

### **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.

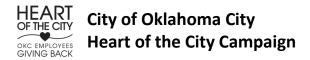
#### **Application Process**

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 17, 2024 by 5:00 pm.

They may be hand-delivered or mailed to:

Heart of the City Campaign
Attention: Alan Foss
United Way of Central Oklahoma
1444 NW 28<sup>th</sup> Street
Oklahoma City, OK 73106



Date Completed \_\_\_\_\_

# **Organizational Contact Information** Federation Organization 4 Digit HOTCC Number (if a participant in last year's HOTCC) Mailing Address Local Telephone \_\_\_\_\_\_ 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)

### 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 <b>Attachment A</b> .)					
	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 ch organization from the Oklahoma Secretary of State's Office.						
	Certifying Official's Signature					
4.	<ul> <li>I certify that this organization</li> <li>actually provides services to citizens within Oklahoma City and within the greater metropolitan area;</li> <li>has a local presence as indicated by having local community representation on policy issues related to the allocation of locally collected funds;</li> <li>a local physical office;</li> <li>local staffing; and</li> <li>local telephone service within the greater metropolitan area as more fully explained in the Municipal Employees' Charitable Contribution Policy.</li> </ul>					
	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 year<sup>1</sup>. [Note: If the annual budget of a voluntary charitable agency is less than fifty thousand dollars, no annual audit shall be required.]

	thousand dollars, no annual audit shall be required.]				
	$^{1}$ . For the 2024 application, provide a copy of the audit performed during calendar year 2023 of financials for the 2022 calendar year-end <u>or</u> 2023 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 <b>Attachment C</b> .)				
	Certifying Official's Signature				
3.	I Certify <u>one</u> 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.				
	Contituing Official/a Signature				
	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

	Charitable Co	ontribution Policy. Th	nis application will con e organization in this ond the Municipal En	application will not,	on its own, solicit			
Certifying Official's Signature								
Part IV	art IV 25-Word Description, & Physical Address, and Charity Guide Name							
<b>25 word</b> descript services	ds. Do not u tive language . You do not	se an attachment fo so that donors will	r this item; please us have a clear under r organization's name	se the boxes provide standing of your mi	cions may not exceed d below. Please use ssion, programs and ord description. Your			
Please p	provide how y	ou would prefer you	r organization's name	e to be listed in the C	harity Guide:			
Please p	provide your a	ngency's physical offic	ce address within the	Oklahoma City limits	<b>:</b> :			
Street A	ddress				······································			
City			State		Zip			

# Part V **Service in Oklahoma City** In no more than one page, detail how your organization serves individuals in the city of Oklahoma City specifically. Part VI **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

☐ Attachment C

☐ Attachment D

**CPA Audit** 

**List of Current Board Members** 

List of Charitable Agencies (Federation applicants only)