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 USECF 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.
- Fund raising collateral. (Current brochures and sample solicitation letters, etc.)

RETURN BY JULY 1 TO: **Allan Liu**
Utah State Employees' Charitable Fund
Bureau of EMS & Preparedness
PO BOX 142004
Salt Lake City, UT 84114-2004

1. Name of Organization:

_____

2. Address of principal office:

_____

_____

City _____

State _____ **Zip code** _____-_____

Internet web site address:

_____

Contact email address:

_____

3. Administrative Officer contact name:

_____

Telephone: _____ - _____

4. Internal Revenue Code Tax Exempt Number:

_____

5. Utah Charitable Solicitation Permit Number:

_____

6. Do you file annually with the Internal Revenue Service? _____ **YES** _____ **NO**

7. Are board meetings held on a regular basis?

_____ **YES** _____ **NO**

Number of board meetings held last fiscal year at which a quorum was present and minutes taken:

_____

List time and place of board meetings for current fiscal year.

_____
_____
_____
_____
_____
_____

8. List Officers and members of the governing body:

_____
_____
_____
_____
_____
_____
_____
_____
_____

9. Is an annual independent audit performed? _____ **YES** _____ **N0**

If yes, provide name of auditing firm: _____

Telephone: _____ - _____

10. Do you have representation in the state of Utah? _____ **YES** _____ **N0** **Local Telephone number** _____- _____

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

12. What services do you provide in the state of Utah?

_____
_____
_____
_____
_____
_____
_____

13. 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