

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

2012-2013 UNAFFILIATED AGENCY 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. **Name of Agency as Registered in NJ:** _____
2. **Mailing Address Agency:** _____
3. **Contact Person**
Name: _____ **Title:** _____
Telephone Number _____ **Fax Number:** _____
E-Mail _____ **Website** _____
Address: _____ **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 agency 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 agency 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. **Has the agency registered as a charitable organization pursuant to the NJ Charitable Registration and Investigation Act? Your agency must be in compliance at the time of the application deadline (12/07/11). If you are unsure call Charities Registration- 973-504-6215** YES NO
 If “YES”, insert the charities registration number: **CH** _____

OR

- If “NO”, is the agency exempt from the registration requirements? YES NO
 If exempt, what is the basis of your exemption? **(Select (X) one)**
 Religious Educational Library **Provide exemption #: EX** _____

8. **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 \$15,000 per year.

Agency Name: _____

9. **Is the agency engaged in health welfare or human care services in New Jersey?** YES NO
(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.)

10. **ATTACHMENT C: Anti-Terrorism Compliance Measures Form** – Attach completed and signed official certification that the agency is 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.)**

11. **ATTACHMENT D: 25-Word Description** – Submit a 25-word description of the health, welfare or human care services that your agency provides in New Jersey, as well as the agency's telephone number and website address via EMAIL. This statement will be included in the published code book list of agencies, **must not exceed 25 words. Statements that exceed the 25-word limit will be returned to the Agency. IF submitting a name change, you must provide the Amended Articles of Incorporation Name Change/Amendment Page for the agency. Without this document, the name change will not be made.**

E-MAIL: You must e-mail the 25-word description to rchambless@npssi.org, using ONLY the Excel spreadsheet format shown on the instructions. Please make sure to identify your Agency on the subject line. **Failure to comply may result in the description's exclusion from the campaign codebook.**

PREVIOUS APPLICANTS

12. **ATTACHMENT E: Financial Statements/ Independent Auditor's Report** One full copy of your agency's Financial Statements with Independent Auditor's Report and Additional Information" prepared by a Certified Public Accountant (CPA) for the most recent fiscal year. MUST BE SIGNED. If you do not have an Independent Auditor's Report please enclose one full copy of your agency's Financial Statements. MUST BE SIGNED. **Also, please provide the most recent copy of your long or short form CRI200 or CR300 that was provided to Charities Registration.**

13. **ATTACHMENT F: IRS Form 990** – Attach a full copy of your most recent Form 990. **IT MUST BE SIGNED BY AGENCY OFFICER AND PREPARER.**

14. **ATTACHMENT G: Annual Report** – must submit **one** full copy of the agency's Annual Report for the previous fiscal year. **Acceptable substitutes:** year-end summary, newsletter or flyer.

FIRST-TIME APPLICANTS

15. **Attachment E-1: Financial Statements with Independent Auditor's Report** – Full copies of your agency's Financial Statements with Independent Auditor's Report and Additional Information" prepared by a Certified Public Accountant (CPA) for the two most recent fiscal years. MUST BE SIGNED. If you do not have an Independent Auditor's Report please enclose two full copies of your agency's Financial Statements. MUST BE SIGNED. **Also, please provide the two most recent copies of your long or short form CRI200 or CR300 that was provided to Charities Registration.**

16. **ATTACHMENT F-1: IRS Form 990** – Submit full copies of your agency's IRS Form 990 for the two most recent fiscal years. **BOTH COPIES MUST BE SIGNED BY AGENCY OFFICER AND PREPARER.**

17. **ATTACHMENT G1: Annual Report** – must submit full copies of the agency's Annual Report for the two most recent fiscal years which coincide with the same fiscal years as Attachment E and F. **Acceptable substitutes:** year-end summary, newsletter or flyer.

18. **ATTACHMENT H: Articles of Incorporation** – Submit a full copy of your agency's Articles of Incorporation.

19. **ATTACHMENT I: Bylaws** – Submit a full copy of your agency's Bylaws.

PREVIOUS AND NEW APPLICANTS

20. 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

Post Office Box 6579 ♦ Freehold, NJ 07728 ♦ Phone 800.242.4356 or 410.580.1591 ♦ Fax 410.580.9324



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 UNAFFILIATED AGENCY APPLICATION
ATTACHMENTS CHECKLIST FOR PREVIOUS APPLICANTS

Agency 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	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 D	List of 25-Word Descriptions E-MAIL it to rchambless@npssi.org . Identify your Agency Name in the subject line.		
ATTACHMENT E	Financial Statements/Independent Auditor's Report One full copy of your agency's Financial Statements with Independent Auditor's Report and Additional Information" prepared by a Certified Public Accountant (CPA) for the most recent fiscal year. MUST BE SIGNED. If you do not have an Independent Auditor's Report please enclose one full copy of your agency's Financial Statements. MUST BE SIGNED. Also, please provide the most recent copy of your long or short form CRI200 or CR300 that was provided to Charities Registration.		
ATTACHMENT F	IRS Form 990 for the most recent fiscal year. FORM 990 MUST BE SIGNED BY AGENCY OFFICER AND PREPARER.		
ATTACHMENT G	Annual Report for the most recent fiscal year.		

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

NJSECC
Post Office Box 6579
Freehold, NJ 07728

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

Agency 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		
ATTACHMENT C	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 D	List of 25-Word Descriptions E-MAIL it to rchambless@npssi.org . Identify your Agency name in the subject line.		
ATTACHMENTS E-1	Financial Statements/ Independent Auditor's Report for the two most recent two fiscal years. Full copies of your agency's "Financial Statements with Independent Auditor's Report and Additional Information" prepared by a Certified Public Accountant (CPA) for the two most recent fiscal years. MUST BE SIGNED. If you do not have an Independent Auditor's Report please enclose two full copies of your agency's Financial Statements. MUST BE SIGNED. Also, please provide the two most recent copies of your long or short form CRI200 or CR300 that was provided to Charities Registration.		
ATTACHMENT F-1	IRS Form 990 for the two most recent fiscal years. BOTH COPIES MUST BE SIGNED BY AGENCY OFFICER AND PREPARER.		
ATTACHMENT G-1	Annual Report for the two most recent fiscal years.		
ATTACHMENT H	Articles of Incorporation (Must be legible)		
ATTACHMENT I	Bylaws		

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

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Freehold, NJ 07728**