



# APPLICATION FOR ADMISSION – 2012 SECC

- New Applicant  
 Re-Applicant

- 
- Independent Charity
- 
- 
- Federation
- 
- 
- Member Charity of \_\_\_\_\_
- 
- Name of Federation*

In addition to completing, printing and mailing this application along with the required attachments, you must also complete the 2012 Application webform on [www.ncsecc.org/2012Application](http://www.ncsecc.org/2012Application).

**Federations and their agencies:** Federations will distribute and collect applications for their partner agencies not applying as Independent Charities. Please review the "Application Instructions" document before distributing applications.

## PART A APPLICANT INFORMATION

Legal Name of Organization \_\_\_\_\_

Other name (DBA or Program Name) \_\_\_\_\_

Mailing Address \_\_\_\_\_  
Street/Box # City State Zip

Name/Title of Agency CEO/CPO \_\_\_\_\_

Name/Title of Agency Contact \_\_\_\_\_

Primary Contact's Telephone Number \_\_\_\_\_

Telephone Number \_\_\_\_\_ Fax \_\_\_\_\_

E-mail Address \_\_\_\_\_ Website \_\_\_\_\_  
(SECC will use to distribute campaign information) (To Be Used in Campaign Resource Materials)

Federal Tax ID Number \_\_\_\_\_

## FUNDRAISING & ADMINISTRATIVE COSTS [FRA]

Your **most current document** - audit [or financial review] or Form 990 [you cannot use a 990EZ] must be used to calculate your FRA. If using your audit, **please highlight the figures taken within the audit.**

**Check here if your audit [or financial review] was used to calculate your FRA. Complete this area:**

<b>Fundraising Expenses</b> <small>Typically within the "Statement of Activities"</small>	+	<b>Management &amp; General Expenses</b> <small>(do not include program expenses)</small>	=	<b>Administrative Expenses Total</b> <small>(Minus Program Expenses)</small>
<b>Administrative Expenses Total</b>	÷	<b>Total Revenue and Support</b> <small>Restricted &amp; Unrestricted</small>	=	<b>FRA</b> % for <b>Fiscal Year of Audit</b>

**Check here if your Form 990 was used to calculate your FRA and complete the section below:**

<b>Mgmt. and Gen. + Fundraising Expenses</b> <small>"Functional Expenses" on Page 10 of the Form 990 Line 25, Columns C + D</small>	÷	<b>Total Revenue</b> <small>"Total Revenue" on Page 9, Line 12, Column A</small>	=	<b>FRA</b> % for <b>Form 990 Fiscal Year</b>
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Note: **Your FRA should not exceed 25%.** The SECC Advisory Committee may reject organizations with an FRA over 25% but will consider documentation that explains the excessive FRA and outlines steps to reduce it within the next fiscal year.

## Part A of 2012 SECC Application, Continued...

### Description of Services

This information will describe your organization in 2012 Campaign materials. Descriptions may not exceed 25 words. Please use descriptive language so that contributors will have a clear understanding of your mission, programs and services.

Example: **ABC Foundation** – Providing one-on-one training for adults in areas of reading, comprehension, and literature; teaching more than 2,000 citizens per year how to read.

**CATEGORY OF SERVICES** *Please check all applicable services that describe your organization on the supplemental spreadsheet given with this application. The spreadsheet will have each category listed across as a header. Please put an "X" under each service you provide.*

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Adoption Services           | <input type="checkbox"/> Disaster Relief & Recovery | <input type="checkbox"/> Healthcare Services      |
| <input type="checkbox"/> Advocacy or Victims' Rights | <input type="checkbox"/> Domestic Violence          | <input type="checkbox"/> Human Services           |
| <input type="checkbox"/> Alzheimer's Services        | <input type="checkbox"/> Education                  | <input type="checkbox"/> HIV / AIDS Prevention    |
| <input type="checkbox"/> Animal Protection           | <input type="checkbox"/> Elderly Support Services   | <input type="checkbox"/> Hospice                  |
| <input type="checkbox"/> Armed Forces/Veterans       | <input type="checkbox"/> Emergency Assistance       | <input type="checkbox"/> Housing Services         |
| <input type="checkbox"/> Arts                        | <input type="checkbox"/> Environmental Protection   | <input type="checkbox"/> Job Training             |
| <input type="checkbox"/> Autism Services             | <input type="checkbox"/> Environmental Conservation | <input type="checkbox"/> Legal Services           |
| <input type="checkbox"/> Cancer Prevention           | <input type="checkbox"/> Family Planning            | <input type="checkbox"/> Mental Health Awareness  |
| <input type="checkbox"/> Child Abuse & Neglect       | <input type="checkbox"/> Financial Services         | <input type="checkbox"/> Substance Abuse Programs |
| <input type="checkbox"/> Childhood Illness           | <input type="checkbox"/> Food Assistance Programs   | <input type="checkbox"/> Youth Development        |
| <input type="checkbox"/> Counseling Services         |   |   |
| <input type="checkbox"/> Disabilities Services       |   |   |

**AREA OF SERVICE** So that we can accurately identify your organization, it's important that you indicate whether your programs and services are statewide, national or international in scope. If these categories do not match your organization, we need to know the counties in North Carolina in which you provide services. This information will be used to produce a "Location of Services" database that we will include on our website.

**Please check all applicable services that describe your organization on the supplemental spreadsheet given with this application. The spreadsheet will have each category/county listed across as a header. Please put an "X" under each service you provide.**

Please check each box that describes your organization's scope of services.

- Statewide**                      *Check if your organization provides services throughout all 100 NC counties.*
- National**                        *Check if your organization provides services throughout the United States.*
- International**                *Check if your organization provides services globally.*

If these criteria do not describe your organization, please check below each county where your organization provides services.

**NOTE:** *If you are a partner agency of more than one United Way organization, only check the counties that are associated with the particular United Way you are applying under with this specific application.*

- |                                    |                                     |                                      |                                      |                                       |
|------------------------------------|-------------------------------------|--------------------------------------|--------------------------------------|---------------------------------------|
| <input type="checkbox"/> Alamance  | <input type="checkbox"/> Chowan     | <input type="checkbox"/> Guilford    | <input type="checkbox"/> Mitchell    | <input type="checkbox"/> Rutherford   |
| <input type="checkbox"/> Alexander | <input type="checkbox"/> Clay       | <input type="checkbox"/> Halifax     | <input type="checkbox"/> Montgomery  | <input type="checkbox"/> Sampson      |
| <input type="checkbox"/> Alleghany | <input type="checkbox"/> Cleveland  | <input type="checkbox"/> Harnett     | <input type="checkbox"/> Moore       | <input type="checkbox"/> Scotland     |
| <input type="checkbox"/> Anson     | <input type="checkbox"/> Columbus   | <input type="checkbox"/> Haywood     | <input type="checkbox"/> Nash        | <input type="checkbox"/> Stanly       |
| <input type="checkbox"/> Ashe      | <input type="checkbox"/> Craven     | <input type="checkbox"/> Henderson   | <input type="checkbox"/> New Hanover | <input type="checkbox"/> Stokes       |
| <input type="checkbox"/> Avery     | <input type="checkbox"/> Cumberland | <input type="checkbox"/> Hertford    | <input type="checkbox"/> Northampton | <input type="checkbox"/> Surry        |
| <input type="checkbox"/> Beaufort  | <input type="checkbox"/> Currituck  | <input type="checkbox"/> Hoke        | <input type="checkbox"/> Onslow      | <input type="checkbox"/> Swain        |
| <input type="checkbox"/> Bertie    | <input type="checkbox"/> Dare       | <input type="checkbox"/> Hyde        | <input type="checkbox"/> Orange      | <input type="checkbox"/> Transylvania |
| <input type="checkbox"/> Bladen    | <input type="checkbox"/> Davidson   | <input type="checkbox"/> Iredell     | <input type="checkbox"/> Pamlico     | <input type="checkbox"/> Tyrrell      |
| <input type="checkbox"/> Brunswick | <input type="checkbox"/> Davie      | <input type="checkbox"/> Jackson     | <input type="checkbox"/> Pasquotank  | <input type="checkbox"/> Union        |
| <input type="checkbox"/> Buncombe  | <input type="checkbox"/> Duplin     | <input type="checkbox"/> Johnston    | <input type="checkbox"/> Pender      | <input type="checkbox"/> Vance        |
| <input type="checkbox"/> Burke     | <input type="checkbox"/> Durham     | <input type="checkbox"/> Jones       | <input type="checkbox"/> Perquimans  | <input type="checkbox"/> Wake         |
| <input type="checkbox"/> Cabarrus  | <input type="checkbox"/> Edgecombe  | <input type="checkbox"/> Lee         | <input type="checkbox"/> Person      | <input type="checkbox"/> Warren       |
| <input type="checkbox"/> Caldwell  | <input type="checkbox"/> Forsyth    | <input type="checkbox"/> Lenoir      | <input type="checkbox"/> Pitt        | <input type="checkbox"/> Washington   |
| <input type="checkbox"/> Camden    | <input type="checkbox"/> Franklin   | <input type="checkbox"/> Lincoln     | <input type="checkbox"/> Polk        | <input type="checkbox"/> Watauga      |
| <input type="checkbox"/> Carteret  | <input type="checkbox"/> Gaston     | <input type="checkbox"/> Macon       | <input type="checkbox"/> Randolph    | <input type="checkbox"/> Wayne        |
| <input type="checkbox"/> Caswell   | <input type="checkbox"/> Gates      | <input type="checkbox"/> Madison     | <input type="checkbox"/> Richmond    | <input type="checkbox"/> Wilkes       |
| <input type="checkbox"/> Catawba   | <input type="checkbox"/> Graham     | <input type="checkbox"/> Martin      | <input type="checkbox"/> Robeson     | <input type="checkbox"/> Wilson       |
| <input type="checkbox"/> Chatham   | <input type="checkbox"/> Granville  | <input type="checkbox"/> McDowell    | <input type="checkbox"/> Rockingham  | <input type="checkbox"/> Yadkin       |
| <input type="checkbox"/> Cherokee  | <input type="checkbox"/> Greene     | <input type="checkbox"/> Mecklenburg | <input type="checkbox"/> Rowan       | <input type="checkbox"/> Yancey       |

## **PART B      ATTACHMENTS**

To determine your organization's eligibility, we must review the following attachments to assure compliance with campaign regulations. Please submit these documents and attach them in the order shown.

- Attachment A      Most Recent (2009 or later) CPA Audit or Review
  - Attachment B      Explanation of Excessive FRA (**Applies only if FRA is above 25%**)
  - Attachment C      Most current Signed Form 990
  - Attachment D      NC Solicitation License **VALID ON OR AFTER FEB. 15, 2012**
  - Attachment E      List of Member Organizations (**Applies Only to Federations**)
  - Attachment F      A Copy of the email confirming that you successfully submitted your 25-Word description and other detailed information that will be used in our printed and online materials. This online form can be found at [www.ncsecc.org/2012Application](http://www.ncsecc.org/2012Application)
  - Attachment G      A letter from the board of directors, signed by a voting member, requesting inclusion in the campaign and certifying compliance with the SECC eligibility standards. The letter must be on organization letterhead.
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**PART C CERTIFICATIONS**

The State Employees Combined Campaign regulations require that all organizations applying for admission to the campaign attest to the following:

- I certify that all donations made to the above referenced organization are tax deductible by the donor under North Carolina and federal law.
- I certify that the FRA is fewer than 25%. (If it is not under 25%, please submit an explanation.)
- I certify that all publicity and promotional activities are truthful and non-deceptive and that all material provided to the SECC is truthful, non-deceptive, includes all material facts, and makes no exaggerated or misleading claims.
- I certify that this organization shall not permit payments of commissions, kickbacks, finders' fees, percentages, bonuses, or overrides for fund-raising, and permit no paid solicitations by a fund-raising consultant or solicitor in the SECC.
- I certify that this organization holds both state and federal tax exempt status.
- I certify that the confidentiality of contributor lists shall be maintained unless otherwise required by law.
- I certify that this organization provides benefits or services to North Carolina state employees or their families within a solicitation area and is available through a telephone number to respond to inquiries from state employees. *[Note: International organizations that provide health and welfare services overseas, whose activities do not require a local presence and which meet the other eligibility criteria in the rules, may be accepted for participation in the campaign].*
- I certify that this organization will not use SECC contributions for lobbying activities.
- I certify that this organization shall have a written board policy that assures compliance with all applicable state and federal laws. Nothing herein denies eligibility to any organization which is otherwise eligible because it is organized by, on behalf of or to serve persons of a particular race, color, religion, sex, age, national origin or physical or mental disability.

*I, the undersigned, certify that this organization is in full compliance with all conditions listed in Part C and has provided all requested documents listed in Part B.*

*I acknowledge that the SECC Advisory Committee shall accept or reject the certifications of a federation, member agency of a federation or independent agency. I further acknowledge, if the applicant organization is a federation, that all member agencies shall comply with all the North Carolina State Employees Combined Campaign regulations and rules.*

*If the Committee or Statewide Campaign Organization requests information supporting a certification of eligibility, that information shall be furnished promptly. Failure to furnish such information within 10 days of the notification postmark date constitutes grounds for the denial of eligibility of that member agency. The burden of demonstrating eligibility shall rest with the applicant.*

*I further acknowledge that the Committee may elect to decertify a federation or independent agency which makes a false certification. When the Committee proposes to decertify a federation or independent agency, then the Statewide Campaign Organization shall notify the federation or independent of the Committee's decision which shall state the grounds for decertification. If rejected, the federation or independent agency may file an appeal to the Committee within 10 days of the notification postmark date. False certifications are presumed deliberate. The presumption may be overcome by evidence presented at an appeals hearing.*

**PART D SIGNATURE**

Date \_\_\_\_\_

Organization \_\_\_\_\_

Authorized Agent \_\_\_\_\_

Signature \_\_\_\_\_