January 5, 2017

To prospective umbrella federations:

Thank you for your partnership with the Colorado Combined Campaign (CCC), the workplace giving campaign of Colorado state government employees. We look forward to receiving your application to participate in the 2017-2018 campaign. **Remember that umbrella federations 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.

* **Bylaws:** CCC bylaws, revised October 2014, can be downloaded at: <http://www.coloradocombinedcampaign.org/bylaws--purpose.html>.
* **Cover Letter:** Please address your application cover letter to **Saundra Beaird, Chair, Colorado Combined Campaign.** Ms. Beaird 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 member nonprofits must use their most recent IRS Form 990 or pro forma to calculate the AFR required in Attachment A: Column H and Attachment J.6. The CCC has provided an equation for calculating this ratio in Attachment J.6 (page 9).
* **Explanation of Administration and Fundraising Ratio (AFR):** 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 K (page 14) has been provided for this purpose. Upon receipt of an adequate explanation, the committee, at its discretion, may grant a waiver of the 35% AFR maximum.
* **Duplication of Participation:** CCC bylaws state that member nonprofits may not participate in more than one umbrella organization in a single campaign year.
* **Application Training:** This month, we will host a conference call to review the application process, provide tips and answer questions. **This call is scheduled for Tuesday, January 17, 2017, from 11 a.m. to 11:30 a.m. To participate, call 712-432-3066 and use access code 726448.**

**Reminders**

* **Excel Sheet of Nonprofit Information:** Member nonprofit information for CCC marketing materials, collected in Attachment A, 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](mailto: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 the CCC, I look forward to working with you on another successful campaign.

Sincerely yours,



Becky Herlinger

Director

Colorado Combined Campaign

[becky@coloradocombinedcampaign.org](mailto:becky@coloradocombinedcampaign.org)

720-420-3210

##### **THE COLORADO COMBINED CAMPAIGN MUST RECEIVE YOUR APPLICATION**

##### **BY 5 P.M. ON FRIDAY, FEBRUARY 17, 2017**

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](mailto:apply@coloradocombinedcampaign.org).

## contact Information

Umbrella Federation Name:

Mailing Address:

City:

State: CO

Zip+4:

Main Telephone Number:

Fax:

Website URL:

Contact Person Name:

Contact Person Email:

Contact Person 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* |  |  |

## ByLaw Certifications

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 (B) (1-9) for your convenience. **Please initial the box next to each certification statement.**

*The CCC Advisory Committee reserves the right to deny participation to an umbrella federation 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 the funds contributed to the charitable organization 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 its board of directors. Authorization by the organization’s board of directors must be required for any significant variation from its 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 its 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.
14. I certify that the percentage of total revenues 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.
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 contribution constitutes endorsement of the organization by the state of Colorado.
    2. Will not sell or permit others to make 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 federation that is approved for payroll contribution 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 (CUSSO).
    7. Will not participate in more than one umbrella organization that receives state employee contributions in a single campaign year.
    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 (B) Umbrella Federation Requirements

1. I certify that the organization named in this application serves as the agent of a group of at least five member charitable organizations as defined by the requirements set forth in Section IV (A) of CCC bylaws.
2. I certify that the organization named in this application accepts responsibility for certifying annually that all member charitable organizations meet all CCC requirements and are in compliance with all applicable federal or state statutes or regulations.

* The federation should ensure that all member organizations that participate in the CCC have reviewed the “Criteria and Procedures for All Charitable Organizations” as stated in Section VIII (A) (1-14) of CCC bylaws and have certified comprehension and compliance.
* CCC bylaws Section VIII (A)(1-14) Criteria and Procedures for All Charitable Organizations is available for download at: <http://www.coloradocombinedcampaign.org/bylaws--purpose.html>.
* At its discretion, the CCC Advisory Committee may request a federation provide proof of compliance for member organizations.
* The CCC Advisory Committee reserves the right to deny participation to an umbrella federation for false certification of member organizations.

1. I certify that the organization named in this application has, at minimum, a financial review performed annually by an independent certified public accountant. Organizations that submit financial reviews in lieu of an audit must submit an audit performed by an independent certified public accountant at least once in every three-year period. The umbrella federation must make audited financial statements available to the public. The opinion rendered on the financial statements by the accountant must be unqualified. The CCC Advisory Committee reserves the right to request an audit at any time. Additional items may be included in the scope of an audit or financial review at the request of the committee.
2. I certify that the organization named in this application distributes funds as provided in Section VII of these bylaws.
3. I certify the organization named in this application disburses funds in compliance with the designation requirements cited in Section VII (D) of CCC bylaws.
4. I certify that the organization named in this application submits IRS Form 990 annually and will make a copy available for review by the CCC Advisory Committee.
5. 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.
6. I certify that the organization named in this application has sufficient staff or volunteers to support the demands of being an umbrella federation.
7. I certify that the organization named in this application maintains the information required by this application for three years from the date the application was due. This information must be available for inspection or audit by the CCC Advisory Committee or Department of Personnel and Administration executive director with 24 hours advance notice.

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: List of Member Charitable Organizations**

* Excel sheet sent via email to [apply@coloradocombinedcampaign.org](mailto:apply@coloradocombinedcampaign.org) and included as a hard copy with your submitted application.
* Attachment A instructions are included following the list of required attachments.

**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 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: IRS Form 990**

* The organization’s most recently filed IRS Form 990 dated 6/30/2015 or more recent and covering the same fiscal period as the audit submitted as Attachment D.

**Attachment D: Audit**

* The organization’s most recent audit dated 6/30/2015 or more recent and covering the same fiscal period as the IRS Form 990 submitted as Attachment C.
* Note: Umbrella federations submitting a financial review in lieu of an audit must also submit an audit performed by an independent certified public accountant dated within the past three fiscal years.

**Attachment E: CCC Funds Distribution History**

* The amount of funds distributed to charitable organizations from the total funds received for the previous year’s CCC, if applicable.

**Attachment F: Description of Disbursement Procedures**

* A description of the procedures used to disburse funds in compliance with the designation requirements cited in Section VII (D) of these bylaws.

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

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

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

* A copy of your organization’s Certificate of Good Standing dated 1/1/2016 or more recent.
* Certificates of Good Standing can be obtained at [http://www.sos.state.co.us](http://www.sos.state.co.us/).

**Attachment I: Current Budget**

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

**Attachment J: 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 6/30/2015 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 J.1**: Description of programs, activities and accomplishments in the time

period.

**Attachment J.2**: Names of and contact information for leadership personnel.

**Attachment J.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 J.4**: Disclosure of how funds are solicited and sources of funding.

**Attachment J.5:** Disclosure of expenditures.

**Attachment J.6:** Disclosure of Administration and Fundraising Ratio.

The percentage of expenditures of revenues not used for direct services, calculated using the IRS Form 990 for the year of the annual report.

* + - * 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.

**Attachment K: Explanation of Administration and Fundraising Ratio (if required due to an AFR of 35% or higher)**

* 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 K** (page 14)**.**

## Instructions for Attachment A: List of Member Charitable Organizations

**Reminders:**

* Please submit Attachment A as an Excel sheet via email to: [apply@coloradocombinedcampaign.org](mailto: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 2017-2018 CCC brochure, online giving site, website and social media. **Be sure to carefully proof information before submitting.** We encourage federations to ask their member nonprofits to proof the information in the Excel sheet before submitting it to the CCC.
* 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 adding a new member agency, you do not need to provide a four-digit code. The CCC will assign this number and notify you of it.

**Column B: Nonprofit Name for Brochure**

* Name of the nonprofit organization as it will 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 names as they are presented 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 IRS Form 990 submitted as Attachment C. See J.6 (page 10) for an equation to determine this ratio.

**Column I: Solicitation Renewal ID Number**

* Confirm current standing and enter the organization’s Charitable Solicitation 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 name.
  + Scroll down to “history.”
  + Documents are listed from newest to oldest.
  + Under “event,” the listings may include “RENEWAL,” “REMINDER,” ‘DELINQUENT NOTICE,” OR “SUSPENDED NOTICE.” Look for the most recent document file date.
    - *Note: If the description is “DELINQUENT” or “SUSPENDED,” the charity must renew its registration before it will be eligible for participation. Search the Secretary of State website to learn how to do this, or call the agency at 303-894-2200, extension 2.*
  + Click on “document #” for the most recent “RENEWAL” listing.
  + The top two lines of the document include the initial “registration number” followed by the “renewal ID.”
  + The 11-digit ‘”renewal ID” number should be entered into Column I for the corresponding charity. The first four digits should be 2016 or 2017 for properly registered charities.

**Column J: Street Address**

**Column K: City**

**Column L: State**

**Column M: Zip+4**

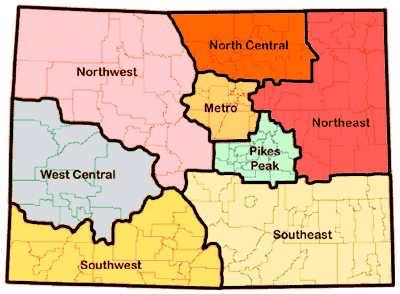
**Column N: Primary Care Area**

* In the column provided, please select a **Primary Care Area** for each of your nonprofit organizations.
* This will be used when nonprofits are listed by service rather than alphabetically or by federation.
* Please choose only ONE primary service area for each 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 K: Explanation of Administration and Fundraising Ratio (if required due to an AFR of 35% or higher)**

is submitting an application with an AFR of \_\_\_\_\_

because in 2016 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