



2019 FEDERATION APPLICATION INSTRUCTIONS

APPLICATION DEADLINE IS MONDAY, MARCH 4, 2019. Applications will be accepted electronically or by mail with all supporting documents. Applications submitted electronically will be accepted with typed signatures and must be postmarked by, or prior to March 4, 2019. There will be no extensions or exceptions.

Applications sent electronically: sobrien@njecc.net Applications sent by mail: NJECC, PO Box 566, Allentown, NJ 08501. Overnight mail: NJECC, 5 Jennings Drive, Allentown, NJ 08501.

Before submitting your application, please check to make sure all information is accurate and all attachments and signatures are included. Incomplete applications will not be considered.

The ECC Steering Committee will assess applications for compliance and completeness before making recommendations for approval or decline. Charities Registration/Division of Consumer Affairs will notify all applicants within 30 days of the deadline of their campaign status.

Instructions for Completion

It shall be the responsibility of each federation to certify that all member charities applying for admission are in compliance with Charities Registration. The NJECC Steering Committee reserves the right to request information at any time from a federation that documents a member charities compliance with campaign regulations. Such information shall be provided within 10 days of the notification postmark date. The NJECC Steering Committee may deny eligibility of a member charity if the parent federation fails to provide the requested information within the stated 10-day period.

APPLICANT INFORMATION

LEGAL NAME OF ORGANIZATION

The name of the applicant charity as it is listed with Charities Registration/Division of Consumer Affairs.

MAILING ADDRESS

List the mailing address where communications from the NJECC will be sent.

NAME/TITLE OF ORGANIZATION CONTACT

Provide the name, title, telephone, and email address for the Primary Contact Person for communication about the NJECC application.

WEBSITE

List the complete Internet address to be used in all 2019 campaign materials. If your organization does not have a website, please put N/A in this space.

CHARITIES REGISTRATION OR EXEMPTION

Please provide the Charities Registration Number for the Federation and affiliated agencies unless it is a religious entity or educational institution exempt from registration with the NJ Charities Registration Section. Charities number begins with CH, 7 digits and ends with 00. If exempt, provide exemption number and basis for the exemption.

FEIN

Federal Employer Identification Number (9-digit number assigned by the IRS)

NAME OF STEERING COMMITTEE REPRESENTATIVE

Provide the name, email, and telephone number for the NJECC Steering Committee Representative. As a Federation, you have an obligation to serve on the campaign steering committee. The individual assigned is expected to participate in campaign events including steering committee meetings, agency fairs, kick-offs and recognition activities.

CERTIFICATIONS

“Yes” or “No” must be checked for all questions in this section. Charities Registration will confirm required (updated) documents are on file.

The following data must be submitted for each of the **TWO** fiscal year’s preceding this application. **Information prior to 2016 WLL NOT ACCEPTED.** The Federation shall have raised at least \$60,000 and distributed that sum among at least 15 charitable agencies.

Total Amount of funds raised for FYE 2017: \$
Amount of those funds raised from individual citizens of NJ: \$

Total Amount of funds raised for FYE 2018: (if 2018 is unavailable, submit 2016): \$
Amount of those funds raised from individual citizens of NJ: \$

ATTACHMENTS

Attachment A List of Board of Directors and Executive Personnel

A list of names and addresses of the governing board, officers of the governing board, AND the names and addresses of executive staff at the time of application submission. **List will not be accepted without addresses.**

Attachment B List of Affiliated Agencies and Total Amount of Funds

Attach a detailed list of **ALL** affiliated agencies the Federation gave funds to in each of its two fiscal years prior to this application and the amount given to each. This list must demonstrate that the organization has distributed at least \$60,000 among at least 15 charitable agencies. **Please note: If the Federation has received designations from the NJECC for a charity, that charity must be on this list.**

Attachment C Anti-Terrorism Compliance Measures Form

Attached completed and signed official certification that the Federation and its affiliated agencies are in compliance with the USA PATRIOT ACT as well as other counterterrorism laws.

Attachment D List of 25-Word Descriptions (Excel Spreadsheet)

Submit a 25-word description (**NO CAPS**) of the health, welfare or human care services for the Federation and each of its agencies, along with the Charities Registration number, telephone number, website and EIN# for each agency via email to sobrien@njecc.net using **ONLY** the database spreadsheet provided on the NJECC website (www.njecc.net). This statement will be included in the published brochure/reference guide and must not exceed 25 words. The Amended Articles of Incorporation Name Change/Amendment Page must be submitted for any agency with a name change. Without this documentation, their eligibility cannot be verified and they will not be eligible to participate.

Attachment E CRI-200, CRI- 150I, or CRI-300R

Submit completed most recent form CRI 200, CRI 150I, or CRI-300R (**TWO years if you are a NEW applicant.**) for the Federation only. (Do not include for affiliated agencies.)

Attachment F IRS Form 990

Most recent IRS Form 990 **signature page, revenue page, and expense page.** (Do not send entire Form 990) Attachment E & F must be for the same time period. (**TWO years if you are a NEW applicant.**) **Information prior to 2016 will not be accepted.** Federation officer or preparer must sign IRS Form 990. If the IRS 990 has been submitted electronically, please provide Form 8879EO – IRS eFile Signature Authorization

Attachment G Annual Report

Submit a copy of Annual Report for the most recent fiscal year (acceptable substitutes: year end summary, newsletter or flyer which describes the agency's activities and accomplishments and provides the names of chief administrative personnel.)

SIGNATURE

The NJ Employees Charitable Campaign requires that all organizations applying for admission certify compliance with the requirements as outlined within the 2019 NJECC application.

Please sign and date your application. The signatory must be an authorized agent of the organization.

Please submit your completed application package including all required attachments to:

Email: sobrien@njecc.net

Mail: New Jersey Employees Charitable Campaign
PO Box 566
Allentown, NJ 08501

Overnight Mail: New Jersey Employees Charitable Campaign
5 Jennings Drive
Allentown, NJ 08501

**The deadline for receipt of application is Monday, March 4, 2019.
Applications must be postmarked no later than March 4, 2019.**

It is the applicant's responsibility to follow-up with the campaign manager prior to this date if they do not receive an acknowledgment of receipt for an electronic application submission.

We are glad to answer any questions regarding the application procedures.

Susan O'Brien/Campaign Manager (609) 477-8306 sobrien@njecc.net

**NEW JERSEY EMPLOYEES CHARITABLE CAMPAIGN
PO BOX 566
ALLENTOWN, NJ 08501**

FEDERATION APPLICATION 2019 CAMPAIGN

READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING

Each charitable organization accepted into the NJECC must be a registered charity in full compliance with the registration requirements of New Jersey law, unless it is a religious entity or an educational institution. To confirm the registration status of an agency or request the charitable registration number, call the Division of Consumer Affairs Charities Registration Section at 973-504-6215 or visit their website at <http://www.njconsumeraffairs.gov/charities/pages/default.aspx>. If the agency is not in full compliance with the registration requirements, it will not be accepted into the campaign.

PART A APPLICANT INFORMATION

Application Status: NEW RENEWAL

Legal Name of Federation:
(As Registered in NJ) _____

Federation Address: _____

Contact Name/Title
For Application _____

Telephone #: _____

Fax #: _____

Email Address: _____

Web Address: _____

Charities Registration #: _____

FEIN (Federal Employer Identification Number) _____

Exemption # _____ Religious Educational Library

Steering Committee Representative Name _____

Email Address _____

Phone Number _____

PART B CERTIFICATIONS

Must Check “Yes” or “No” to ALL the following questions. The NJECC Steering Committee reserves the right to request documentation at any time from Charities Registration.

Is the organization directed by a governing body whose members have no material conflict of interest in their service on the governing body? YES NO

Has the organization received tax-exempt status pursuant to Section 501(c)(3) of the Internal Revenue Code? **If “NO”, STOP you are not eligible to participate.** YES NO

Have all the organizations affiliated agencies provided you with documentation that they are tax exempt pursuant to Section 501 (c)(3) of the Internal Revenue code? YES NO

Have you documented the charitable registration status of your affiliated agencies at the time of the application deadline (03/04/2019)? YES NO

Is the organizations IRS Determination Letter on file with Charities Registration? YES NO

Does the organization have the authority to represent the agencies listed on this application in the NJ Employees Charitable Campaign?
(To protect Federations and agencies participating in the campaign, the NJECC Steering Committee will randomly request copies of this documentation to confirm this certification.) YES NO

Has the organization been audited in accordance with generally accepted accounting principals by an independent CPA for each of the organizations 2 fiscal years preceding it's application? YES NO

For new applicants only, are the organizations Articles of Incorporation and By Laws on file with Charities Registration? YES NO

Submit the following data for each of the two fiscal years preceding this application. **Information prior to 2016 WILL NOT BE ACCEPTED.**

Total Amount of funds raised FYE 2017 \$ _____

Amount of those funds raised from individual citizens of NJ: \$ _____

Total Amount of funds raised FYE: 2018 (if 2018 is unavailable, submit 2016) \$ _____

Amount of those funds raised from individual citizens of NJ: \$ _____

PART C ATTACHMENTS

- Attachment A** List of Board of Directors AND Executive Personnel (including addresses)
- Attachment B** List of Affiliated Agencies and Total Amount of Funds
- Attachment C** Anti-Terrorism Compliance Measures Form
- Attachment D** List of 25-Word Descriptions (Excel Spreadsheet)
- Attachment E** CRI 200, CRI-150I, or CR-300R (Most recent 2 years if first time applicant.)
- Attachment F** IRS Form 990 - signature page, revenue page and expense page (Most recent 2 years if first time applicant)
- Attachment G** Annual Report (most recent 2 years if first time applicant)

PART D SIGNATURE

I acknowledge that all member agencies of the Federation shall comply with all the New Jersey Employees Charitable Campaign regulations and rules. I also recognize that this campaign is the only vehicle by which State employees can be solicited for donations throughout the year and we will not reach out through the workplace for donations outside of this.

I certify that the information provided herein is true and correct to the best of my knowledge.

Print, sign, and mail or email your completed application and attachments.

Date: _____

Authorized Official Signature: _____

Print Name: _____

Title: _____



**EMPLOYEES CHARITABLE CAMPAIGN
ANTI-TERRORISM COMPLIANCE MEASURES**

IN compliance with the spirit and intent of the USA PATRIOT ACT and other Counter-terrorism laws, the New Jersey Employees Charitable Campaign requests that each funded agency (“Organization”) certify the following:

“I hereby certify on behalf of (*Agency Name*) _____

that all New Jersey Employees Charitable Campaign funds and donations will be used in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.”

Signature of Authorized Official (*required*) _____

Print Name _____

Title _____

Date _____