Please use this checklist as a guide when reviewing **Local Unaffiliated Charity applications** for participation in the 2021 State Employee Charitable Campaign.

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|  | **PART A: APPLICANT INFORMATION**  | **NOTES** |
|  | Name of Federation |  |
|  | Legal name and Other Name if applicable |  |
|  | Other Name (DBA or Program Name) |  |
|  | Physical Address - City, State, ZIP Code |  |
|  | Name of Organization Contact and Title |  |
|  | Primary Contact’s Telephone Number |  |
|  | Organization Telephone Number |  |
|  | Name of Organization Contact and Title |  |
|  | Fax |  |
|  | Organization Contact E-mail Address |  |
|  | Website |  |
|  | Federal Tax ID Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | Fundraising & Administrative Costs: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_%(**Organizations above 25.00% are not eligible to participate**)**Enter the "Management and general expenses" from the attached IRS Form 990**. This expense can be found in Part IX - “Statement of Functional Expenses”, page 10, line 25, column C.+**Enter "Fundraising expenses" from the attached IRS Form 990**. This expense can be found in Part IX - “Statement of Functional Expenses”, page 10, line 25, column D.÷**Enter the "Total revenue" category from the attached IRS Form 990**. This revenue can be found in Part VIII - "Statement of Revenue", Page 9, line 12, column A.= **AFR % Rate** |  |
|  | **Reconciliation document and Letter of Explanation** (If needed) |  |
|  | Area of service selected  |  |
|  | 25 word description of services(Hyphenated terms count as two words) |  |
|  | A description of direct or indirect health and human services is provided |  |
|  | Indication of which direct or indirect health and human service(s) that your organization provides  |  |
|  | List of Texas counties that are served |  |
|  | **PART B: ATTACHMENTS** | **NOTES** |
|  | **Attachment A – Texas Certificate of Authority or Articles of Incorporation** |  |
|  | **Attachment B** – IRS 501c3 Letter |  |
|  | **DBA or Other Document** (*If applicable*) |  |
|  | **Attachment C** – Signed IRS Form 990 dated on or after **June 30, 2019** *(If filed electronically an electronic signature is sufficient)* |  |
|  | **Attachment D** – CPA Audit or Accountant’s Review *(Attachment C and D must cover the same time period)* |  |
|  | **Attachments E – L-1** – Not applicable to unaffiliated organizations |  |
|  | **PART C: CERTIFICATION**  | NOTES |
|  | **All sections are checked appropriately** |  |
|  | **If needed, details re COVID-19 related impacts on organizational requirements.** |  |
|  | **PART D: SIGNATURE** | NOTES |
|  | **Application is signed by an authorized agent of the organization** |  |
| **ADMINISTRATIVE REVIEWER’S NAME** |
|  |
| **ADMINISTRATIVE REVIEWER’S NOTES** |
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| **COMMITTEE REVIEWER’S NAME** |
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| **COMMITTEE REVIEWER’S NOTES** |
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