)
1.	<b>Agency's Name</b>	Type the name of the Federation directly on application <b>as registered with the New Jersey Division of Consumer Affairs Charitable Registration and Investigation Unit.</b>
2.	<b>Agency's Mailing Address</b>	Type your Federation's mailing address.
3.	<b>Agency's Contact Person Information</b>	Type your Federation's contact person's name who will serve as a representative in the Campaign Steering Committee. This individual should be able to attend at least 2 of the 4 Steering Committee meetings each calendar year. List the agency's telephone and fax numbers, email and website addresses. The agency should notify the campaign manager's office immediately of any changes in contact information after submission of the application.

## **PREVIOUS AND NEW APPLICANT MUST COMPLETE AND SUBMIT:**

4.	<b>ATTACHMENT A: Board of Directors, Officers, AND Executive Personnel Lists</b>	Submit a complete list of names and addresses of your Federation's governing board, officers of the governing board <b>AND</b> executive personnel. This should be a current list at the time of your application submission.
5.	<b>Governing Body Conflict of Interest</b>	Must check (X) one of the boxes (Yes or No)
6. – 7.	<b>ATTACHMENT B: IRS 501(c)(3) Determination Letter</b>	Must check (X) one of the boxes (Yes or No) <b>AND</b> attach a copy of your most recent IRS 501(c)(3) Tax Determination Letter. Make sure that you have on file all of your agencies' proof of current tax-exempt status.  <b>IF "NO,"  You are not eligible to participate in the NJSECC). Contact Campaign Manager's Office at (609) 637-4901 for clarification.</b>

8. – 9.	<b>Registration to Solicit Compliance</b>	Must provide your Federation’s registration number on the application. Your Federation must be a registered charity in full compliance with the registration requirements of the New Jersey law. To confirm the registration status of a Federation or request a charitable registration number, call the Division of Consumer Affairs Charities Registration Section at 973-504-6215, visit their website at <a href="http://www.state.nj.us/lps/ca/charfrm.htm">www.state.nj.us/lps/ca/charfrm.htm</a> . If your Federation is not in <b>full compliance</b> with the registration requirements, it will not be accepted into the campaign. <b>You must be in compliance at the time of the application deadline (11/06/09).</b>
10.	<b>Agency’s Services</b>	Must certify that your agency is engaged in health welfare or human care services in New Jersey.  (NOTE: “Health, welfare or human care services” means services, provided directly or indirectly, meeting the human needs of health, welfare or care, including, but not limited to the relief of human suffering and poverty, public education and welfare, education, civil and human rights, and environmental restoration and conservation.)
11.	<b>Total Funds Raised AND Funds Raised from NJ Residents</b>	<ul style="list-style-type: none"> <li>• Provide total amount of funds raised by the Federation for each of the two fiscal years preceding this application (figures) <b>NOT A PERCENTAGE.</b></li> <li>• Provide the amount of those funds (<b>must be \$35,000 for EACH year</b>) raised from individual citizens of New Jersey for the past two fiscal years. The total amount of funds should be verifiable with your Federation’s IRS Form 990 or the Independent Auditor’s Report.</li> </ul>
12.	<b>ATTACHMENT C: List of Affiliated Agencies and Total Amount of Funds</b>	Attach a list of all affiliated agencies to which the Federation gave funds in each of the two fiscal years prior to this application and the amounts given to each agency. This list should be verifiable from the schedule attached to the Federation’s IRS Form 990 Line 22. This list must demonstrate that the organization raised at least \$60,000 per year and distributed that sum among a minimum of 15 charitable agencies.
13.	<b>Number of Agencies</b>	Type the total of agencies submitted with your Federation Application <b>MUST BE 15 or more, excluding the Federation.</b>
14.	<b>ATTACHMENT D: Anti-Terrorism Compliance Measures Form</b>	Must certify that your agency is in compliance with the USA PATRIOT ACT as well as other counterterrorism laws, fill in the Federation’s legal name, type Authorized Officer’s name and title, and provide (original) signature and date. <b>(Failure to complete this form will result in automatic denial of application.)</b>
15.	<b>ATTACHMENT E: List of 25-Word Descriptions</b>  <b>E-MAIL to <a href="mailto:darlene.abate@uwgmc.org">darlene.abate@uwgmc.org</a>, using ONLY the database spreadsheet. Please identify your Federation on the subject line.</b>	This database spreadsheet has been revised to show all information included in the codebook. The code, federation-affiliated agency name columns have been locked. Any changes to the phone number, website, 25-words or charity registration number must be done in <b>red</b> . <b>If you need to delete a charity must highlight the whole row in yellow.</b> If any of your agencies changed their name which is different than the one registered with the <b>New Jersey Division of Consumer Affairs Charitable Registration and Investigation Unit</b> . 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.

Codebook # (if Known)	Agency Name (USE CAPITAL LETTERS ONLY!)	Phone #	Website Address	25-Word Statement	Charity Registration #
0000	XYZ FOUNDATION	000-123-4567	<a href="http://www.agency.org">www.agency.org</a>	Describe your agency’s services	

**PREVIOUS APPLICANTS MUST SUBMIT:**

16.	<b>ATTACHMENT F: Independent Auditor's Report</b>	<b>One</b> full copy of your Federation's <b>Independent Auditor's Report</b> prepared by a Certified Public Accountant (CPA) for the most recent fiscal year. The Independent Auditor's Report must be printed on CPA's letterhead, signed by the same, and dated.
	<b>ATTACHMENT G: IRS Form 990</b>	<b>One</b> full copy of your Federation's IRS Form 990 for the most recent fiscal year. Must coincide with the same fiscal year as Attachment F. <b>MUST BE SIGNED BY FEDERATION OFFICER AND PREPARER!</b>
	<b>ATTACHMENT H: Annual Report</b>	<b>One</b> copy of the Federation's annual report for the most recent fiscal year.

**FIRST-TIME APPLICANTS MUST SUBMIT:**

17.	<b>ATTACHMENT F-1: Independent Auditor's Report</b>	<b>Two</b> full copies of your Federation's <b>Independent Auditor's Report</b> prepared by a Certified Public Accountant (CPA) for the two most recent fiscal years. The Independent Auditor's Report must be printed on CPA's letterhead, signed by the same, and dated.
	<b>ATTACHMENT G-1: IRS Form 990</b>	<b>Two</b> full copies of your Federation's IRS Form 990 for the two most recent fiscal years. Must coincide with same fiscal year as Attachment F-1. <b>BOTH COPIES MUST BE SIGNED BY FEDERATION OFFICER AND PREPARER!</b>
	<b>ATTACHMENT H-1: Annual Report</b>	<b>Two</b> full copies of the Federation's annual report for the two most recent fiscal years. Must coincide with same fiscal years as Attachment F-1 and G-1.
18.	<b>ATTACHMENT I: Articles of Incorporation</b>	A full copy of your Federation's Articles of Incorporation.
	<b>ATTACHMENT I-1: Bylaws</b>	A full copy of your Federation's Bylaws.
19.	<b>Certification and Signature</b>	The Federation's Authorized Officer must sign and date the form ( <b>applications without signatures will not be accepted</b> ). Type name and title of the person signing the form and include the date.

**Your application will receive a cursory review by the Campaign Manager if received by October 23, 2009.**