



**2022 SECC CHARITY APPLICATION FOR ADMISSION**

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

**Independent Charities:** Complete your entire application online using the form at <https://www.ncsecc.org/charity-application>. All information required below along with all attachments will be entered in the online. This form serves as a guide for what is required in the online form.

**Federations:** Will distribute & collect applications for their Member agencies not applying as independent charities and must download, complete, and submit the Excel spreadsheet available at [www.ncsecc.org/charity-application](http://www.ncsecc.org/charity-application). Please review the “Application Instructions” for additional information.

**PART A: APPLICANT INFORMATION**

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

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

(\*This name must be legally registered and included on the NC Solicitation Licensing Application)

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

Contact’s Phone Number \_\_\_\_\_

Contact’s Email Address \_\_\_\_\_

**CALCULATION OF FUNDRAISING & ADMINISTRATIVE COSTS [FRA]**

Your **most current document** – CPA audit [or CPA financial review] or Form 990 [you cannot use a 990EZ] **must** be used to calculate your FRA.

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

$$\begin{array}{r}
 \text{_____} + \text{_____} = \text{Administrative Expenses Total} \\
 \text{Fundraising Expenses} \quad \text{Management \& General Expenses} \quad \text{(Minus Program Expenses)} \\
 \text{Typically within the "Statement of Activities"} \quad \text{(do not include program expenses)} \\
 \text{_____} \div \text{_____} = \text{_____} \% \text{ for } \text{_____} \\
 \text{Administrative Expenses Total} \quad \text{Total Revenue and Support} \quad \text{FRA} \quad \text{Fiscal Year of Audit} \\
 \text{Restricted \& Unrestricted}
 \end{array}$$

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

$$\begin{array}{r}
 \text{_____} \div \text{_____} = \text{_____} \% \text{ for } \text{_____} \\
 \text{Mgmt. and Gen. + Fundraising Expenses} \quad \text{Total Revenue} \quad \text{FRA} \quad \text{Form 990 Fiscal Year} \\
 \text{"Functional Expenses" on Page 10 of the Form 990} \quad \text{"Total Revenue" on Page 9, Line 12, Column A} \\
 \text{Line 25, Columns C + D}
 \end{array}$$

Note: **Your FRA should not exceed 25.0%**. The SECC Advisory Committee may reject organizations with an FRA over 25.0% but will consider documentation that explains the excessive FRA and outlines steps to reduce it within the next fiscal year. Please see Attachment B requirements if your FRA exceeds 25%.

## PART B: ATTACHMENTS

To determine your organization's eligibility, we must review the following attachments to assure compliance with campaign regulations. Please check the items you are submitting with your application and attach them in the order shown. Please review Attachment A changes.

- Attachment A  
(only required if used to calculate FRA% on page 1)  
Most recent (2019 or later) **CPA Audit**. A **CPA Review** is accepted for organizations with revenue under \$300,000. A "compilation" does not qualify. If the auditor's letter does not clearly identify them as a **CERTIFIED PUBLIC ACCOUNTANT**, you **MUST** attach documentation proving that they are a CPA/CPA firm.
- Attachment B  
Explanation of Excessive FRA (**applies only if FRA is above 25.0%**)
- Attachment C  
Most current **signed** IRS Form 990 (2019 or later)
- Attachment D  
NC Solicitation License **VALID ON OR AFTER March 15, 2022**  
(***dated extensions allowed***)  
***License must list any DBA being used for SECC.***
- Attachment E  
A letter from your Board of Directors, **signed by a voting member**, requesting inclusion in the campaign and certifying compliance with the SECC eligibility standards. **This letter must be on organization letterhead.**

## 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 this organization holds both state and federal tax-exempt status.
- 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 less than 25.0%. (If it is not under 25.0%, please submit an explanation.)
- I certify that that I have read and understand the Memorandum of Agreement and the Non-Solicitation Agreement.
- I certify that that I have read and understand the SECC Privacy Policy and Terms of Service available at [ncsecc.org/privacy-policy](http://ncsecc.org/privacy-policy) and [ncsecc/terms-service](http://ncsecc.org/terms-service), respectively.
- 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 the list of donors provided by the SECC shall be used for SECC acknowledgement communication purposes only and this list shall be segregated from all other donor lists.
- 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 has 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.
- Anti-Terrorism Compliance Measures: I hereby certify that all funds and donations will be used in compliance with all applicable antiterrorist financing and asset control laws, statutes and executive orders.

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 appeal hearing.

## PART D: SIGNATURE

Organization Name \_\_\_\_\_

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

Signature \_\_\_\_\_