Application for Charitable Organization to Participate In the State Employee Combined Appeal (SECA)

This application must be completed by all new and current charitable organizations that are applying for participation in SECA as an umbrella organization, fund, constituent or member agency. Refer to *Section 4 of Management Directive 530.23, State Employee Combined Appeal* for a list of useful definitions and other information; the directive can be viewed at www.SECA.state.pa.us.

DEFINITIONS

Umbrella - An organization that represents its constituent agencies and is responsible for distributing employee contributions received from the commonwealth to its constituent agencies. The group collectively known as the "Pennsylvania United Ways" is an umbrella organization.

Constituent – An organization that belongs to a participating umbrella organization. Local United Ways are constituents of the group collectively known as the "Pennsylvania United Ways." Local United Ways are the only constituents responsible for distributing employee contributions directly received from the commonwealth to their member agencies*.

Member – An organization that is a member of a constituent United Way and receives employee contributions from that constituent.

Master Application - A SECA Application submitted by a member agency that functions as a single application to participate in SECA under multiple United Way organizations with which the member agency is affiliated. Agencies applying under multiple United Ways should apply using a master application, which is the regular SECA application with the inclusion of Attachment 1. *Agencies using the master application should notify each of their constituents that they are applying.*

APPLICATION DATES & INSTRUCTIONS

Category	Due Date	Application Must Include	Submit To
New Umbrellas	Postmarked no later than November 15	Umbrella's application, as well as applications for all constituents with attachments	Bureau of Employee Benefits & Services 613 North Street 513 Finance Building Harrisburg PA, 17120
Current Umbrellas	Postmarked no later than January 31	Umbrella's application, as well as applications for all constituents with attachments	Bureau of Employee Benefits & Services 613 North Street 513 Finance Building Harrisburg PA, 17120
New & Current PA United Way Constituents	Postmarked no later than January 31	Constituent's application, complete with applications for all members with attachments (except master applications)	Bureau of Employee Benefits & Services 613 North Street 513 Finance Building Harrisburg PA, 17120
New & Current Non-PA United Way Constituents	Postmarked no later than January 31**	Application complete with attachments	Umbrella
New & Current United Way Members	Postmarked no later than January 31**	Application complete with attachments	Constituent United Way
New & Current United Way Members Using Master Application	Postmarked no later than January 31	Application complete with attachments, including Attachment 1. *Notify your constituent of your application.*	Bureau of Employee Benefits & Services 613 North Street 513 Finance Building Harrisburg PA, 17120

**The term "member" is used only for purposes of this application form.*
***Umbrellas and constituents may require that applications are submitted to them prior to SECA's January 31st due date.*

Application for Charitable Organization to Participate In the State Employee Combined Appeal (SECA)

This application is a:

☐ Regular Application (Applying under one umbrella or constituent)

☐ Master Application (Applying under multiple constituents. If so, send only *one* copy directly to

☐ SECA, per instructions on page 1. Do not send individual copies to each constituent.)

This charitable organization is applying for participation in SECA as:

☐ An umbrella organization with constituent agencies applying for participation.

☐ A constituent agency of the following umbrella:

☐ A member agency of the following United Way:

DATE OF APPLICATION: _____

ORGANIZATION INFORMATION

Organization Name (list your name as you would like it to appear in the SECA Resource Guide):

Mailing Address:

Website:

EXECUTIVE DIRECTOR

Name: _____

Mailing Address (if different from organization's):

Telephone: Fax:

Signature:

CONTACT PERSON

Name: _____

Mailing Address (if different from organization's):

Telephone: Fax:

Email:

Signature:

State the mission of the applying organization in approximately 50 words or less in the space provided:

New umbrella organizations only must answer the following questions.

	YES	NO
1. Does this organization function on a statewide level and is it representative of its constituent parts?	☐	☐
2. Does this organization have good will and acceptability throughout the Commonwealth, including a well-recognized service for or the receipt of contributions from a significant number of citizens of this Commonwealth?	☐	☐
3. Does this organization have sufficient volunteers or staff to contribute to the organization and conduct of SECA?	☐	☐
4. Does this organization adhere to the standards in service, management, and public accountability required by the Commonwealth?	☐	☐

All umbrella organizations only must answer the following questions.

	YES	NO
1. Do you have at least 12 agencies that qualify for participation in SECA and have you distributed monies to at least 12 agencies in the prior year (if a Fund, did you distribute monies to at least 12 agencies this year)?	☐	☐
2. Did this umbrella organization or fund raise at least two percent of its contributions from Pennsylvania citizens in each of the previous two years?	☐	☐
3. Did this organization raise at least $200,000 from PA citizens in each of the previous two years?	☐	☐

All applicants must answer the following questions.

	YES	NO
1. Does this organization have an active and necessary program which provides for: a) Consultation and cooperation with established agencies in the same or related fields?; b) Efficient operations?; c) Health and Welfare services, benefits, or assistance to people; or health, welfare, environmental, or conservation activities that benefit human beings?	☐	☐
2. Is this organization in compliance with Pennsylvania's charitable organization law as stated under the *Solicitation of Charitable Funds Act*?	☐	☐
3. Does this organization prepare a detailed annual budget which is prepared and approved at the beginning of its fiscal year by its board of directors which grants prior authorization of any significant variations from the approved budget?	☐	☐
4. Are this organization's management, general, and fundraising expenses 25 percent or less of its total support and revenue? The percentage of management, general, and fundraising expenses is computed from information on the IRS Form 990 by adding the amount spent on management and general to the amount spent on fundraising and dividing the resulting total by total revenue (add Part IX Line 25 column C and Line 25 column D, then divide the result by Part VIII Line 12 column A.)	☐	☐
5. Does this organization prepare annual financial statements in accordance with Generally Accepted Accounting Principles (GAAP or, if applicable, with Other Comprehensive Basis of Accounting (OCBOA)?	☐	☐
6. Does this organization have an annual report, or other approved documents that include a full description of the organization's activities, accomplishments, and names of chief administrative personnel?	☐	☐

All new applicants only must answer the following questions.

	YES	NO
1. Does this organization have an active, voluntary board of directors directing this organization, which serves without compensation, holds regular meetings, and exercises effective administrative control?	☐	☐
2. Are the publicity and promotional activities of this organization based upon the actual program and operations of the agency and are they truthful, non-deceptive, and consumer-oriented? Fundraising practices must assure protection against: unauthorized use of agency contributors lists; payment of commissions, kickbacks, finder fees, percentages, bonuses, or overrides for fundraising; mailing of unordered tickets or commercial merchandise with a request for a contribution in return; and general telephone solicitation of the public.	☐	☐
3. Does this organization have a written, board approved policy and demonstrate a practice of nondiscrimination that is in compliance with the *Pennsylvania Human Relations Act*?	☐	☐

	YES	NO
4. Is this organization exempt from federal income taxes under Section 501 (c)(3) of the Internal Revenue Code?	☐	☐
5. Does this organization have a board approved conflict of interest policy which complies with the *Nonprofit Corporation Law of 1988, 15 Pa. C. S. Sections 5101-5988*?	☐	☐

ATTACHMENTS

Attach the following documents to this application, clearly labeling each attachment in the upper right hand corner. Skip the attachment if it does not apply to your organization.

Attachment 1 (applies to all umbrellas, constituents, and members applying via master application) – Umbrella Organizations, list the official name of all constituents (must list at least 12). Constituents of Pennsylvania United Ways, list the official names of all member agencies. Member agencies applying through master application, list the official names of all constituents. (The official name is the name that was filed with the Department of State, Bureau of Charitable Organizations.)

Attachment 2 (applies to all umbrellas) – Attach documentation that demonstrates the Umbrella Organization raised at least two percent of its contributions from Pennsylvania citizens in each of the two previous years and that substantiates the Umbrella Organization raised at least $200,000 from PA citizens in each of the previous two years.

Attachment 3 (applies only to new umbrellas) – Attach documentation that demonstrates the Umbrella Organization functions on a statewide level and is it representative of its constituent parts.

Attachment 4 (applies to all applicants) – Attach documentation (such as a brochure, fact sheet or newsletter) that demonstrates the organization has an active and necessary program which provides for:

a. Consultation and cooperation with established agencies in the same or related fields

b. Efficient operations

c. Health and Welfare services, benefits, or assistance to people; or health, welfare, environmental, or conservation activities that benefit human beings

Attachment 5 (applies to all applicants) – Attach a copy of your current Certificate of Registration from the Department of State, Bureau of charitable Organizations, or an explanation as to why your organization is exempt from registration with a reference to the exemption that applies to your organization.

Attachment 6 (applies to all applicants) – Attach a copy of the organization's IRS Form 990, covering the same fiscal period as the financial statements submitted as attachment 8. (If your constituent or member agency is not required to file the standard Form 990 with the IRS, it must submit pages 1, 7, 8, 9 and 10 of the Form 990, a signed signature page, and a note on the top of page 1 that the document is for SECA purposes only.) *Please highlight where the expenses and revenue on the Form 990 reconcile with those on the audited financial statement (Attachment 7).*

Attachment 7 (applies to all applicants) – Attach a copy of the annual Audited or Reviewed or Compiled financial statements, depending on the annual support and revenue. *Please highlight where the expenses and revenue on the audited financial statement reconcile with those on the Form 990 (Attachment 6)*. For reference the applicable thresholds are as follows:

> ***Umbrella organizations, funds, constituent and member agencies whose annual support and revenue is more than $300,000*** must submit a copy of their financial statements, **audited** by an independent certified public accountant in accordance with *Generally Accepted Auditing Standards* (GAAS). The *Independent Auditor's Report* must be attached, and the opinion rendered on the financial statements must be **unqualified.**
>
> ***Constituent and member agencies whose annual support and revenue is between $100,001 and $300,000*** must submit a copy of their financial statements, **reviewed** by an independent certified public accountant in accordance with the *Statements on Standards for Accounting and Review Services (SSARS)* issued by the AICPA. The *Accountant's Review Report* must be attached.
>
> ***Constituent and member agencies whose annual support and revenue is $100,000 or less*** must submit a copy of their financial statements, **compiled** by an independent certified public accountant in accordance with the *Statements on Standards for Accounting and Review Services* issued by the AICPA. The *Accountant's Compilation Report* must be attached.

Attachments 6 and 7 MUST indicate where reconciliation occurs between the total revenue and total expenses (NOT assets and liabilities) on each document. Reconciliation may be shown directly on the documents or may be provided in a separate statement. Submitting a copy of Schedule D only is not acceptable. Documents that do not demonstrate where reconciliation occurs will be cause for denial of an application.

Attachment 8 (applies to all applicants) – Attach a copy of the organization's annual report, or other documents such as official annual meeting minutes, that demonstrate activities and accomplishments within the most recent fiscal year. *Attachments 4 and 8 may be the same document if the document fulfills both requirements.*

Attachment 9 (applies to all new applicants only) – Attach a copy of the nondiscrimination policy.

Attachment 10 (applies to all new applicants only) – Attach a copy of the federal tax determination letter issued from the IRS granting exemption from federal income taxes under Section 501 (c) (3) of the *Internal Revenue Code*. (DO NOT send your PA sales tax exemption certificate).

Attachment 11 (applies to all new applicants only) – Attach a copy of the conflict of interest policy board approved conflict of interest policy which complies with the *Nonprofit Corporation Law of 1988, 15 Pa. C. S. Sections 5101-5988*

CERTIFICATION

Complete the application by filling in and signing the below certification.

I, _____ ,
(Printed Name of Chief Executive or Other Authorized Staff of Applying Agency) (Title)

on _____, certify the following on behalf of
(Date)

_____
(Charitable Organization)

- All information included in and attached to this application is truthful and accurate and this organization is in compliance with *Management Directive 530.23 (Amended), State Employee Combined Appeal*, dated February 17, 2012, and all other applicable Commonwealth laws, rules, and regulations.
- I understand that if this application and/or attached documentation contains false information or omits information that would disqualify this umbrella organization, fund, constituent or member agency, the umbrella organization, fund, constituent or member agency will be denied participation in the SECA Campaign and may not apply for participation for the next three years.
- I am an authorized representative designated to carry out the official responsibilities as the umbrella organization, fund, constituent or member agency representative to SECA.
- I understand that in completing this application, the applying organization, upon approval into SECA, agrees that any money received directly from the commonwealth representing employee donations will be distributed to the charities designated by employees and not diverted to other organization(s).

_____
(Signature of Chief Executive or Other Authorized Staff of Applying Agency)

Enclosure 2

Summary of Requirements for <u>Umbrella Organizations</u> (These are *participation* requirements. To determine which *attachments* apply to your organization, refer to pages 5-6.)			
Requirement	**Current Umbrella**	**New Umbrella**	**Corresponding Attachment**
Have at least 12 agencies that qualify for participation in SECA and have distributed monies to at least 12 agencies in the prior year and will distribute monies to at least 12 agencies this year.	x	x	Attachment #1 - An alphabetical listing of the 12 constituents that qualify for participation and are applying for participation
Function on a statewide level and be representative of its constituent parts. While it may not accept responsibility for the exact nature of program objectives and administrative and financial procedures of its constituents, it must be in a position to affirm that the operations and fundraising of its constituents conform to the standards outlined in this section.	x	x	Attachment #2 - Documentation that demonstrates statewide operation and representativneness of constituent parts
Have good will and acceptability throughout the Commonwealth, including a well recognized service for or the receipt of contributions from a significant number of citizens of this Commonwealth.	x	x	No Attachment Required
Have sufficient volunteers or staff, or both, to contribute to the organization and conduct of SECA.	x	x	No Attachment Required
Adhere to high standards of service, management, and public accountability.	x	x	No Attachment Required
Have raised at least $200,000 from Pennsylvania citizens in each of the previous two years.	x	x	Attachment #3 - Statement of total dollars raised from Pennsylvania citizens with reference to financial statements
Have received contributions of at least two percent of all SECA Campaign revenues for each of the two previous campaign years.	x		No Attachment Required

Enclosure 3

Summary of Requirements for <u>Constituent and Member Agencies</u> (These are *participation* requirements. To determine which *attachments* apply to your organization, refer to pages 5-6.)			
Requirement	**Current Organization**	**New Organization**	**Corresponding Attachment**
Provide a statement of approximately 50 words or less describing their purpose.	x	x	Provide written statement on the SECA application.
Alphabetical listing of all affiliate organizations: United Way constituents will list their member agencies, and member agencies of United Ways using a master application will list their constituents.	x	x	Attachment #1 - Alphabetical listing of all affiliate organizations.
Have an active and necessary program which provides for: 1. Consultation and cooperation with established agencies in the same or related fields. 2 Efficient operations. 3 Health and welfare services, benefits, or assistance to people; or health, welfare, environmental, or conservation activities that benefit human beings.	x	x	Attachment #4 - Brochure, official fact sheet or official newsletter
Comply with Pennsylvania's charitable organization law as stated under the *Solicitation of Charitable Funds Act (10 P. S. § 162-1 § 162-24*)	x	x	Attachment #5 - Copy of the Certificate of Registration provided by the Department of State, Bureau of Charitable Organizations or an explanation of why the organization is exempt from registration with a reference to the specific exemption that applies to the organization.
Must be directed by an active, voluntary board of directors which serves without compensation, holds regular meetings, and exercises effective administrative control.	x	x	No Attachment Required
Conduct fiscal operations in accordance with a detailed annual budget which is prepared and approved at the beginning of its fiscal year by the board of directors, which must grant prior authorization of any significant variations from the approved budget.	x	x	No Attachment Required
Management, general, and fundraising expenses must not exceed 25 percent of total support and revenue. The percent will be computed from information on the IRS Form 990 by adding Part IX Line 25 column C and Line 25 column D and dividing the result by Part VIII Line 12 column A.	x	x	Attachment #6 - A copy of the IRS FORM 990 that was filed with the IRS. (IRS Forms 990EZ, 990PF, and comparable forms are not acceptable substitutes.) If the organization is not required to file a Form 990 with the IRS, it must submit pages 1, 7, 8, 9 and 10 of Form 990, and a note on the top of page 1 that the document is for SECA purposes only. This *pro forma* document must cover the same fiscal period as the financial statement and, if revenue and expenses on the two documents differ, these amounts must be reconciled in an accompanying signed statement by the certified public accountant that completed the financial statement.

Must prepare annual financial statements that include all income and expenditures for the state operations and all chapters, committees, and affiliates. The statements must be: 1. an audit conducted in accordance with Generally Accepted Auditing standards, if the organization's annual support and revenue exceeds $300,000 or 2. a review conducted by an independent certified public accountant in accordance with the Statements on Standards for Accounting and Review Services if the organization's annual support and revenue is between $100,001 and $300,000 or 3. compiled by an independent certified public accountant in accordance with the Standards for Accounting and Review Services if the annual support and revenue is $100,000 or less.	x	x	Attachment #7 - A copy of the audit, review or accountant's compilation, as applicable.
Publicity and promotional activities must be based on actual program and operations of the agency, truthful, nondeceptive, and consumer-oriented; must assure protection against unauthorized use of agency lists of contributors; payment of commissions, kickbacks, finder fees, percentages, bonuses, or overrides for fundraising; mailing of unordered commercial merchandise with a request for a contribution; and general telephone solicitation of the public.	x	x	No Attachment Required
Prepare an annual report for the general public or an acceptable substitute document. Regardless of which type of document is provided, the following information must be included: 1. An explanation of the charitable cause the organization supports, 2. A description of the organization's activities in the preceding year, 3. A concise summary of the organization's major accomplishments in the preceding year, 4. The name of the Chief Executive Officer, and 5. the name of the Chief Financial Officer, Treasurer or other administrative personnel responsible for fiscal oversight of the organization.	x	x	Attachment #8 - One of the following: 1. An annual report, 2. Official Newsletters distributed to the public or to donors by the applying organization, 3. Official typed meeting minutes of annual meetings kept as official records of the discussion and decisions of the organization's executive staff regarding the direction, strategy and main objectives of the organization, 4. Fact Sheets or Brochures used to describe the organization's purpose and functions to the general public.
Have a policy and demonstrate a practice of nondiscrimination that is in compliance with the *Pennsylvania Human Relations Act (43 P. S. Sections 951 - 963).*	x	x	Attachment #9 - A copy of the nondiscrimination policy (Current organizations do not have to provide this attachment)
Have an *I. R. S. § 501(c)(3)* exemption.	x	x	Attachment #10 - A copy of the exemption letter from the IRS (Current organizations do not have to provide this attachment)
Have a board approved conflict of interest policy which complies with the *Nonprofit Corporation Law of 1988, 15 Pa. C. S. §§ 5101 - 5988.*	x	x	Attachment #11 - A copy of the conflict of interest policy (Current organizations do not have to provide this attachment)
As of the application filing date of January 31, must have raised at least $25.00 in at least one of the last two previous campaign years.	x		No Attachment Required

Application Checklist

BEFORE SUBMITTING YOUR APPLICATION, PLEASE REVIEW THIS CHECKLIST:

- ❑ Are you applying under multiple United Ways? If so, this is a *master application*, and you should submit one copy, along with a list of your United Ways, directly to SECA (see page 1 for instructions). *Copies should not be submitted to each United Way. However, you should notify each of your constituent United Ways that you are applying.*

- ❑ Are the information page (page 2) and certification page (page 7) signed?

- ❑ Have you responded to each of the applicable questions?

- ❑ Is your certificate of registration current?
  - If your organization has renewed its certificate but has not yet received an updated copy, visit www.charities.pa.gov to find out if you are in the Department of State's system. Enter your EIN or charity name, and if your charity appears in the search results, print out the confirmation page and submit it with your SECA application.

- ❑ Did your organization submit a full IRS Form 990 (IRS Forms 990EZ, 990PF, and comparable forms are not acceptable substitutes)?
  - If your organization is not required to file a Form 990 with the IRS, it must submit pages 1, 7, 8, 9 and 10 of Form 990, and a note on the top of page 1 that the document is "for SECA purposes only." This pro forma document must cover the same fiscal period as the financial statement and, if revenue and expenses on the two documents differ, these amounts must be reconciled in an accompanying signed statement by the certified public accountant that completed the financial statement.

- ❑ Is your organization's management, fundraising and general expenses 25% or less of its total support and revenue?
  - This figure is calculated from IRS Form 990 by adding Part IX Line 25 column C and Line 25 column D, then dividing the result by Part VIII Line 12 column A.

- ❑ Are your IRS Form 990 and audited financial statements for the same time period?

- ❑ Are your IRS Form 990 and audited financial statements marked to show where the expense and revenue (NOT the assets and liabilities) reconcile between the two documents, or did you include a separate statement of reconciliation? Submitting a copy of Schedule D only is not acceptable. *Documents that do not demonstrate where reconciliation occurs will be cause for denial of an application*.

- ❑ If you are a *new* member applicant, did you include Attachments 9-11?