

**APPLICATION TO PARTICIPATE IN THE
UTAH STATE EMPLOYEES' CHARITABLE FUND
FOR CHARITIES NOT PREVIOUSLY INCLUDED IN THE CAMPAIGN**
USECF.UTAH.GOV



Please complete and return by **July 1** for qualification for the next Charitable Fund campaign.
The following are also required to be included with this application.

- Organizing instrument (Articles of Incorporation, Constitution or Trust Indenture, etc.)
- Copy of IRS ruling authorizing tax exempt status.
- Copy of Charitable Organization Permit issued by the State of Utah, Department of Commerce, Division of Consumer Protection.
- Financial data in enough detail to show how the organization's activities are financed. (Provide detailed breakdown of revenue and expenses – no lump sums.)
- Approved, detailed budget for current fiscal year.
- Fundraising collateral. (Current brochures and sample solicitation letters, etc.)

SEND VIA EMAIL TO: Larene Wyss, Utah State Employees' Charitable Fund
 Email: lwyss@utah.gov
 Tel: 801-503-5618

<p>1. Name of Organization: _____</p> <p>2. Address of principal office: _____ _____ _____ City _____ State _____ Zip code _____ Internet website address: _____ Contact email address: _____</p> <p>3. Administrative Officer contact name: _____</p> <p>Telephone: _____ - _____</p> <p>4. Internal Revenue Code Tax Exempt Number: _____</p> <p>5. Do you file annually with the Internal Revenue Service? <input type="checkbox"/> YES <input type="checkbox"/> NO</p>	<p>6. Utah Charitable Organization Permit Number and expiration date through Utah Department of Commerce, Division of Consumer Protection: _____</p> <p>(If expiration date is October 1st or before in the current year, it must be renewed prior to the campaign beginning date on or around September 25)</p> <p>7. Are board meetings held on a regular basis? <input type="checkbox"/> YES <input type="checkbox"/> NO</p> <p>Number of board meetings held last fiscal year at which a quorum was present and minutes taken: _____</p> <p>List time and place of board meetings for current fiscal year. _____ _____ _____ _____</p> <p>8. List Officers and members of the governing body: _____ _____ _____ _____ _____</p>
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9. If you are a member of a federated charity, indicate the name:

10. Is an annual independent audit performed?

YES

NO

If yes, provide name of auditing firm: _____

Telephone: _____ - _____

11. Do you have a presence in the State of Utah?

YES

NO

Local Telephone number

_____ - _____

12. Purpose and goals of the organization (attach additional pages as necessary).

13. What services do you provide in the State of Utah (attach additional pages as necessary)?

14. Please provide any other information that should be considered with this application.

ATTESTATION

I, _____, as the representative for the above-named charity,
attest that the information provided is correct to the best of my knowledge.

SIGNATURE

TITLE

DATE