

# 2019 Application for Participation

**Application Deadline:**

Must be delivered or postmarked no later than **Dec. 21, 2018**

**Deliver/Mail to: Jeanene Tooill, Campaign Coordinating Organization  
360 S. Third Street, Columbus, Ohio 43215-5485**

**Instructions:**

Check the applicable boxes below and complete the application. An incomplete application may result in a denial.

**Federation Name:** \_\_\_\_\_

- I have read the 2019 Application Requirements and Certifications and hereby certify that our federation and member charities meet the application criteria as listed.
- On behalf of the above named federation, I hereby apply for participation in the 2019 State of Ohio Combined Charitable Campaign (CCC). I certify that this federation and each of its member charities applying for participation meet all of the eligibility requirements for the CCC as listed below:
- I also agree that this federation and each of its member charities will adhere to all rules, policies and procedures of the State of Ohio Combined Charitable Campaign, and that this federation will distribute all funds received through the campaign to the appropriate member charities in accordance with the designations made by contributors.
  - I agree that the federation and its member charities will pay their share of campaign costs based on their share of contributions received through the campaign and I understand that these costs will be deducted from our share of contributions before they are distributed.
  - Therefore, I further agree that the CCC State Steering Committee (SSC) has the right at any time to request documentation to verify that the eligibility requirements listed below and/or included in the CCC Policies and Procedures have been met by this federation and its member charities applying for participation or currently participating in the CCC. The required certifications, documentation and attachments must be completed and submitted by the application deadline.
  - I understand that all documentation/attachments must be legible and applications that are incomplete may not be amended after the deadline or during the appeal process.
- Requirement 1.** The federation has, at least seven, member charities that have applied for and meet the requirements for participation in the State of Ohio Combined Charitable Campaign.
- Requirement 2.** The federation and all of its member charities participating in the CCC have current status as tax-exempt agencies under 26 U.S.C. 501(c)(3).
- Requirement 3.** The federation and all of its member charities participating in the CCC shall provide a signed IRS 990.
- Requirement 4a.** The federation and all of its member charities participating in the CCC have administrative costs of 28.0 percent or less.
- OR**
- Requirement 4b.** The federation and/or any member charity have "administrative costs" in excess of 28.0 percent of total revenue as calculated in 2a. A justification and formal plan to reduce costs are provided.
- Requirement 5.** The federation and all of its member charities participating in the CCC are current in their requirements to register, pay a filing fee, and file the annual financial reports with the Ohio Attorney General.
- Requirement 6.** The organization names on all documentation provided for federation/member charities must match.
- Requirement 7.** The federation and all of its member charities participating in the CCC have been in existence for at least two years prior to the date of this application.

**Requirement 8.** Each organization must identify up to two categories of health and human services which most closely identify the type of mission, services and activities provided.

**Requirement 9.** An active and responsible governing body directs the federation and each of its member charities.

**Requirement 10.** The federation and all of its member charities participating in the CCC, adopt and employ the Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations.

**Requirement 11.** The federation and all of its member charities participating in the CCC have stated policies of non-discrimination and comply with all the requirements of state and federal laws and regulations on non-discrimination and equal opportunity with respect to clients, officers, employees and volunteers.

**Requirement 12.** I certify that, as of the date on which this application is being submitted to the CCC, the organizations named in this application do not knowingly employ individuals or contribute funds to entities or persons on either the U.S. Department of Treasury's Office of Foreign Assets Control Specially Designated Nationals List or the Terrorist Exclusion List.

I have provided the required documentation as documented in the 2019 Application Requirements and Certifications form.

**Federation Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Toll-Free Number:** \_\_\_\_\_

**Website:** \_\_\_\_\_

**Contact Person:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_

### **Certifying Official**

I am the duly appointed representative, authorized to certify and affirm all statements enclosed in this application. By signing below, I certify that this federation and all of its member charities participating in the State of Ohio Combined Charitable Campaign (CCC) meet all of the eligibility requirements for the CCC, and I agree that failure to meet (at any time) any of the above requirements and/or providing any false or inaccurate statements may result in removal of a federation and/or member charity from participation in the campaign. In addition, by checking the box next to the certification, the federation named in this application acknowledges and agrees to comply with that certification.

\_\_\_\_\_  
Signature

*Sworn to before me and subscribed to in  
my presence this*

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
Title

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
Date Completed

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