



City of Oklahoma City
Heart of the City Campaign

Application for Participation

Background Information

The Heart of the City is the charitable contribution campaign for the more than 4,500 City of Oklahoma City (City) employees. It is the City's only authorized workplace solicitation on behalf of local charitable organizations. Currently, four charity federations participate in the campaign. A Charitable Contributions Committee (CCC) governs the campaign and a Principal Combined Fund Raising Organization (PCFRO) contractually manages it.

Campaign Period

The annual campaign runs within the period September 1 through November 30.

Eligibility Requirements

To participate in the Heart of the City campaign:

Federations must be comprised of a legally constituted grouping of at least five health and social service or fine arts agencies that are bound together to raise and distribute charitable contributions.

Charitable agencies must be a member of a federation and should submit their completed applications to their federation.

All agencies within a federation must have an office and provide direct services in Oklahoma City, be recognized by the Internal Revenue Service as tax-exempt, be incorporated or authorized to do business in the state of Oklahoma as a private, nonprofit organization, and complete this application form.

Application Process

Federations may apply to participate in the Heart of the City campaign. Federations must submit one application certifying each member agency including a listing of each of their agencies with a 25-word description and a physical address within the Oklahoma City limits. Federations must maintain a file of member agency applications for at least three years.

Applications are due by May 3rd, 2019 by 5:00 pm.

They may be hand-delivered or mailed to:

Heart of the City Campaign
Attention: Debbie Kirk
United Way of Central Oklahoma
1444 NW 28th Street
Oklahoma City, OK 73106



**City of Oklahoma City
Heart of the City Campaign**

Organizational Contact Information

Federation _____

Organization _____

4 Digit HOTCC Number (if a participant in last year's HOTCC) _ _ _ _

Address _____

Local Telephone (405) _____

Contact Person _____

E-mail Address _____

Certifying Official

I, _____ am the duly appointed representative of _____

_____ authorized to certify and affirm all statements enclosed in this application.

(Signature)

(Typed or Printed Name)

(Title)

Date Completed _____

Part I Local Eligibility Requirements

1. I certify that the organization named in this application is recognized by the Internal Revenue Service as tax-exempt under 26 USC 501 (c)(3) and to which contributions are tax deductible pursuant to 25 USC 170.

(Include a copy of the IRS determination letter as **Attachment A.**)

Certifying Official's Signature

2. I certify that the organization is incorporated or authorized to do business in the state of Oklahoma as a private, nonprofit organization.

Certifying Official's Signature

3. I certify that the organization has a current certificate of registration of a charitable organization from the Oklahoma Secretary of State's Office.

Certifying Official's Signature

4. I certify that this organization
 - actually provides services to citizens within Oklahoma City and within the greater metropolitan area;
 - has a local presence as indicated by having local community representation on policy issues related to the allocation of locally collected funds;
 - a local physical office;
 - local staffing; and
 - local telephone servicewithin the greater metropolitan area as more fully explained in the Municipal Employees' Charitable Contribution Policy.

Certifying Official's Signature

Part II Public Accountability Standards

1. I certify that the organization named in this application was audited in accordance with generally accepted accounting principles by an independent certified public accountant in the immediate preceding year¹. *[Note: If the annual budget of a voluntary charitable agency is less than fifty thousand dollars, no annual audit shall be required.]*

¹ For the 2019 application, provide a copy of the audit performed during calendar year 2018 of financials for the 2017 calendar year-end or 2018 fiscal year-end.

(Include a copy of the organization’s audit as **Attachment B.**)

Certifying Official’s Signature

2. I certify that the organization named in this application is directed by an active and responsible governing body whose members serve without compensation.

(Include a list containing names of the organization’s governing body as **Attachment C.**)

Certifying Official’s Signature

3. I Certify **one** of the following:

- a.) I certify that the organization named in this application is a human health and/or social service agency which provides services, benefits or assistance to, or conducts activities affecting human health and/or social welfare within the greater Oklahoma City metropolitan area.

Certifying Official’s Signature

OR

- b.) I certify that the organization in this application is a community based fine arts group, which provides services, benefits or assistance to or conducts activities attracting the fine arts within the greater Oklahoma City metropolitan area.

Certifying Official’s Signature

Part III Municipal Employees Charitable Contribution Policy

- 1. I certify that the organization in this application will comply with the Municipal Employee Charitable Contribution Policy. The organization in this application will not, on its own, solicit employees at their workplace beyond the Municipal Employee Charitable Contribution Campaign.

Certifying Official's Signature

Part IV 25-Word Description & Physical Address

This information will describe your organization in the 2019 Charity Guide. **Descriptions may not exceed 25 words.** Do not use an attachment for this item; please use the boxes provided below. Please use descriptive language so that donors will have a clear understanding of your mission, programs and services. You do not need to include your organization's name as part of the 25-word description. Your organization's name will be listed with your description.

Please provide your agency's physical office address within the Oklahoma City limits:

Street Address

City State Zip

Part V Attachments Check List

To determine your organization's eligibility, we must review the following attachments to assure compliance with campaign regulations. Please submit these documents and attach them in the order shown.

- Attachment A Federal Tax Exempt Letter
- Attachment B CPA Audit
- Attachment C List of Current Board Members
- Attachment D List of Charitable Agencies (Federation applicants only)