



**APPLICATION FOR THE 2018 MARYLAND CHARITY CAMPAIGN**

**APPLICATION DEADLINE: FEBRUARY 09, 2018**

**Applications received after the deadline will not be accepted.**

**APPLICATIONS MUST BE E-MAILED TO:**

**[mcc.applications@maryland.gov](mailto:mcc.applications@maryland.gov)**

**SUBJECT LINE: ORGANIZATION'S NAME**

OFFICE OF THE SECRETARY OF STATE

CHARITABLE ORGANIZATIONS DIVISION

STATE HOUSE, ANNAPOLIS MD 21401

For questions email or call Lori Parks at [loraine.parks@maryland.gov](mailto:loraine.parks@maryland.gov) or 410-260-3857

1. Organization Name: \_\_\_\_\_
2. Contact Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_
3. E-mail address: \_\_\_\_\_ (Mandatory)  
A. Please list the counties in Maryland in which you provide programs or services.  
\_\_\_\_\_
4. Does the organization provide its financial report upon request? \_\_\_\_\_
5. How many members make up the governing body (e.g. directors, including officers, etc.)? \_\_\_\_\_
6. Do any members of the governing body receive compensation? If so how many? \_\_\_\_\_
7. Is the organization registered as a charitable organization with the Maryland Office of the Secretary of State? \*Please note, registration as a non-profit is an entirely separate application and does not automatically guarantee acceptance into the Maryland Charity Campaign.  
Yes \_\_\_\_\_ No \_\_\_\_\_  
EIN # \_\_\_\_\_  
Secretary of State Registration Expiration Date \_\_\_\_\_
8. Please submit a signed copy of your 990 or COF-85.  
If the organization's IRS Form 990 is not available for fiscal year ending in 2017, please use the

figures from the IRS Form 990 for the preceding fiscal year.  
IRS Form **990 EZ WILL NOT be accepted** (use COF-85 instead).  
Per the Executive Order, an organization must not exceed 25% of its total revenue on fund-raising and management expenses.

On the IRS Form 990, the percentage is calculated by:  
Adding together (C) and (D) line 25 from page 10  
Divide that total by line 12 (A) on page 9  
On the COF-85 add line's 12 and 13 together and divide that figure by line 10 (total revenue).

- A. I hereby certify that the organization spent \_\_\_\_ (%) percent on management and fund-raising expenses in the preceding fiscal year.
9. If the response to number **8A** exceeds 25%, please respond to the questions **below**. \*Please note, explanations for exceeding 25% will be carefully reviewed and evaluated for acceptance.
- A. Explain why the amount spent on management and fund-raising expenses during the preceding fiscal year is fair and reasonable.
- B. Please provide a copy of a plan to reduce future expenses to operate within the 25% range.
10. Please submit a copy if not already on file with our office of the following:
- IRS determination letter designating the organization as a 501(c) (3) on File \_\_\_\_\_
- Filed articles of incorporation or other organizing instrument for the organization on File \_\_\_\_\_
- Copy of current by-laws on File \_\_\_\_\_
11. Please submit a current operating budget signed by the CEO/ED of the organization.
12. If the organization participated in the 2016 Maryland Charity Campaign, please describe how the campaign funds received were spent (i.e., program services, administration, and fundraising).
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
13. Please attach: (1) a description of the services provided by the organization to Maryland residents for the two preceding years; or (2) if the organization provides services to persons in other countries, a description and proof of financial support received from Maryland residents within the past five (5) years.

14. Please provide a 25word description for the Giving Guide using the grid below. Anything over 25 words will not be included.


15. I, \_\_\_\_\_ (Name of Chief Executive Officer) do hereby certify that \_\_\_\_\_ (Name of Organization) is in compliance with all federal, state and local laws. I further certify that the Maryland Charity Campaign application and its attachments are true to the best of my knowledge, information and belief. I consent and agree that if this organization is accepted in the Maryland Charity Campaign for State Employees and Retirees and all funds donated to this organization will be used for the provision of services to Maryland residents or persons in other countries. I agree not to spend more than 25% on administrative costs with respect to Maryland Charity Campaign contributions. Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Name of Chief Executive Officer (typed or printed)

\_\_\_\_\_  
Signature of the Chief Executive Officer

**COUNTER TERRORISM COMPLIANCE  
ANTI-TERRORISM COMPLIANCE MEASURES**

In the spirit of compliance with the USA Patriot Act and other counterterrorism laws, the Maryland Charity Campaign requires that each agency certify the following:

“I hereby certify on behalf of \_\_\_\_\_ [name of Charitable Organization) that all Maryland Charity Campaign donations will be used in compliance with all applicable Maryland Charity Campaign requirements, anti-terrorist financing and asset control laws, statutes and executive orders.”

Print Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**E-MAIL APPLICATION AND SUPPORTING DOCUMENTS TO:**

[mcc.applications@maryland.gov](mailto:mcc.applications@maryland.gov)

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You will receive an automated response once it has been emailed. That response is not to be mistaken as an automatic acceptance or approval into the campaign. If a document is missing or additional information is needed, you will be contacted at the email address the application was received from. Only email items that have been requested in the instructions or application.