

Please describe the direct or indirect health and human services that this organization provides, per statutory requirements described in Texas Government Code, Sections 659.131 – 153, Texas Administrative Code, Title 34, Section 5.48 (The Comptroller's Rules), and Texas Administrative Code, Title 34, Chapters 329 & 330 (The SPC's Rules) (continue on additional pages as necessary) and :

The SPC Rule construes the statutory definition of "health and human services" and applies that definition to determine the eligibility of a charitable organization to participate in the SECC campaign. The term "health and human services" is construed and applied in accordance with the structure and guidelines set forth in this paragraph. To qualify as "health and human services" the services provided must benefit the residents of this state and must consist of one or more of the following:

(1) human care, which term includes health care, rehabilitation, restorative care, hospice care, respite care, and assistance with activities of daily living, and which includes physical, mental, and emotional assistance;

(2) medical research or other research. The research must be in one or more of the following fields:

(A) human health, which term includes physical, mental, and emotional wellbeing, and which includes various topics related to human health including, nutrition, wellness, exercise, disease, disorders, treatment, prevention of disease, and maintenance of health;

(B) education, which term includes special education, pedagogy, assessments, promotion of literacy, and assessment for and treatment of learning disabilities;

(C) social adjustment, which term includes an individual's ability to cope with standards, values, and needs of society and to adapt to a social environment; or

(D) rehabilitation, which term includes restorative care and follow-up care in nursing homes, halfway houses, inpatient facilities and patients' homes; (3) relief for victims of natural disaster or other emergencies. Other emergencies refers to events and situations such as drought, fire, accidents, or epidemics, that may have an impact on the health, safety, or welfare of the general population or a specific segment of the population; or

(4) assistance to impoverished individuals in need of food, shelter, clothing, or other basic needs. Basic needs may include such things as education-related services and goods for pre-K through 12th grade, special education services for people with disabilities, and adult literacy.

Based on the rules above, please indicate which direct or indirect health and human services that your organization provides:

1) Human care

2) Medical research

a) Human health research

b) Education research

c) Social adjustment research

d) Rehabilitation research

3) Relief for victims of natural disaster or other emergencies

4) Assistance to impoverished individuals (including education, i.e. Pre-K through 12th Grade)

(for more information, see details in the above definition of direct or indirect health and human services)

If the organization provides local or statewide services list the Texas counties served below:

PART B - ATTACHMENTS FOR ALL APPLICANTS

To determine your organization's eligibility, we must review the following attachments to assure compliance with campaign regulations. Please submit these documents and provide them in paper or electronic format per the instructions.

Note regarding Federations and Federation Members that are re-certifying this year:

If you are a re-certifying Federation, only Attachments C, D and I are applicable;
If you are a re-certifying Federation member, only Attachment C is applicable.

Attachment A	Texas Certificate of Authority or Articles of Incorporation
Attachment B	IRS 501c3 Letter
Attachment C	Signed IRS Form 990 dated on or after June 30, 2019
Attachment D	CPA Audit or Review

Note: If applicant's annual budget exceeds \$250,000, an independent audit is required (see application instructions). If the revenue or expenses on the required audit/accountant's review differ from those in the IRS Form 990, a reconciliation must be included in the IRS Form 990 or be explained in a letter of reconciliation signed by the Executive Director and enclosed with the application.

Attachment E	Fiscal Agent Letter (not applicable for independent charities)
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ADDITIONAL ATTACHMENTS FOR FEDERATIONS ONLY

Attachment F	<i>Federations only: Certificate of Incorporation</i>
Attachment G	<i>Federations only: Bylaws</i>
Attachment H	<i>Federations only: Compensation disclosure (if applicable)</i>
Attachment I	<i>Federations only: Operating Budget</i>
Attachment J	<i>Federations only: Appeal acknowledgement</i>

PART C - CERTIFICATION

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

Applicant organization fully complies with all applicable federal nondiscrimination laws, including Chapter 21, Title 42, United States Code. Tex. Gov't Code Ann. Section 659.131(2)(C).

Applicant organization fully complies with all state statutes and rules relating to charitable organizations. Tex. Gov't Code Ann. Section 659.131(2)(D).

Applicant organization is not a private foundation. Tex. Gov't Code Ann. Section 659.131(2)(E).

Applicant organization certifies that it is not an abortion provider or affiliate thereof in compliance with Tex. Gov't Code Section 2272.003.

Applicant organization is governed by voluntary boards of citizens that meet at least twice each year to set policy and manage the affairs of the organization. Tex. Gov't Code Ann. Section 659.146(a)(1).

Applicant organization has demonstrated it is accessible to state employees by maintaining: (i) a staff or volunteer representative residing in this state that is accessible at least 20 hours a week during normal working hours and (ii) a locally listed telephone number (APPLICABLE FOR LOCAL ORGANIZATIONS) Tex. Gov't Code Ann. Section 659.131(13)(B). (i) a staff or volunteer representative residing in this state that is accessible at least 20 hours a week during normal working hours and (ii) a toll-free long-distance telephone number (APPLICABLE FOR STATEWIDE ORGANIZATIONS) Tex. Gov't Code Ann. Section 659.131(21)(B).

Applicant organization will not use contributions from the Texas State Employee Charitable Campaign to directly or indirectly fund litigation or to engage in lobbying that would require registration under the Texas Government Code. Tex. Gov't Code Ann. Section 659.150(b).

Applicant organization will not use contributions from the Texas State Employee Charitable Campaign to engage in transactions and dealings with countries, entities, or individuals subject to economic sanctions administered by the U.S. Department of the Treasury's Office of Foreign Assets Control. 34 TAC § 329.7

Applicant organization's fund-raising practices are truthful and consumer-oriented, clearly identify and distinguish community-based organizations from statewide and international organizations, and ensure protection against: unauthorized use of a list of contributors to the organization; payment of commissions, kickbacks, finder fees, percentages, bonuses, or overrides for fund-raising; mailing of unordered merchandise or tickets with a request for money in return; and general telephone solicitation of the public. Tex. Gov't Code Ann. Section 659.149.

To preserve the integrity of the campaign and to minimize intrusion into the workplace, applicant organization will adhere to the rule requirement prohibiting statewide federations or funds from soliciting deductions from state employees at the employees' worksites unless the solicitation is pursuant to the state employee charitable campaign. 34 Tex. Admin. Code Section 5.48(s)(3) (Tex. Compt. of Public Accounts).

This organization is is not applying to participate in this campaign under more than one federation or fund. 34 Tex. Admin. Code, Section 5.48 (a)(2), (n)(2)(J)(iii) and (n)(2)(J)(v). If this organization is applying to participate in this campaign under more than one federation or fund, an Attachment L-1 must be part of the application as submitted to the State Policy Committee for eligibility determination.

Attachment L-1: **Multiple listing.** If a statewide charitable organization is applying under more than one federation in the statewide campaign, the organization must attach a document listing each federation under which it will apply. The organization must list the separate and distinct population(s) served under each federation. An organization failing to provide this attachment and establish that a separate and distinct population is served under each federation will not be listed under more than one federation in any campaign materials. 34 Tex. Admin. Code, Section 5.48 (a)(2), (n)(2)(J)(iii) and (n)(2)(J)(v).

CERTIFICATIONS FOR FEDERATIONS ONLY

Applicant organization or federation is a charitable, umbrella fundraising entity that acts as an agent for at least five charitable organizations, Tex. Gov't Code Ann. Section 659.131(6)(B). Please indicate compliance by listing five qualifying organizations:

Applicant organization or federation is supported by voluntary contributions by the public and is not organized exclusively to solicit contributions from Texas state employees. Tex. Gov't Code Ann. Section 659.131(6)(C) and (D).

Select one of the following:

Applicant organization or federation is incorporated in the State of Texas and has an established physical presence in this state in the form of an office or service facility that is staffed at least 20 hours a week, Tex. Gov't Code Ann. Section 659.131(6)(D)(i).

Applicant organization or federation is incorporated outside of the state of Texas, includes at least 10 affiliated charitable organizations, has existed at least three years, and participates in state employee charitable campaigns in at least 10 other states, Tex. Gov't Code Ann. Section 659.131(6)(D)(ii).

PART D - SIGNATURE

I am an authorized agent to act on behalf of this organization. I hereby certify to all statements in this application, on behalf of this organization and I affirm that all information in this application is current, complete, accurate, and true.

Date _____

Organization _____

Authorized Agent (Print Name) _____

Signature _____