



# City of Austin

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*Founded by Congress, Republic of Texas, 1839  
Mailing Address: PO Box 1088, Austin, Texas 78767*

**2014**

## **City of Austin Combined Charities Campaign**

The City of Austin's Combined Charity Campaign (COACCC) will provide for the greatest possible benefit to the people living in Austin and surrounding areas. It is the intention of the City that the campaign enhances Austin area programs and services through local reinvestment of funds contributed by its employees to participating organizations. Thank you very much in advance for your participation.

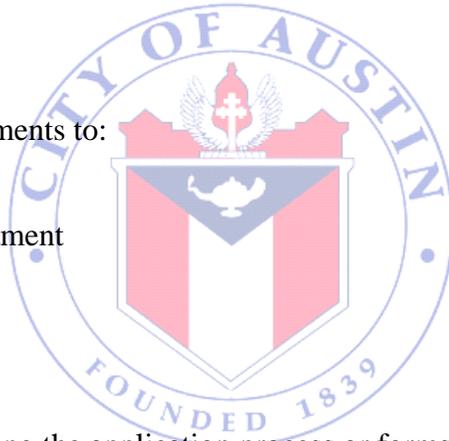
### DEADLINE:

Applications must be postmarked no later than 5 pm on Monday **July 14, 2014**

### SUBMISSION:

Mail your applications and documents to:

Ms. Clemmie Cummins  
Human Resources Department  
City of Austin  
P. O. Box 1088  
Austin Texas 78767



If you have any questions regarding the application process or forms, please call;  
Clemmie Cummins at (512) 974-3284

### APPEAL PROCESS:

Applicants, who are not selected to participate due to a determination that they have not met the requirements, may file an appeal in writing to:

City of Austin  
Director of Human Resources  
P.O. Box 1088  
Austin, Texas, 78767

Written appeal must be submitted within 10 days of receipt of the notice of refusal. New information and/or supporting documents must be submitted with the appeal.

**2014  
City of Austin Combined Charities Campaign  
APPLICATION**

Please provide the following information:

1. Is the organization: (check one)
  - A Federation
  - A member organization of a participating federation
  - An organization that funds or supports a City-run or City-sponsored entity in the Austin area?
  - A City of Austin internally managed program that supplements funding for core City services, such as water and electricity, for low income customers.

2. Organization's registered 501 (c) (3) name:  
(Requires a status as a 501(c) (3) for a minimum of one year prior to the application closing date)

\_\_\_\_\_

OR if a City of Austin internally managed program, list name here:

\_\_\_\_\_

3. Organization's DBA if applicable: \_\_\_\_\_
4. Organization's headquarters address:  
(For Federations, the address and contact information must be local)

\_\_\_\_\_

5. Organization's headquarters telephone number & fax:

\_\_\_\_\_

6. General description of services provided, including purpose or mission:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

7. Organization's local contact name & title: \_\_\_\_\_

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

8. Organization's web site: \_\_\_\_\_

9. Organization's current administrative percentage: \_\_\_\_\_

**NOTE: A maximum of 25% for the most current year is allowed for each federation and member organization.**

The administrative percentage for 501(c) (3) organizations is calculated using amounts reported on form 990 to the Internal Revenue Service as follows: Add the amount in Part IX (Statement of Functional Expenses), Line 25, Column C (Management and General Expenses) to the amount in Line 25, Column D (Fundraising Expenses), and divide the sum by Part VII (Statement of Revenue), Line 12, Column A (Total Revenue). No other method may be used to calculate this percentage.

## ATTACHMENTS REQUIRED WITH APPLICATION

1. Signed Certifying Statements Sheet (last page of application).
2. Proof of registration as a 501 (c) (3) tax-exempt entity pursuant to the Internal Revenue Code and to which contributions are tax deductible pursuant to 26 USC 170. If operating as a DBA please include your assumed name certificate. If a City of Austin internally managed program, submit equivalent documentation.
3. Copy of non-discrimination policy.
4. Submit a signed copy of the organization's most current IRS Form 990.
5. Submit the organization's most current audit or accountants review.
  - If the funds raised in the preceding year equaled or exceeded \$250,000, provide an audit by a certified accountant.
  - If funds were between \$50,000 and \$250,000, provide a CPA review letter.
  - If funds totaled less than \$50,000, only a 990 is required.
  - Items 4 & 5 must be of the same time period.
6. Certificate of authority from the office of the Secretary of State.

NOTE: The organization must have had status as a 501(c) (3) organization for at least one year prior to the application closing date. Not applicable for City of Austin internally managed program.

7. Names and addresses of the members of the organization's Board of Directors and any other voting members, persons or entities. Please also provide a copy of your organizations voting rules & quorum requirements. In the case of a City of Austin internally managed program, a statement of governance.
8. If you checked "yes" to being an organization that funds or supports a City-run or City-sponsored entity in the Austin area, please provide information related to that support including:
  - What specific department, program or service of the City you fund or support.
  - The type and level of support (funding, in-kind, etc.).
  - Frequency of support (One-time contribution or ongoing? If ongoing, over what time period?).

### 9. FOR FEDERATIONS ONLY:

Submit "COACCC 2014 25-word Descriptions" CSV File (See attached).

Complete and submit the attached spreadsheet named; COACCC 2014 Federation and Agency Import CSV file.csv. This spreadsheet will be used to upload information into the electronic pledge tool. Please be sure that you return it in the same .csv format that is attached and please do not change the column headers.

## CERTIFYING STATEMENTS

**Carefully read each of the following statements related to the applicant organization, initial each statement and sign document below. If you are unable to certify any of the statements, please explain separately and attach.**

I certify that the organization named in this application:

- Does not engage in lobbying or attempting to influence voting or legislation at the local, state or national level; **or** expenses connected with lobbying and attempts to influence voting or legislation classify it as a tax-exempt agency under 26 U.S.C. 501 (h).
- Accounts for its funds in accordance with generally accepted accounting principles. (NOTE: Respond with “not applicable” if organization’s total support and revenue was less than \$50,000 in the previous year).
- Has an active and responsive governing body whose members have no material conflict of interest, and who serve without compensation, and direct the organization named in this application.
- Will not distribute the City of Austin Combined Charities campaign contributor lists without the approval of the City of Austin.
- Conducts publicity and promotional activities that are based on actual programs and operations, are truthful and non-deceptive, and make no exaggerated or misleading claims.
- Effectively uses funds contributed by City of Austin employees for the announced purposes (applies to all members, constituent organizations or grantees).
- The organization agrees to hold the City of Austin harmless for any failure on the part of the fiscal agent to properly perform its duties and obligations. The organization further understands and agrees that the City will not be involved in any bonding of the fiscal agent.
- For Federations Only: Agrees to select, in conjunction with all other participating federations, a fiscal agent to receive and distribute funds among all participants. Such selection will be made no later than June 1 of the year of the succeeding campaign, unless otherwise approved by the City of Austin’s Director, Human Resources Department.

The undersigned hereby represents that the information in this application is true and correct. The undersigned further understands that if upon investigation, it is determined that incorrect information was knowingly or willfully provided or that false representations were otherwise made in connection with this application, the application will be denied and may be evaluated for other actions under the law. The undersigned hereby authorizes the City to obtain from third persons or any other resources necessary, information relevant to any applicants eligibility for participation in the campaign.

I certify as evidence of my signature below, I have read and understand all statements contained here within, agree to comply with all participation requirements as stated by the City of Austin and that all information I have provided is true and correct.

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Certifying Official's Signature

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Title

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Printed Name

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Date

