January 7, 2016

To prospective colleges, universities and state service organizations (CUSSOs):

Thank you for your partnership with the Colorado Combined Campaign (CCC), the workplace giving campaign of Colorado state employees. We look forward to receiving your application to participate in the 2016-2017 campaign. **Remember that CUSSOs are required to apply every year, regardless of prior campaign-year status.** Please note below important details and reminders about the application and the application process.

* **A CUSSO is an entity that meets several criteria.** It has registered as a nonprofit organization in Colorado by obtaining a Certificate of Authority from the Secretary of State; is exempt from federal income tax under Internal Revenue Code 501(a) as described in Section 501(c)(3); is directly associated with a department of the state of Colorado government; and, otherwise meets the criteria established in CCC bylaws.
* **Bylaws:** CCC bylaws, revised October 2014, can be downloaded at: [www.coloradocombinedcampaign.org/bylaws--purpose.html](http://www.coloradocombinedcampaign.org/bylaws--purpose.html)
* **Cover Letter:** Please address your application cover letter to **Bruce Eisenhauer, Chair, Colorado Combined Campaign**. Mr. Eisenhauer oversees the CCC Advisory Committee. This all-state-employee entity reviews and approves CCC applications, in March of each year. Applicants are then notified of their status in April.
* **Administration and Fundraising Ratio (AFR):** All applicants must use their most recent IRS Form 990 or pro forma to calculate the AFR required in Attachment A: Column H and Attachment H.6. The CCC has provided an equation for calculating this ratio in Attachment H.6 (page 8).
* **Explanation of Administration and Fundraising Ratio:** CCC bylaws state that the AFR of participating nonprofits shall not exceed 35% of the total expenses of the charitable organization. Any member nonprofit with an AFR over 35% is **REQUIRED** to submit an explanation as to why 35% has been exceeded. Worksheet I (page 14) has been provided for this purpose. Upon receipt of an adequate explanation, the Advisory Committee may grant a waiver of the 35% AFR maximum.
* **Application Training:** In early 2016, we will an event to review the application process, provide tips and answer questions. An invitation with details will be sent soon.

**Reminders**

* **Excel Sheet of Nonprofit Information:** Member nonprofit information for the brochure, Attachment A (page 9), must be submitted electronically as an Excel document (using the template we provide) and included as a hard copy with your submitted application. Email Attachment A to apply@coloradocombinedcampaign.org.
* **Charitable Solicitation Renewal Numbers:** Applicants must provide proof of current registration under the Charitable Solicitation Law with the Colorado Secretary of State. In addition to certifying item VIII (A) (7), we are collecting renewal information from participants. Attachment A includes a column for the “Renewal ID Number” for all participating charities.

Please do not hesitate to contact me with any questions or concerns you might have about the CCC, the application and the application process. Along with our Advisory Committee and on behalf of Colorado state employees, I look forward to working with you on another successful campaign.

Sincerely yours,



Becky Herlinger
Director

Colorado Combined Campaign

becky@coloradocombinedcampaign.org
720-420-3210

##### **THE Colorado Combined Campaign MUST RECEIVE YOUR APPLICATION BY 5 P.M. ON FRIDAY, FEBRUARY 19, 2016**

Colorado Combined Campaign
c/o Community Shares of Colorado
789 Sherman Street, Suite 230 - Denver, Colorado 80203

Your application needs to be provided in hard-copy form. Either mail or hand-deliver it. Please remember to provide Attachment A (Excel sheet of nonprofit information) as both a hard copy with your application and via email to apply@coloradocombinedcampaign.org.

**CONTACT INFORMATION**

CUSSO Name:

Mailing Address:

City:

State: CO

Zip+4:

Main Telephone Number:

Fax:

Website URL:

Contact Person:

Email:

Direct Telephone Number:

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the duly appointed representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have verified and I certify and affirm all statements enclosed in this application to be true.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Signature* | *Title* | *Date of Application* |
|  |  |  |
| *Name* |  |  |

Listed below are the requirements to participate in the Colorado Combined Campaign as set forth in CCC bylaws, revised October 2014. A copy is available for your reference at <http://www.coloradocombinedcampaign.org/bylaws--purpose.html>. The items below are listed in corresponding order with the bylaws Section VIII (A) (1-15) and Section VIII (C) (1-4) for your convenience. **Please initial the box next to each certification statement.**

*The CCC Advisory Committee reserves the right to deny participation to a CUSSO for false certification.*

## Section VIII (A) Criteria and Procedures for All Charitable Organizations

1. I certify that the organization named in this application has a policy and procedure of non-discrimination with regard to race, color, religion, national origin, disability, age, gender and sexual orientation applicable to persons served by the organization.

2. I certify that the organization named in this application uses funds contributed by state employees for their intended purposes within Colorado. No more than 15% of CCC funds may be used for the organization’s administration costs.

3. I certify that the organization named in this application will limit direct monetary solicitation of support from state employees to the CCC.

4. I certify that the organization named in this application can demonstrate a history of service in the state of Colorado as a charitable organization under the criteria set forth in this Section VIII for no less than 12 months prior to the date of application.

5. I certify that the organization named in this application is exempt from federal income tax under Internal Revenue Code 501(a) as described in Section 501(c)(3).

6. I certify that the organization named in this application is registered as a nonprofit organization with the Colorado Secretary of State by obtaining from that office a Certificate of Good Standing.

7. I certify that the organization named in this application is registered, unless exempt, with the Colorado Secretary of State in accordance with the Colorado Charitable Solicitation Act.

8. I certify that the organization named in this application uses a financial accounting system that is in accordance with generally accepted accounting principles unless the organization’s annual expenditures are less than $100,000, in which case a cash basis of accounting is acceptable provided that books and records are sufficient to allow for review by an auditor.

9. I certify that the organization named in this application conducts financial operations in accordance with a detailed annual budget that is approved by the board of directors. Authorization by the organization’s board of directors must be required for any significant variation from the approved budget.

10. I certify that the organization named in this application is supported in part by voluntary contributions from the public.

11. I certify that the organization named in this application engages only in activities that are consistent with the charitable organization’s stated goals and objectives.

12. I certify that the organization named in this application can demonstrate that its publicity and promotional activities are based upon its actual programs and operations.

13. I certify that the organization named in this application prepares a report annually which is available to the general public and includes:

1. A full description of the charitable organization’s activities.
2. Methods of solicitation for contributions.
3. The names and contact information for all chief administrative personnel.
4. The names, contact information and business affiliation for all members of the board of directors.
5. A full disclosure of the sources and uses of contributions.
6. I certify that the percentage of revenue not spent on direct services, referred to as the

Administration and Fundraising Ratio (AFR), does not exceed 35%.

1. The AFR will be calculated using the most recent IRS Form 990 or pro forma.
2. If the administrative cost exceeds 35% of total revenue in any given year, the charitable organization must submit an explanation as to why 35% has been exceeded. Upon receipt of an adequate explanation, the committee, at its discretion, may grant a waiver of the 35% maximum.
3. For those charitable organizations that do not provide direct services to clients such as institutions of higher education foundations, the advisory committee may waive the 35% maximum.

15. I certify that the organization named in this application if accepted for participation:

1. Will not imply directly or indirectly that approval for payroll deduction constitutes endorsement of the organization by the state of Colorado.
2. Will not sell or permit others to make any use of the lists of contributors who donate through the CCC.
3. Will not involve the mailing of unordered tickets or other merchandise to state employees with a request for money in return.
4. Will maintain an active volunteer board of directors that serves without compensation through regular meetings and exercises satisfactory administrative controls in accordance with the charitable organization’s articles of incorporation and bylaws.
5. Will demonstrate that its programs reside within and serve the state of Colorado as evidenced by the presence within the state of Colorado of a staffed facility at which goods or services may be obtained such as an office, clinic, mobile unit or field agency.
6. Is a member of an umbrella organization (federation) that is approved for payroll deduction according to the criteria set forth in Section VIII (A) and (B) of CCC bylaws or is designated as a college, university or state service organization.
7. Will not be listed more than one time on a list of CCC giving options for state employees.
8. Will not use donated state employee funds for lobbying activities.
9. Will be in compliance with all applicable federal and state statutes or regulations.
10. Will be in compliance with all statutes of the United States of America Patriot Act.

## Section VIII (C) Additional Requirements for Colleges, universities and State Service Organizations

In addition to the requirements listed in Section VIII (A), CUSSOs must certify the following:

1. I certify that the organization named in this application has a direct association with a department of the government of the state of Colorado. In order to be considered, the organization must:

1. Be supported by the state of Colorado by state ownership of capital improvements or equipment, or state sharing of operating or maintenance funding; or
2. Have a direct relationship to a state agency by providing enhanced services of that agency; or
3. Act as an agent of the state to operate, manage or administer a function of the state.

2. I certify that the organization named in this application will submit annually to the Colorado Combined Campaign a separate application that consists of documents that proves it is in compliance with all criteria set forth in Section VIII (A) and (C) for a CUSSO.

3. I certify that the organization named in this application maintains in its files the information required by the application for three years and will make these files available for inspection or audit by the CCC Advisory Committee or the state auditor within one business day advance notice.

4. I certify that the organization named in this application will provide information required by the CCC manager, CCC Advisory Committee and/or Department of Personnel and Administration executive director.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, the duly appointed representative of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ have verified and I certify and affirm all statements enclosed in this application to be true.

|  |  |  |
| --- | --- | --- |
|  |  |  |
| *Signature* | *Title* | *Date of Application* |
|  |  |  |
| *Name* |  |  |

## Required Application ATTACHMENTS

Please include the following attachments clearly labeled in your application packet.

**Attachment A: Excel Sheet of Contact Information**

* Attachment A is an Excel sheet that should be completed with requested information about your nonprofit.
* Full instructions for completing Attachment A are on page 10.

**Attachment B: IRS Determination Letter**

* Name and address should match the name and address listed on IRS Form 990 and annual report.
* A link to the contact the IRS for an updated letter is included on the “nonprofit resources” page on the CCC website at <http://www.coloradocombinedcampaign.org/nonprofit-resources.html>.

**Attachment C: Financial Statements**

* A fiscal year-end audit or review, or financial statements dated 6/30/2015 or more recent.

**Attachment D: Board Approved Non-Discrimination Policy**

* A copy of the organization’s non-discrimination policy protecting, at minimum, the classes listed in CCC bylaws: “race, color, religion, national origin, disability, age, gender and sexual orientation applicable to persons served by the organization.”

**Attachment E: Colorado Secretary of State Certificate of Good Standing**

* A copy of your organization’s Certificate of Good Standing dated 1/1/2015 or more recent.
* Certificates of Good Standing can be obtained at: [www.sos.state.co.us](http://www.sos.state.co.us).

**Attachment F: Current Budget**

* **Attachment F.1:** A copy of the organization’s budget for the current fiscal year.
* **Attachment F.2:** A copy of the minutes of the organization’s board of directors meeting showing approval of the current budget.
* Please highlight the section demonstrating board approval.

**Attachment G: List of State Association Statement**

* Complete attached Worksheet G detailing activities and services that are directly associated with a department of the state of Colorado government.

**Attachment H: Annual Report**

* The purpose of a nonprofit annual report is to provide an overview of the organization within a specific timeframe. A nonprofit’s annual report should include a description of programs and activities, key accomplishments, disclosure of sources and uses of funds, information about the organization’s leadership and contact information for questions. CCC bylaws require nonprofits to be diligent in their reporting to the public with an emphasis on financial and management transparency.
* Please submit your most recent annual report (dated 6/30/2014 or more recent) with the following requirements **highlighted and clearly labeled** for review. If the required information is not included in your published annual report, please supplement with a clearly labeled attachment.
* **Attachment H.1**: Description of programs, activities and accomplishments in the time period.
* **Attachment H.2**: Names of and contact information for leadership personnel.
* **Attachment H.3:** A list of board members including names, professional affiliations and

contact information.

* *If professional affiliation and contact information are not normally included in the annual report, please supplement with a board list for the same year.*
* **Attachment H.4**: Disclosure of how funds are solicited and sources of funding.
* **Attachment H.5:** Disclosure of expenditures.
* **Attachment H.6:**  Disclosure of Administration and Fundraising Ratio.
* The percentage of expenditures of revenues not used for direct services should be calculated using the IRS Form 990 or pro forma for the year of the annual report and the following equation.
	+ - * Go to Part IX Statement of Functional Expenses located on page 10.
			* Add lines 25(C) Management and General Expenses and 25(D) Fundraising Expenses.
			* Go to Part VIII Statement of Revenue located on page 9.
			* Divide the total of 25(C) and 25(D) by line 12(A) Total Revenues.
			* This is the percentage of administrative and fundraising costs for CCC reporting.

$$ADMIN\&FUNDRAISING \%= \frac{Expenses Line 25\left(C\right)+ Line 25(D)}{Revenues:Line 12(A)}$$

**Attachment I: Administration and Fundraising Ratio (if required due to an AFR of 35% or more)**

* Per CCC bylaws, administration and fundraising costs shall not exceed 35% of the total expenses of the charitable organization. If these costs exceed 35% of total expenses in any given year, the nonprofit organization must submit an explanation as to why 35% has been exceeded. **See attached worksheet I.**

**INSTRUCTIONS FOR ATTACHMENT A: LIST OF MEMBER CHARITABLE ORGANIZATIONS**

**Reminders:**

* Please submit Attachment A as an Excel sheet via email to: apply@coloradocombinedcampaign.org and as a hard copy with your application.
* Download the Excel sheet pre-formatted at: <http://www.coloradocombinedcampaign.org/nonprofit-resources.html>. Remember, the information from the Excel sheet will be imported into the 2016-2017 CCC brochure and online giving site. **Be sure to carefully proof information before submitting.**
* The CCC application process has transitioned to collecting nonprofit participant information in Excel. This allows information to be efficiently exported into a variety of print pieces and online donor tools. It also enables organizations to simply update the prior year’s spreadsheet with whatever changes or additions are necessary.

**Attachment A:**

**Column A: Colorado Combined Campaign Code**

* If you are a new CUSSO, you do not need to provide a four-digit code. The CCC will assign this number and notify you.

**Column B: Nonprofit Name for Brochure**

* Name of the nonprofit organization as it should be listed in the brochure and online giving tool.
	+ - Some charities add a “The” or drop the “Inc.” when using their name in print. Present your name as you do for other marketing purposes.
		- If the name for print is a trade name or DBA, please include documentation from the Colorado Secretary of State.

**Column C: Legal Name**

* The organization’s legal name as registered with the Colorado Secretary of State.

**Column D: Federal Employment Identification Number (EIN)**

* The organization’s EIN can be found on its IRS determination letter or IRS Form 990.

**Column E: Phone Number**

* Dedicated phone number for the nonprofit.

**Column F: Website URL**

**Column G: 25-Word Description**

* Descriptions exceeding 25 words will be edited without consultation.
* Hyphenated words will count as two words.
* Remember, the descriptions are searchable on the website and the online giving tool. Optimize descriptions with key words.

**Column H: Administration and Fundraising Ratio**

* This should be calculated using the organization’s most recent IRS Form 990 or pro forma and the equation provided in Attachment H.6 (page 8).

**Column I: Solicitation Renewal Number**

* Confirm good standing and enter the organization’s Charitable Solicitation Registration renewal ID number in the column provided. **All nonprofit organizations are required to renew annually with the Colorado Secretary of State.**
	+ Go to: <http://www.sos.state.co.us/>.
	+ Click on “Charities and Fundraisers.”
	+ Under “Consumers,” click on “Search charities database.”
	+ Enter the charity’s name in the text box and click “search.”
	+ Click the charity’s “Registration No.”
	+ In the navigation column on the left, under “For this Record…” click “View History and Documents.”
	+ Documents are listed from oldest to newest so you may need to navigate to the most recent documents for the charity using the “[Next >]” button.
	+ Under “Description,” the listings may include “RENEWAL,” “REMINDER,” “DELINQUENT NOTICE” or “SUSPENDED NOTICE.” Look for the most recent document file date near the bottom of the list.
		- *Note: If the description is “DELINQUENT” or “SUSPENDED,” the charity must renew its registration before it will be eligible for participation.*
	+ Click on the “Document No.” for the most recent “RENEWAL” listing.
	+ The top two lines of the document include the initial “Registration Number” followed by the “Renewal ID.”
	+ The 10-digit “Renewal ID” number should be entered into Column I. The first four digits should be 2015 or 2016 for properly registered charities.

**Column J: Street Address**

**Column K: City**

**Column L: State**

**Column M: Zip+4**

**Column N: Primary Care Area**

* In the column provided, please select a **Primary Care Area** for your nonprofit organization.
* This will be used when an organization is listed by service rather than alphabetically or by federation.
* Please choose only ONE primary service area for an organization:

|  |
| --- |
| **PRIMARY CARE AREA OPTIONS (SELECT ONE PER ORGANIZATION)** |
| Animals | Emergency Services | Mental Health Services |
| Arts and Media | Employment and Financial Stability | Outdoors and Recreation |
| Children and Youth | Environmental Conservation | People with Disabilities |
| Civil Rights and Equality | Family Assistance | Seniors |
| Community Building | Homelessness and Housing | Sexual Assault |
| Counseling | Hunger and Food Assistance | Umbrella Federation |
| Domestic Violence | Legal Services | Veterans / Military |
| Education | Medical Health Services | Women’s Issues |

**Column O: Primary Service Region**

* State employees have requested geographic information about participating nonprofit organizations. Please select your primary geographic region from the map below or request to be listed as a statewide provider.

##

**Worksheet G: List of State Association Statement**

1. Name of applicant organization:

2. Per CCC bylaws, an organization must have a direct association with a department of the state of Colorado government. Please check the box that applies to your organization:

The state of Colorado has ownership of capital improvements or equipment that supports the applicant organization.

The state of Colorado shares operations or maintenance funding that supports the applicant organization.

The applicant organization, through a direct relationship, provides enhanced services to a state of Colorado agency.

The named organization acts as an agent of the state to operate, manage or administer a function of the state of Colorado.

3. The applicant organization has a direct association with the following department of the state of Colorado**:**

Department of Direct Association:

4. Describe the relationship indicated by the statement checked above. This statement should address the specific criteria of the checked box **AND IS REQUIRED.**

*[For example, a list of equipment owned by the state, types of direct service provided to a state agency, management function served, etc.]*

*\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_*

Signature Date

**Worksheet I: Explanation of Administration and Fundraising Ratio (if required due to an AFR of 35% or more)**

 is submitting an application with an Administration and Fundraising Ratio of because in 2015 we experienced:

Absence of Direct Services/ High Overhead Expenses

Investments in Personnel and Programming

Major Fundraising Initiatives/Changes in Funding

Other:

**Detailed Explanation (Required):**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_

Signature Date