


**INSTRUCTIONS FOR APPLYING TO THE
2012-2013 EMPLOYEES CHARITABLE CAMPAIGN AS AN
UNAFFILIATED AGENCY**

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

Deadline:	December 7, 2011. All applications must be received by this date. <i>There will be no exceptions.</i>	
Address: Applications must be mailed/delivered to:	ECC Steering Committee Post Office Box 6579 Freehold, NJ 07728	For questions or assistance, contact: Ron Chambless, Campaign Manager 800.242.4356 or 410.580.1591 rchambless@npssi.org.org
Application Status:	You will be notified in writing, of your denial or acceptance into the campaign by letter dated January 6, 2012.	

PREVIOUS AND NEW APPLICANTS

You must submit the following attachments with the application.

	Application Status	Must check (X) one box: <i>New</i> or <i>Renewal</i> (NOTE: Renewal only applies to agencies who participated in the prior year's campaign. An absence of one or more years changes status as to a new applicant.)
1.	Agency's Name	Type the name of the agency as registered with the New Jersey Division of Consumer Affairs Charitable Registration and Investigation Unit.
2.	Agency's Mailing Address	Type your agency's mailing address.
3.	Agency's Contact Person Information	Type your agency'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.
4.	ATTACHMENT A: Board of Directors, Officers AND Executive Personnel Lists	Must submit a complete list of names and addresses of your agency's governing board, officers of the governing board AND executive personnel. This should be a current list at the time of your application submission.
5.	Governing Body Conflict of Interest	Must check (X) one of the boxes (Yes or No)
6.	ATTACHMENT B: IRS 501(c)(3) Determination Letter	Must check (X) one of the boxes (Yes or No) AND attach a copy of your most recent IRS 501(c)(3) Tax Determination Letter. IF "NO,"  You are not eligible to participate in the NJSECC)
7.	Registration to Solicit Compliance	Must provide your agency's charities registration or exemption number on the application. Your agency must be a registered charity in full

		compliance with the registration requirements of the New Jersey law, unless it is a religious entity or an educational institution. To confirm the registration status of an agency or request a 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. Your agency must be in compliance at the time of the application deadline (12/07/11).
8.	Total Funds Raised AND Funds Raised from NJ Residents	<ul style="list-style-type: none"> • Provide total amount of funds raised by the agency (figures) NOT A PERCENTAGE. • Provide the amount of those funds (must be \$15,000 for each year) raised from individual citizens of New Jersey for the past two fiscal years.
9.	ATTACHMENT C: Anti-Terrorism Compliance Measures Form	Must certify that your agency is in compliance with the USA PATRIOT ACT as well as other counterterrorism laws, fill in the agency's legal name, print agency's Authorized Officer's name and title, and provide (original) signature and date. (Failure to complete this form will result in automatic denial of application.)
10.	ATTACHMENT D: 25-Word Description E-MAIL to rchambless@npssi.org , using ONLY the Excel spreadsheet format provided by the campaign. Please identify your Agency on the subject line of your email.	<p>Must 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(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.)</p> <p>This statement will be included in the published code book list of agencies, must not exceed 25 words. <u>Statements that exceed the 25-word limit will be returned to the Agency.</u> 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.</p> <p>Failure to comply may results in the description's exclusion from the campaign codebook.</p>

Codebook # (if Known)	Agency Name (USE CAPITAL LETTERS ONLY!)	Phone #	Website Address	25-Word Statement
0000	XYZ FOUNDATION	000-123-4567	www.agency.org	Describe your agency's services

PREVIOUS APPLICANTS MUST SUBMIT:

11.	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.
12.	ATTACHMENT F: IRS Form 990	One full copy of your agency's IRS Form 990 for the most recent fiscal year. Must coincide with the same fiscal year as Financial Audit. IT

		MUST BE SIGNED BY AGENCY OFFICER AND PREPARER.
13.	ATTACHMENT G: Annual Report	One copy of the agency's Annual Report for the most recent fiscal year. Agencies that do not prepare an Annual Report, acceptable substitutes are: year-end summary, newsletter or agency flyer.
FIRST-TIME APPLICANTS MUST SUBMIT:		
14.	ATTACHMENT E-1: Financial Statements/ 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.
15.	ATTACHMENT F-1: IRS Form 990	Full copies of your agency's IRS Form 990 for the two most recent fiscal years. Must coincide with same fiscal year as Attachment E-1. BOTH COPIES MUST BE SIGNED BY AGENCY OFFICER AND PREPARER.
16.	ATTACHMENT G-1: Annual Report	Full copies of the agency's Annual Report for the two most recent years. Agencies that do not prepare an Annual Report, acceptable substitutes are: year-end summary, newsletter or agency flyer which includes your organization's services, accomplishments, financial information, board of directors and key personnel.
17.	ATTACHMENT H: Articles of Incorporation	A full copy of your organization's Articles of Incorporation. MUST BE LEGIBLE.
18.	ATTACHMENT I: Bylaws	A full copy of your organization's Bylaws
19.	Certification and Signature	An agency's Authorized Officer must sign and date the form (applications without signatures will not be accepted). Print name and title of the person signing the form and include the date.