



APPLICATION FOR THE 2019 MARYLAND CHARITY CAMPAIGN

APPLICATION DEADLINE: FEBRUARY 8, 2019

Applications received after the deadline will not be accepted.

APPLICATIONS MUST be E-MAILED TO:

mcc.applications@maryland.gov

SUBJECT LINE: ORGANIZATIONS NAME

OFFICE OF THE SECRETARY OF STATE

CHARITABLE ORGANIZATIONS DIVISION

STATE HOUSE, ANNAPOLIS MD 21401

E-mail questions to Loraine.Parks@maryland.gov

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.**
 - a. Yes _____ No _____
 - b. EIN# _____ (Federal ID number)
 - c. 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.

- a. 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.
- b. 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 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 of the IRS determination letter designating the organization as a 501(c) (3) entity. (This letter is not required if already on file). These documents are on file **IF** your charity's registration is up to date.

Enclosed _____ on File _____

11. Please submit a copy of the filed articles of incorporation or other organizing instrument for the organization. (This information is not required if already on file).

Enclosed _____ on File _____

12. Please submit a copy of current by-laws. (This information is not required if already on file).

Enclosed _____ on File _____

13. Please submit a current operating budget **signed** by the CEO/ED of the organization.

14. If the organization participated in the 2017 Maryland Charity Campaign, please describe how the campaign funds received were spent (i.e., program services, administration, and fundraising).

15. 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.

16. Please provide a 25 word (or less) description for the MCC Directory. **PLEASE USE BLOCKS AND WRITE NEATLY OR TYPE.**

17. I, _____ (Name of Chief Executive Officer) 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 to provide programs and/or services to Maryland residents or persons in other countries. I agree not to spend more than 25% of the donations from the Maryland Charity Campaign for administrative costs.

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: _____