

**PIMA COUNTY
EMPLOYEES CARE ABOUT PIMA COUNTY PROGRAM (ECAP)
AGENCY MEMBERSHIP APPLICATION**



SEND TO:

**Ray Velez, Facilities Management
150 W. Congress St., Third Floor
Tucson, Arizona 85701**

Or

Email: Daniel.Davis.@pima.gov

INSTRUCTIONS:

Fill out form and provide the requested documents. All required documents and attachments **MUST** be completed and submitted before the application deadline. ***MISSING OR OUT OF DATE DOCUMENTS WILL NOT BE ACCEPTED.*** Please note that documentation submitted for local eligibility must be for the applying organization, not for their state, or national affiliate. Incomplete applications, or those without certifying signatures will be disqualified.

ASSISTANCE:

If you have any questions or need assistance, contact Daniel Davis at 351-8455 or Bonnie Bazata at 724 - 3704

DEADLINE:

The completed application, along with the required documents and any necessary attachments, must be received **no later than JUNE 1 of the campaign year to be included in the ECAP agency directory.** Early submissions are encouraged.

PLEASE NOTE: You may send your completed forms to Daniel.Davis@pima.gov or Bonnie.Bazata@pima.gov

**PIMA COUNTY
EMPLOYEES CARE ABOUT PIMA COUNTY PROGRAM (ECAP)
LOCAL ORGANIZATION APPLICATION**

Electronic Submission of Applications Will Be Accepted.

Please Type or Print Legibly

ORGANIZATION:

Name of organization must match 501 (c) (3) letter from the IRS unless DBA (Doing Business As) is included

ADDRESS:

Street City State Zip Code

PHONE NUMBER: _____ **FAX NUMBER:** _____

E-MAIL ADDRESS: _____

CONTACT PERSON: _____

ADDRESS: _____
Street City State Zip Code

All correspondence will be sent to this address. **NO** post office boxes.

E-MAIL ADDRESS: _____

INTERNET HOME PAGE ADDRESS: _____

CERTIFYING OFFICIAL

I, _____, am the duly appointed representative of
Name

Organization
authorized to certify and affirm all statements
contained in this application.

DATE: _____

Signature

Typed or Printed Name

Title

1. I certify that the organization named in this application has a substantial local presence in the geographical area covered by the local campaign.

Substantial local presence is defined as a staffed facility, office or portion of a residence dedicated exclusively to that organization, available to members of the public seeking its services or benefits. The facility must be open at least 15 hours a week, with a telephone dedicated exclusively to the organization.

CERTIFYING OFFICIAL'S SIGNATURE

2. I certify that the organization named in this application is recognized by the Internal Revenue Service as tax exempt under 26 U.S.C. 501(c) (3) and to which contributions are tax deductible pursuant to 26 U.S.C. 170.

→Include a copy of the IRS determination letter as **ATTACHMENT A**. Also include a copy of the "Doing Business As" (DBA) letter from the IRS for any name change.

CERTIFYING OFFICIAL'S SIGNATURE

3. Place a check in the ONE appropriate box and sign:

- I certify that the expenses of the organization named in this application connected with lobbying and all attempts to influence voting or legislation at the local, state, or Federal level would classify it as a tax exempt agency under 26 U.S.C. 501 (h).

CERTIFYING OFFICIAL'S SIGNATURE

OR

- I certify that the organization named in this application does not engage in lobbying nor does it attempt to influence voting or legislation at the local, state or Federal level.

CERTIFYING OFFICIAL'S SIGNATURE

4. **I certify that the organization named in this application is a health, welfare, or character-building organization providing services, benefits, or assistance to, or conducting activities affecting health, welfare, or character-building.**

Include as **ATTACHMENT B** documentation describing the health, welfare, or character-building benefits provided by the organization within the previous year.

CERTIFYING OFFICIAL'S SIGNATURE

5. I certify that the organization named in this application abides by a charter and/or bylaws

which clearly define the agency's purpose and organization, and the duties, authority and responsibilities of the governing body of the agency.

CERTIFYING OFFICIAL'S SIGNATURE

6. I certify that the organization named in this application has an active community-based board of directors, selected in a satisfactory manner and representative of the community and the people served, whose members serve without compensation.

CERTIFYING OFFICIAL'S SIGNATURE

7. I certify that the organization named in this application is not in violation of any federal, state, or local laws or ordinances prohibiting discrimination with respect to age, sex, race, ethnicity, religion, national origin, disability, sexual orientation or gender identity. This applies to employment, retention and promotion of personnel and volunteers, as well as the agency's establishment of membership on its governing body and committees.

CERTIFYING OFFICIAL'S SIGNATURE

8. I certify that the organization named in this application accounts for its funds in accordance with generally accepted accounting principles (GAAP).

CERTIFYING OFFICIAL'S SIGNATURE

9. Place a check in the ONE appropriate box and sign:

- I certify that the organization named in this application was audited in accordance with generally accepted auditing standards (GAAS) by an independent certified public accountant in the immediately preceding year.**

→ Include a copy of the organization's recently completed audit as **ATTACHMENT C**. Compiled audits are not accepted. Consolidated audits must contain a separate section on the applicant.

→ The audit must cover the fiscal period ending not more than 18 months prior to the January of the campaign year to which the organization is applying. The IRS Form 990 and audit must cover the same fiscal period. If revenue and expenses on the two documents differ, these amounts must be reconciled (**ATTACHMENT C-1**) by a certified public accountant or officer of the organization in either an accompanying signed statement or IRS Form 990, Parts IV-A & IV-B.

CERTIFYING OFFICIAL'S SIGNATURE

OR

- I certify that the organization named in this application has an annual revenue less than \$100,000.00, and therefore is exempt from submitting an audit in accordance with generally accepted auditing principles by an independent certified public accountant.**

→ NOTE: Annual revenue is determined by line 12 of the IRS Form 990

CERTIFYING OFFICIAL'S SIGNATURE

10. Include as ATTACHMENT D a copy of the most recently completed IRS Form 990.

→ NOTE: If the Internal Revenue Service does not require your organization to file the Form 990, you must still complete one in accordance with IRS regulations to be eligible for the ECAP Campaign. IRS Forms 990 EX, 990 PF, and comparable forms are not accepted. However, small organizations that file Form 990 EZ may submit it with pages 1 and 2 of the Form 990 attached. The IRS form and audit must cover the same period. If the revenue and expenses on these two documents differ, these amounts must be reconciled by a certified public accountant or certified officer of the organization.

11. I certify that the organization named in this application in the immediate preceding year has spent ____% of its total support and revenue on administrative and fund raising expenses. This percentage must be computed from information on the IRS Form 990 by adding the amount spent on "management and general" (line 14) to the amount spent on "fund raising" (line 15) and dividing the resulting total by "total revenue" (line 12). If the organization named in this application in the immediate preceding year has spent in excess of 25% of its total support and revenue on administrative and fund raising expenses, include as ATTACHMENT E, a detailed justification of the organization's administrative and fund raising expenses and a detailed plan to reduce expenses to 25% in the next fiscal year.

CERTIFYING OFFICIAL'S SIGNATURE

12. (a) I certify that the organization named in this application prohibits the sale or lease of ECAP contributor lists.

AND

(b) I certify that the organization named in this application conducts publicity and promotional activities based upon its actual program and operations, that these activities are truthful and non-deceptive, include all material facts, and make no exaggerated or misleading claims.

AND

(c) I certify that the organization named in this application effectively uses the funds contributed by Pima County employees for its announced purposes.

AND

(d) I certify that the organization named in this application is chartered/incorporated under a governmental entity. This entity or state is _____.

13. Include as ATTACHMENT F a statement of 25 words or less describing the organization's program. Include a telephone number that can be reached from any location in the United States. Describe real services, benefits or program activities provided by the organization. The statement need not include the organization's name, but can include a former name, which will count as part of the limit. An Internet web page address where information on the organization can be obtained may be included and will not count toward the 25 words. E-mail addresses are not permissible.