Please use this checklist as a guide when reviewing **Local Unaffiliated Charity applications** for participation in the 2025 State Employee Charitable Campaign.

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|  | **PART A: APPLICANT INFORMATION** | **NOTES** |
|  | **Unaffiliated** |  |
|  | **SECC Region** |  |
|  | **Legal name and Other Name** (if applicable) |  |
|  | **Other Name** (DBA or Program Name) |  |
|  | **Physical Address** |  |
|  | **Physical Address 2** (if needed) |  |
|  | **City** |  |
|  | **State** |  |
|  | **ZIP Code** |  |
|  | **Name of CEO/ Executive Director** |  |
|  | **CEO/ Executive Director Phone Number** |  |
|  | **Organization Telephone Number** |  |
|  | **CEO/ Executive Director E-mail Address** |  |
|  | **Website** |  |
|  | **Federal Tax ID Number:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |  |
|  | **Bank Name** |  |
|  | **Bank Address** |  |
|  | **Bank City** |  |
|  | **Bank State** |  |
|  | **Bank ZIP Code** |  |
|  | **Name on Bank Account** |  |
|  | **ACH Routing Number** |  |
|  | **Account Type** |  |
|  | **Bank Account #** |  |
|  | **Voided Check or Bank Letter** |  |
|  | **Promotional Information** |  |
|  | **Video Link** |  |
|  | **Charity Approved for SECC Participation in Past Two Years** |  |
|  | **SECC Charity Code** |  |
|  | 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** |  |
|  | **FRA Percentage Below 25.00%** |  |
|  | **Reconciliation Document and Letter of Explanation** (If needed) |  |
|  | **Letter of Explanation** |  |
|  | **25-word Description of Services**  (Hyphenated terms count as two words) |  |
|  | **Description of Direct or Indirect Health and Human Services** |  |
|  | **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, 2023** *(If filed electronically an electronic signature is sufficient)* |  |
|  | **Form 8879-TE** |  |
|  | **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** |  |
|  | **PART D: SIGNATURE** | NOTES |
|  | **Date** |  |
|  | **Organization** |  |
|  | **Application Contact Name** |  |
|  | **Application Contact Title** |  |
|  | **Application Contact Email** |  |
|  | **Application Contact Phone** |  |
|  | **Signature** |  |
| **ADMINISTRATIVE REVIEWER’S NAME** | | |
|  | | |
| **ADMINISTRATIVE REVIEWER’S NOTES** | | |
|  | | |
| **COMMITTEE REVIEWER’S NAME** | | |
|  | | |
| **COMMITTEE REVIEWER’S NOTES** | | |
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