Please use this checklist as a guide when reviewing **Charity Federation applications** for participation in the 2024 State Employee Charitable Campaign.

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|  | **PART A: APPLICANT INFORMATION** **(Must represent at least five organizations in the SECC to be a federation)** | **NOTES** |
|  | Name of Federation |  |
|  | Legal name and Other Name if applicable |  |
|  | Other Name (DBA or Program Name) |  |
|  | Physical Address and Physical Address 2 |  |
|  | 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  |  |
|  | If “International” organization, year(s) the international organization participate in SECC |  |
|  | 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****Note for federation representatives: While all federation’s member charities are required to submit all documentation to the federation each year, you are only required to submit Attachment C on their behalf for consideration by the State Employee Committees during re-certification years.****For the federation’s own application, only Attachments C, D, and I are required to submit for consideration by State Employee Committees during re-certification years.** | **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, 2022** *(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)* |  |
|  | **Attachment E** – Fiscal Agent Letter (*Only applicable for Federation Member Charities*) |  |
|  | **Attachment F** – Board of Directors letter (*Only applicable for federations, not for their Federation Member Charities*) |  |
|  | **Attachment G** – Conflict of Interest Policy (*Only applicable for federations, not for their Federation Member Charities*) |  |
|  | **Attachment H** – Compensation disclosure *(If applicable)* (*Only applicable for federations, not for their Federation Member Charities*) |  |
|  | **Attachment I** – Operating Budget (*Only applicable for federations, not for their Federation Member Charities*) |  |
|  | **Attachment J** – Appeal Acknowledgement (*Only applicable for federations, not for their Federation Member Charities*) |  |
|  | **Attachment L-1** – (*Only applicable for Federation Member Charities*) |  |
|  | **PART C: CERTIFICATION**  | **NOTES** |
|  | All sections are checked appropriately(*Note: International federations or funds are not required to maintain a physical presence in Texas in the form of an office or facility that is staffed at least 20 hours a week, so that certification box does not have to be checked*.) |  |
|  | If needed, details re COVID-19 related impacts on organizational requirements. |  |
|  | Listing of five member charities (*Only applicable for Federations, not for their Federation Member Charities*) |  |
|  | **PART D: SIGNATURE** | **NOTES** |
|  | Application is signed by an authorized agent of the organization |  |
| **ADMINISTRATIVE REVIEWER’S NAME** |
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| **ADMINISTRATIVE REVIEWER’S NOTES** |
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| **COMMITTEE REVIEWER’S NAME** |
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| **COMMITTEE REVIEWER’S NOTES** |
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