



# MISSOURI STATE EMPLOYEES CHARITABLE CAMPAIGN

**2017-2018**

## **APPLICATION FOR ADMISSION**

*Please return completed application to:*

**MSECC**  
PO Box 809  
301 West High Street (For UPS/Fed Ex)  
Harry S Truman Building, Room 760  
Jefferson City, MO 65102-0809

Telephone: (573) 751-6846  
FAX: (573) 751-7819

Email: [msecc@oa.mo.gov](mailto:msecc@oa.mo.gov) (applications NOT accepted via e-

mail)

Web site: [www.msecc.mo.gov](http://www.msecc.mo.gov)

**Must be received by:  
February 28, 2017**

## GENERAL INFORMATION

The Missouri State Employees Charitable Campaign (MSECC) is a unified fundraising program established and administered by the Office of Administration pursuant to Section 33.103, RSMo. The MSECC is comprised of voluntary charitable organizations which submit to and meet the established eligibility requirements outlined herein. The MSECC provides state employees with an annual, unified fundraising event and the opportunity to contribute to participating charitable organizations.

### I. BASIC PREMISES

- A. A charitable organization is an organization which falls within the meaning of 26 CFR 1.501 (c)(3), actively conducts programs as required by the above statute, results from a joint community-wide or nation-wide solicitation, and is administered in a manner requiring public accountability and public participation in policy decisions.
- B. Charitable organizations shall provide human services, including services relating to the environment, wildlife or habitat conservation, and must meet the following criteria:
  - a. The services must directly benefit human beings, including but not limited to health and welfare services to children, youth, adults, the aged, the ill and infirm, or the mentally or physically disabled.
  - b. The services must consist of care, research, or education in the fields of human health or social adjustment and rehabilitation; relief for victims of natural disasters and other emergencies; or assistance to those who are impoverished and in need of food, shelter, clothing, and other basic human welfare services; and for providing a safe and healthy environment.
  - c. The services may include advocacy for needs of its organization's target population or public awareness and education concerning the services they provide.
- C. Charitable organizations may voluntarily **associate with a federation** to solicit contributions **OR operate as an independent**, stand-alone organization.
- D. The MSECC procedures are administered by the Office of Administration and may be changed or amended at any time in accordance with administrative policy.
- E. The MSECC is the only authorized monetary fundraising effort among state employees.
- F. Charitable organizations shall only engage in promotional activities at work sites during the annual campaign period and only in accordance with the procedures outlined herein.
  - a. Charitable organizations must be invited by a state agency or the MSECC to participate or speak at employee meetings or kick-off events.
  - b. Promotional materials may only be distributed through MSECC.
- G. In the event a charitable organization fails to adhere to eligibility requirements or policies and procedures of the MSECC, the Commissioner of Administration may withdraw participation at any time.
- H. Lobbying (any activity or effort to influence legislation or public policy) is not permitted. If the organization's activities are informal (not funded by contributions and incidental) the organization may be approved to participate in the MSECC.

- I. Sectarian activities, including (but not limited to) activities aimed to promote the adoption of one or more religious or philosophical viewpoints, are not permitted.

## **GENERAL INFORMATION**

### **II. ADMINISTRATION**

- A. Charitable organizations wishing to participate in the MSECC must **apply for admission every two years**. Completed applications must be submitted to the MSECC by the established deadline. The applications and required supporting documentation will be reviewed to determine eligibility.
- B. **Interim Applications:** Charitable organizations not applying during the regular application period may apply to the MSECC in interim years between January 1 and May 1. Normal eligibility requirements apply. **All interim charities must reapply during the next regular application period.**
- C. Charitable organizations will receive notification of either their acceptance or denial of admission into the MSECC. If admission is denied, an organization will be allowed ten (10) days from date of notification to file an appeal with the Commissioner of Administration. Appealing organizations will be notified of the final decision within ten (10) days of receipt of the appeal.
- D. An annual campaign brochure, listing each participating charitable organization and its code number will be posted in PDF format to the MSECC web site: [www.msecc.mo.gov](http://www.msecc.mo.gov). All information submitted by charitable organizations to the MSECC becomes public information. The MSECC makes every effort to ensure the accuracy of the published information but is not responsible for misstatement of facts made by participating organizations.
- E. State employees will be provided information on how to designate contributions to participating charitable organizations via pledge cards designed to facilitate their designations. **Undesignated contributions** shall be distributed on a pro-rata basis to all charities within the region from which the contribution was received or the region requested by the donor.
- F. The MSECC payroll deduction process is provided by the State of Missouri as a service to its employees in the same manner as other authorized payroll deductions.
- G. The MSECC will post on the MSECC web site, [www.msecc.mo.gov](http://www.msecc.mo.gov), a listing of all charitable organizations receiving designated contributions and the total amount pledged to each recipient charity as soon as possible after the annual campaign concludes.
- H. Funds will be distributed to recipient federations and independent charitable organizations on a quarterly basis each year (April, July, October, and January). **Campaign held September-December 2017** (payments issued quarterly April 2018 - January 2019). **Campaign held September-December 2018** (payments issued quarterly April 2019 - January 2020). **Monies pledged will be distributed to the federation who will then be responsible for distributing the funds to each of their recipient member charities. Independent organizations with pledges of \$500.00 or less will receive a one-time payment in April.**
- I. Any shrinkage experienced (monies pledged but not collected) shall reduce the amount distributed to the charitable organizations.
- J. Costs related to promotion and administration of the campaign shall be deducted from the total funds raised.

**ADMISSION INTO THE MISSOURI STATE EMPLOYEES CHARITABLE CAMPAIGN DOES NOT CONSTITUTE AN ENDORSEMENT OF ANY CHARITABLE ORGANIZATION BY THE STATE OF MISSOURI**

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**III. Definitions**

1. **Federation** – An association of affiliated, individually incorporated charitable organizations that voluntarily join together to solicit contributions. (Example: United Way and organizations such as Independent Charities of America or Neighbor to Nation)
2. **Independent Organization** – An individually incorporated charitable organization that raises funds independent of any other charitable organization.

**ADMISSION INFORMATION**

**ELIGIBILITY CRITERIA**

Charitable organizations wishing to participate in the MSECC must meet the following requirements:

- A. The **organization must be non-profit and tax-exempt** under the meaning of Section **501 (c)(3)** of the U.S. Internal Revenue Code and any relevant state laws.
- B. The organization must be a corporation in **good standing** and duly **registered with the Missouri Secretary of State's Office**.
- C. The organization's financial **records must be audited by an independent auditor if it receives \$100,000** or more per year from all funding sources.
- D. The organization shall indicate its administrative costs as a percentage of its total expenses for the last full fiscal year (calculated from **IRS Form 990**).
- E. The organization operates without illegal discrimination (religious, racial or otherwise) in employment, delivery of services, and distribution of funds.
- F. The organization provides direct human health and welfare services, including those supporting the environment, wildlife, or habitat conservation.
- G. A detailed annual budget is approved by the organization's governing body in a format consistent with annual financial statements.
- H. A report detailing the activities of the organization is made available to the general public on an annual basis.
- I. The organization raises funds from one or more of the following methods:
  - a. community-wide solicitation
  - b. statewide solicitation
  - c. nationwide solicitation organized with a national board of directors or affiliated with a national board of directors which regularly undertake fundraising activities at that level.

- J. The organization has an active governing board which meets regularly. If board members serve with compensation, the amount of compensation and justification must be submitted with the application.

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**CHECKLIST OF REQUIRED ATTACHMENTS** (Submit this form with your application)

- \_\_\_\_\_ **Organization Information** (pages 5 AND 6 completed)
- \_\_\_\_\_ **IRS Form 990 (PAGES 1-12 ONLY). MUST BE SIGNED COPY**  
Must be for a period ending not more than 18 months prior to January 2017 (i.e. June 30, 2015)
- \_\_\_\_\_ **PRO FORMA 990 (IF the IRS DOES NOT require the organization to file the long Form 990)**  
**\*\*\*\*\*SEE PAGE 10 FOR PRO FORMA 990 INSTRUCTIONS\*\*\*\*\***  
**IRS Form 990EZ, 990 PF and comparable forms will NOT be accepted**
- \_\_\_\_\_ **Administrative Cost % Calculation Worksheet** (page 10)
- \_\_\_\_\_ **Independent Audit if the organization receives \$100,000 or more per year from all sources**  
Must be completed by an independent auditor within 18 months of the application
- \_\_\_\_\_ **IRS Determination Letter**  
Most recent **IRS determination letter** demonstrating the organization is a non-profit, tax-exempt organization **501 (c) (3). Tax exempt certificates WILL NOT be accepted.**
- \_\_\_\_\_ **Certificate of Corporate Good Standing with the Missouri Secretary of State's Office**  
Attach the **screen print** from the Secretary of State web-site (<https://bsd.sos.mo.gov/loginwelcome.aspx?lobID=1>) demonstrating the organization is in good standing status. **Must be within 1 year of application.**
- \_\_\_\_\_ **Certification of Eligibility** (signature required) (Pages 11 & 12)
- \_\_\_\_\_ **Annual Report**  
The report should include a full description of the organization's activities or accomplishments.  
**Acceptable substitutes:** year-end summary, newsletter or flyer.

**FEDERATION CHECKLIST** (in addition to the above required attachments)

- \_\_\_\_\_ Provide **alphabetized listing** that includes each member charity name. **Programs** of non-profit entities **will not be accepted as member charities. Each member charity listed must be a 501 (c) (3).**
- \_\_\_\_\_ Provide a **completed and signed fiduciary agreement from this application (page 9) for EACH member charity** in the order they appear in your alphabetized listing above. Please provide the member charity name as it is shown on the Missouri Secretary of State's web-site (legal name).

\_\_\_\_\_ Provide the **screen print** from the Missouri Secretary of State's web-site [www.sos.mo.gov/BusinessEntity](http://www.sos.mo.gov/BusinessEntity) **demonstrating that each member charity is in Good Standing status**. If including the **certificate – date must be within one year** of this application.

\_\_\_\_\_ **Staple the Good Standing print screen OR certificate behind EACH fiduciary agreement.**

\_\_\_\_\_ **Certify that each member charity** meets the MSECC's eligibility requirements. (pages 11-12)

\_\_\_\_\_ Notify each member charity of their portion of the annual pledged contributions.

\_\_\_\_\_ Provide each member charity with all applicable information/e-mails distributed by the MSECC.

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### **ORGANIZATION INFORMATION**

Organization's **Legal Name** \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

**All MSECC notifications will be sent to this e-mail address**

Organization's Website Address \_\_\_\_\_

**The above information will be listed on the MSECC website. If any of your organization information changes, please notify the MSECC at [msecc@oa.mo.gov](mailto:msecc@oa.mo.gov).**

#### **Organization Description** (25 words or less)

A description of each organization will be listed on the MSECC's website. Please type or write legibly in the space provided below. Do not include the name of the organization as part of the description.

**FEDERATIONS MUST SUBMIT PAGE 9 FOR EACH MEMBER CHARITY**

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**Before completing the section below**, refer to instructions on **page 10** regarding the source for these figures and how to calculate the percent requested.

**Administrative Cost Percentage:** \_\_\_\_\_% **(from page 10)**    **Region:** \_\_\_\_\_ **(from page 7)**

**Explanation if over 35%** \_\_\_\_\_

Administrative cost is defined as the management, general, and fundraising expenses of the applicant as described on **IRS Form 990**. Administrative cost also includes payments to affiliates, except to the extent that these payments are used for program services. This percentage should be based on total expenses of the organization for the last full fiscal year.

**THREE Service Code Numbers (S42, S31...) applicable (from page 8)**

\_\_\_\_\_

**PAGE 6**

1. When did this charitable organization originate? \_\_\_\_\_

2. Has the organization operated under other names? \_\_\_\_\_

If so, what name(s) \_\_\_\_\_

3. Has the organization participated in the Missouri State Employees Charitable Campaign previously? \_\_\_\_\_

4. Name of principal officers (excluding paid executives):

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

5. Is the organization affiliated with any local, state or national organizations? If so, please list.

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

6. Name and describe the services directly provided by the organization within the State of Missouri.

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**Service Area**

List ALL Missouri counties the organization serves or indicate as statewide, national or international.  
Organizations serving more than fifty Missouri counties will be classified as statewide or national/international.

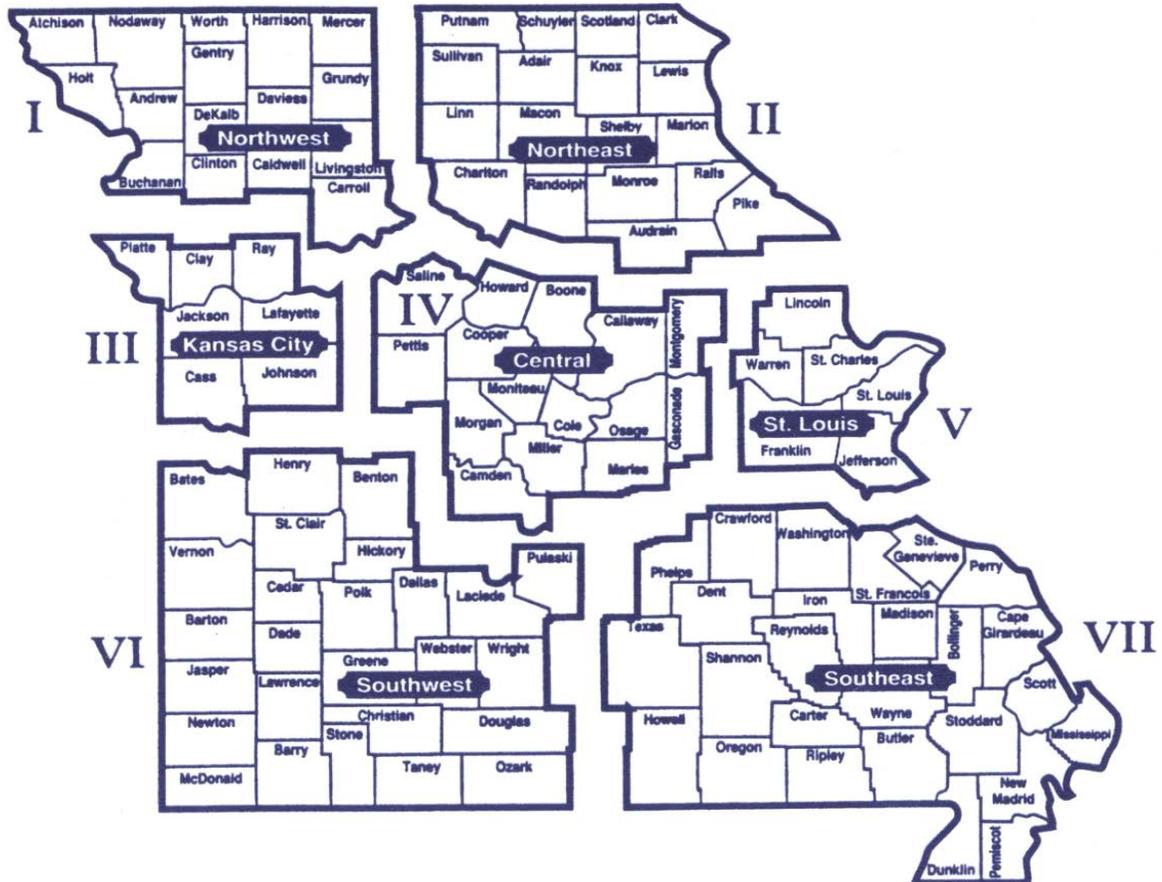
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**Region: (1 through 9)** \_\_\_\_\_

Select one geographical region best representing your service area, or indicate statewide (#8), national or international (#9).



**MSECC Regions:** Regions 1 through 7 are shown on the map above. Statewide organizations are categorized as Region 8, and national and international organizations are categorized as Region 9.

**SERVICE CODE INFORMATION**

Please identify up to **three categories** from the list below in the spaces provided on **page 5** (for independent charities) **OR page 9** (for member charities), which most closely identify the type of services provided. The corresponding codes will be printed in your organization’s listing on the MSECC website to assist donors in identifying charities by type of service provided.

<b>CODE</b>	<b>SERVICE CATEGORY</b>
<b>S09</b>	<b>FEDERATION with Multiple Charities</b>
<b>S10</b>	<b>Adoption Services/Foster Care</b>
<b>S11</b>	<b>Adult Health</b>
<b>S12</b>	<b>Advocacy or Victims’ Rights</b>
<b>S13</b>	<b>African American Issues</b>
<b>S14</b>	<b>AIDS / HIV</b>
<b>S15</b>	<b>Alzheimer’s Services</b>
<b>S16</b>	<b>Animal Welfare / Service and Assistance Animals</b>
<b>S17</b>	<b>Arts and Culture</b>
<b>S18</b>	<b>Autism Services</b>
<b>S19</b>	<b>Cancer Prevention/Research</b>
<b>S20</b>	<b>Child Abuse &amp; Neglect</b>
<b>S21</b>	<b>Children's Health / Children’s Development / Childcare</b>
<b>S22</b>	<b>Counseling Services</b>
<b>S23</b>	<b>Disabilities Services</b>
<b>S24</b>	<b>Disaster Relief &amp; Recovery</b>
<b>S25</b>	<b>Domestic Violence</b>
<b>S26</b>	<b>Education</b>
<b>S27</b>	<b>Emergency Assistance</b>
<b>S28</b>	<b>Environmental Protection</b>
<b>S29</b>	<b>Family Planning/Pregnancy</b>
<b>S30</b>	<b>Financial Services</b>
<b>S31</b>	<b>Food Bank/Food Assistance Programs</b>
<b>S32</b>	<b>Foreign Relief</b>
<b>S33</b>	<b>Gay / Lesbian Issues</b>
<b>S34</b>	<b>Healthcare Services</b>
<b>S35</b>	<b>Hospice Services</b>
<b>S36</b>	<b>Housing Services</b>
<b>S37</b>	<b>Job Training/Assistance</b>
<b>S38</b>	<b>Law Enforcement/Peace Officers</b>
<b>S39</b>	<b>Legal Services</b>
<b>S40</b>	<b>Medical Treatment/Research Services</b>
<b>S41</b>	<b>Mental Health Awareness</b>
<b>S42</b>	<b>Senior Citizen Services</b>
<b>S43</b>	<b>Substance Abuse Programs</b>
<b>S44</b>	<b>Veterans / Military/Armed Forces</b>
<b>S45</b>	<b>Wildlife Protection</b>

S46	Youth Development/Scouting
S47	Community Development
S48	Recreation & Sports
S49	Transportation Services

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**FIDUCIARY AGREEMENT**

**This document applies to MEMBER CHARITIES OF FEDERATIONS ONLY**

The \_\_\_\_\_ hereby assigns the  
 (Name of **Member Charity**)

\_\_\_\_\_ to be its fiduciary agent and representative in the  
 (Name of **Federation**)

**Missouri State Employees Charitable Campaign for funds distributed April 1, 2018– January 31, 2020.**

I understand monies pledged to this charity through the MSECC **will first be distributed to the Federation** who will then distribute the funds to this charity.

Signed \_\_\_\_\_  
 Chairman of the Board of Directors

Signed \_\_\_\_\_  
 Chief Executive Officer

Date \_\_\_\_\_

**MEMBER CHARITY INFORMATION**

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Email Address \_\_\_\_\_

Organization's Website Address \_\_\_\_\_

**Member Charity Organization Description (25 words or less):**

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

**Administrative Cost Percentage:** \_\_\_\_\_%

**Region** \_\_\_\_\_ **(from page 7)**

Explanation if over 35% \_\_\_\_\_

THREE Service Code Numbers (S42, S31...) applicable (from page 8)

\_\_\_\_\_

PAGE 10

**ADMINISTRATIVE COST % CALCULATION WORKSHEET**

What was your organization's past year administrative expense as reported on your most recent filing of IRS Form 990 (or pro forma IRS 990 if applicable)? **Pg 10, Statement of Functional Expenses/Column C Management & General Expenses/Line 25**

(A) \$ \_\_\_\_\_ (enter amount here)

What was your organization's past year fundraising expense as reported on your most recent filing of IRS Form 990 (or pro forma IRS 990 if applicable)? **Pg 10, Statement of Functional Expenses/Column D Fundraising Expenses/Line 25**

(B) \$ \_\_\_\_\_ (enter amount here)

What was your organization's past year total revenue as reported on your most recent filing of IRS Form 990 (or pro forma IRS 990 if applicable)? **Pg 9, Statement of Revenue/Column A Total Revenue/Line 12**

(D) \$ \_\_\_\_\_ (enter amount here)

**ENTER AMOUNTS FROM LINES ABOVE:**

\$ \_\_\_\_\_ (A from above) Management & General Expenses

+ (PLUS)

\$ \_\_\_\_\_ (B from above) Fundraising Expenses

= \$ \_\_\_\_\_ TOTAL EXPENSES (C) = (A + B)

\$ \_\_\_\_\_ (D from above) Total Revenue

\$ \_\_\_\_\_ (C divided by D) = **ADMINISTRATIVE COST %** \_\_\_\_\_ ENTER % on  
PAGE 5 for Federations/Independent Charities OR on PAGE 9 for member charities

**PRO FORMA IRS 990 INSTRUCTIONS**

The IRS Form 990 (long form) can be downloaded from the IRS website ([www.irs.gov](http://www.irs.gov)). The following sections **must** be completed: Page 1, Page 9 (Statement of Revenues) and Page 10 (Statement of Functional Expenses). **You DO NOT need to submit this form to the IRS – this is FOR MSEC PURPOSES ONLY.**

Supply the analogous figures from your administrative expenses, your fundraising expenses and your total revenue on **Pages 1, 9 & 10** of the IRS Form 990 with a notation at the top of page 1 “**FOR MSECC PURPOSES ONLY**”. **Complete the worksheet area above in order to calculate your %.**

A copy of Pages 1, 9 and 10 of the IRS Form 990 on which you have inserted the analogous figures AND this worksheet **MUST** be attached to your completed application, otherwise your application will be considered incomplete. **Please DO NOT submit forms 990-EZ, 990-PF or other comparable forms in lieu of the 990; they do not satisfy this requirement.**

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### **CERTIFICATION OF ELIGIBILITY**

This certification form must be completed by an authorized agent of the applicant charitable organization. **Eligibility criteria not checked will be presumed not certifiable.**

**FEDERATIONS:** by completing the form below – **you are also certifying for EACH OF YOUR MEMBER CHARITIES**

#### **Check Below To Certify:**

1. \_\_\_\_\_ I hereby certify this organization (**and each member charity if applicable**) is a non-profit, tax-exempt organization under the meaning of Section **501(c)(3)** of the U.S. Internal Revenue Code and any relevant state laws.
2. \_\_\_\_\_ I hereby certify the organization provides direct human services as defined on page 1 (B) in this application, and understand that proceeds from the campaign must be used for the purpose stated in this information.
3. \_\_\_\_\_ I hereby certify the organization’s administrative cost percentage indicated previously in this application is the percentage for the latest reporting year. If the administrative cost percentage exceeds 35%, I certify that the actual expenses for those purposes are reasonable under all circumstances and have attached an explanation to that effect.
4. \_\_\_\_\_ I hereby certify that the organization has a policy and demonstrates the practice of non-discrimination on the basis of race, color, religion, sex, age, national origin, or physical or mental handicap in its: staff employment, membership on its governing board and services provided.
5. \_\_\_\_\_ I hereby certify the services provided by the organization are accessible to residents of Missouri. (This may not apply to international organizations).
6. \_\_\_\_\_ I hereby certify the organization’s financial records are audited by an independent auditor **IF** the organization receives more than \$100,000 from all sources during the fiscal year.
7. \_\_\_\_\_ I hereby certify the annual budget of the organization is approved by its governing body.

8. \_\_\_\_\_ I hereby certify that an annual report of the organization's activities are made available to the general public on an annual basis.
9. \_\_\_\_\_ I hereby certify the organization has an active governing board that meets regularly and serves without compensation.
10. \_\_\_\_\_ I hereby certify this organization (**and each member charity if applicable**) is duly registered and in good standing with the Missouri Secretary of State's Office.
11. \_\_\_\_\_ I authorize use of application information on the MSECC web site.
12. \_\_\_\_\_ I hereby certify the organization understands its obligation to notify the MSECC if the organization (**or any member charity, if applicable**) should lose its 501(c)(3) status, cease operation OR if a member charity is no longer funded by the applicant federation.

**\*\*\*\*\*CERTIFICATION OF ELIGIBILITY CONTINUED ON PAGE 12**

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13. \_\_\_\_\_ I understand that admission to the Missouri State Employees Charitable Campaign entitles the applicant organization to receive designated contributions, less a proportionate share of campaign expenses.
14. \_\_\_\_\_ I certify that all statements made in this application are true and accurate to the best of my knowledge and belief, and understand that misrepresentation of any material fact may result in disqualification of this application.

**Name of Applicant Organization** \_\_\_\_\_

**Signature** \_\_\_\_\_ **Name (printed)** \_\_\_\_\_

**Title** \_\_\_\_\_ **Date** \_\_\_\_\_

Applications for the 2017-2018  
Missouri State Employees Charitable Campaign  
must be received by:

**FEBRUARY 28, 2017**