

**PARTICIPATING AGENCY**  
**2012-2013 COMBINED MUNICIPAL CAMPAIGN (“NYCGives”)**

**REQUEST FOR APPLICATIONS**  
**(Independent Organizations)**

The Combined Municipal Campaign (“NYCGives”) is the vehicle by which the City provides to its employees an effective, convenient and dependable procedure for making voluntary monetary contributions to qualified not-for-profit charitable organizations.

The City of New York is preparing for its 2012-2013 **Combined Municipal Campaign (“NYCGives”)**. Each year applications are solicited for **Participating Agencies** to join the Combined Municipal Campaign (“NYCGives”).

For an independent organization to be eligible as a Participating Agency in the Combined Municipal Campaign (“NYCGives”), it must be a charitable, nonprofit organization and must meet and maintain the following requirements:

- 1) It shall be (a) a private, nonprofit corporation, association, or organization; (b) incorporated or authorized to do business in New York, or a member of a federation of charitable organizations which is authorized to do business in New York; and (c) organized to render voluntary charitable services for human health and welfare or recreation.
- 2) It shall be and remain registered with the Attorney General of the State of New York; in compliance with the requirements and provisions of Article 7-A of the New York Executive Law; and a tax exempt organization under the terms of Section 501(c)(3) of the U.S. Internal Revenue Code.
- 3) It shall operate without discrimination in regard to all persons served by the campaign and comply with all requirements of law and regulations respecting nondiscrimination and equal employment opportunity with respect to its officers, staff, employees and volunteers.
- 4) As its principal purpose, function and activity, it shall carry out a **bona fide** program of charitable services in support and advancement of the health, welfare or recreation of a substantial number of persons in need of such services.
- 5) It must submit a listing of names, addresses, and titles of office held by board members and a copy of the bylaws which define the duties and functions of the governing board and officers.
- 6) It must have its books audited in a full audit by a certified public accountant within the last two years.
- 7) It must a) submit a statement of fund-raising and administrative expenses, including payroll, overhead and advertising costs expressed as a percentage of the total support and revenue it received within the preceding year. A detailed explanation must be submitted with the application for organizations where fund-raising and administrative costs exceed 40 percent of total income; and, if applicable, b) submit a statement of how designated contributions made through the Combined Municipal Campaign (“NYCGives”) were used in the prior fiscal year.

All applications for participation in the Combined Municipal Campaign (“NYCGives”) must be submitted no later than **October 4, 2012** to:

**NEW YORK CITY**  
**DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES**  
**OFFICE OF SPECIAL PROGRAMS**  
**1 CENTRE STREET, ROOM 2130 SOUTH**  
**NEW YORK, NEW YORK 10007**

CITY OF NEW YORK  
COMBINED MUNICIPAL CAMPAIGN ("NYCGives")  
APPLICATION FOR PARTICIPATING AGENCIES  
(Independent Organizations)

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**GENERAL INFORMATION**

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1. Full legal name of organization: \_\_\_\_\_
2. Name to be used in publicity, if different from above: \_\_\_\_\_
3. Address: \_\_\_\_\_ Telephone number: (\_\_\_\_) \_\_\_\_\_  
Website Address: \_\_\_\_\_
4. Contact person: \_\_\_\_\_ Telephone number: (\_\_\_\_) \_\_\_\_\_  
Title: \_\_\_\_\_ Email Address: \_\_\_\_\_
5. First year of operation: \_\_\_\_\_  
Date and place of incorporation: \_\_\_\_\_
6. Please attach a copy of the Certificate of Exemption [Form 501(c)(3)] from the payment of Federal Income Tax.
7. Please provide registration number on file with the Attorney General of the State of New York:  
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8. Is your organization presently under investigation by the Office of the Attorney General of the State of New York or any other law enforcement or investigative body?  
**Yes**  **No**  (If "yes," please elaborate on a separate sheet.)

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**ADMINISTRATION OF ORGANIZATION**

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1. Title of governing board: \_\_\_\_\_
2. Number of board members: \_\_\_\_\_
3. Number of board meetings held during last fiscal year: \_\_\_\_\_  
(An explanation must be submitted if board held fewer than three meetings.)  
Average attendance: \_\_\_\_\_. Attach a copy of board roster (List should identify the titles of office held by board members and their addresses.)
4. Please attach a copy of the bylaws which define the duties and functions of the governing board and officers.
5. Name of Executive Director: \_\_\_\_\_
6. Total number of staff: \_\_\_\_\_  
Professional staff \_\_\_\_\_  
Full-time \_\_\_\_\_  
Part-time \_\_\_\_\_  
Volunteers \_\_\_\_\_

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**BUDGET AND FINANCE**

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1. Total operating budget \$ \_\_\_\_\_
2. Is a budget for each year prepared in advance? **Yes**  **No**
3. What is the fiscal year? From: \_\_\_\_\_ To: \_\_\_\_\_
4. Has your organization been audited by a certified public accountant within the last two years?  
**Yes**  **No**  Please attach a copy of the audit.
5. Please attach a statement of fund-raising and administrative expenses including payroll, overhead and advertising costs expressed as a percentage of the total support and revenue your organization received within the preceding year. A detailed explanation must be submitted with the application for organizations where fund-raising and administrative costs exceed 40 percent of total income.

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**PROGRAM SERVICES**

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1. Name and describe the health, welfare and recreational services provided by the organization. Please include the number of people served.

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2. What geographical area does the organization serve?

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3. Please provide a list of up to three categories, in priority order, which most closely identify the type of mission, services, and activities your organization provides. The corresponding letters will be included in the Combined Municipal Campaign's ("NYCGives") organization listing to assist donors in identifying participating organizations by type of service provided. Categories are based on the National Taxonomy of Exempt Entities (NTEE) classification system developed by the National Center for Charitable Statistics. The 26 categories are:

- A. Arts, Culture and Humanities
- B. Educational Institutions and Related Activities
- C. Environmental Quality, Protection and Beautification
- D. Animal Related
- E. Health – General and Rehabilitative
- F. Mental Health, Crisis Intervention
- G. Disease, Disorders, Medicinal Disciplines
- H. Medical Research
- I. Crime, Legal Related
- J. Employment, Job Related
- K. Food, Agriculture and Nutrition
- L. Housing, Shelter
- M. Public Safety, Disaster Preparedness and Relief
- N. Recreation, Sports, Leisure, Athletics
- O. Youth Development
- P. Human Services – Multipurpose and Other
- Q. International, Foreign Affairs, National Security
- R. Civil Rights, Social Action, Advocacy
- S. Community Improvement, Capacity Building
- T. Philanthropy, Voluntarism and Foundations
- U. Science and Technology Research Institutes, Services
- V. Social Science Research Institutes, Services
- W. Public, Social Benefit: Multipurpose, Other
- X. Religion Related, Spiritual Development
- Y. Mutual/Membership Benefit Organizations, Other
- Z. Other

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**PUBLIC AND COMMUNITY RELATIONS**

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1. Briefly describe how the organization's goals and services are communicated to the board, staff, target population(s) served by the organization. (Please attach brochures, pamphlets or any other publication that describes your organization.)

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2. Does the organization produce an annual report? Yes  No   
(If "yes," attach most recent copy.)

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The \_\_\_\_\_ hereby certifies  
Name of Agency

- a) that it shall operate without discrimination in regard to all persons served by the campaign and comply with all requirements of law and regulations respecting nondiscrimination and equal employment opportunity with respect to its officers, staff, employees and volunteers.
- b) that it conforms to the "Rules and Regulations Governing Municipal Employees' Charitable Contributions."
- c) that we understand that providing required information is a condition for participation.
- d) that we will acknowledge each donation that is contributed through the Combined Municipal Campaign ("NYCGives") as requested.
- e) that it shall be and remain registered with the Attorney General of the State of New York; in compliance with the requirements and provisions of Article 7-A of the New York Executive Law; and a tax exempt organization under the terms of Section 501(c)(3) of the U.S. Internal Revenue Code.

**I HEREBY CERTIFY THAT ALL OF THE ABOVE INFORMATION IS CORRECT AND COMPLETE TO THE BEST OF MY KNOWLEDGE.**

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

**Please send completed application to:**

**NEW YORK CITY  
DEPARTMENT OF CITYWIDE ADMINISTRATIVE SERVICES  
OFFICE OF SPECIAL PROGRAMS  
1 CENTRE STREET, ROOM 2130 SOUTH  
NEW YORK, NY 10007**

Questions regarding the application or the Combined Municipal Campaign ("NYCGives") should be forwarded to the above address. Information is also available by calling (212) 386-0552.

All applications must be received by **October 4, 2012**.