



# State Employees Charitable

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Application for Inclusion for the 2017 State Employees Charitable Appeal

1.) Name by which your agency is to be listed in the brochure:

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2.) Legal name and address of agency:

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3.) What is your organization's Employer Identification Number (EIN)?

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4.) Name, address, phone number and email of a representative of your agency who is authorized to act on its behalf in connection with SECA:

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5.) What geographic area(s) does the agency serve? \_\_\_\_\_

6.) If your agency belongs to a federation, please indicate the name of the federation:

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7.) Of the **total** support and revenue the agency receives, the percentage that goes to administration and fundraising is \_\_\_\_%. If higher than 50% or if you claim 0, please explain on a separate sheet of paper.

8.) **Using the enclosed form with the heading "Agency Listing/Description for Donor-Option Booklet"**, please provide a description (up to 25 words) describing your agency's service and programs. If your agency is accepted for participation, the description will be used in the campaign brochure. (It is not necessary to include the name of the agency in the description).

9.) On a separate sheet of paper, describe the human health and welfare services, benefits and/or assistance provided by the agency, which directly and substantially impacts individuals and families in Rhode Island. Please include the actual number, or your best estimate, of individuals who received those services, benefits and/or assistance during the agency's most recently completed fiscal year. **Please note this description must be provided by you – referring SECA to your agency's annual report will not be considered an acceptable response.**

10.) Please attach the following (A) to this application, and sign statement (B) below.

**(A.)**

- 1.) A copy of your current registration with the Rhode Island Department of Business Regulations, Charitable Division, (401) 462-9588. ***If your organization is exempt from registration with the Department of Business Regulations, please indicate that in the space provided below, along with a brief explanation.*** (Further information on exemptions may be retrieved at <http://www.rilin.state.ri.us/statutes/title5/5-53.1/INDEX.HTM>).

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- 2.) A list of the names and addresses of the board of directors of your organization. **\*NOT required if submitting part 1, registration with D.B.R.**
- 3.) A copy of your IRS 501(c)3. **\*NOT required if submitting part 1, registration with D.B.R.**
- 4.) A copy of your most recently completed audit or IRS Form 990 (must include signature of officer).
- 5.) A completed I.R.S. W-9 form (Page 1 only) this can be found: <http://www.irs.gov/pub/irs-pdf/fw9.pdf> **\*Repeating agencies may elect NOT to include this item**
- 6.) A copy of any informational brochures, newsletters, etc., which provides basic information on your organization. **\*Repeating agencies may elect NOT to include this item unless organizational information has changed significantly.**

**(B.)**

I certify that all statements in this application are true to the best of my knowledge. I further certify that the agency named in Section A of this application is a human health and welfare agency recognized by the Internal Revenue Service as tax exempt under 26 U.S.C. 501(c)(3) to which contributions are tax-deductible pursuant to 26 U.S.C. 170, and that said organization operates without discrimination in regard to all persons.

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(Signature of authorized agency official)

(Date)

Return to: Paula Manseau, Director  
Rhode Island State Employees Charitable Appeal  
c/o United Way of Rhode Island  
50 Valley Street  
Providence, RI 02909

Questions: (401) 444-0618

**Deadline: May 1, 2017**

UWRI ~ 50 Valley Street ~ Providence, RI 02909 ~ (401) 444-0719  
United Way of Rhode Island Serves as PFR0 for the RI SECA

## Agency Listing/Description for Rhode Island SECA Donor-Option Booklet-QUESTION 8

Information provided on this page will be printed for distribution to all donors to assist them in making informed decisions about their contributions.

AGENCY NAME:  
*(as it is to be listed in the SECA brochure)*

AGENCY TELEPHONE NUMBER:

PHONE NUMBER TO APPEAR ON LIST:

INTERNET ADDRESS TO APPEAR ON LIST:

ADMINISTRATIVE AND FUND-RAISING EXPENSES:

*(As a percentage of Total Support & Revenue – IRS Form 990 divide line 25 (c+d) of Part IX by line 12 of Part I. For Form 990 EZ Divide line 17 by line 9 from Part I)*

Include below a **statement of 25 words or less**, with no more than one word in each of the blocks below that describes real services, benefits or program activities the organization provides. The information you have provided above will be listed and not counted as part of the 25 word maximum. Therefore, the statement does not need to repeat the organization's name, telephone number, or web address, but if it does, the name will count toward the 25-word maximum. **Because of the increased number of participating organizations, the 25 word limit will be strictly enforced. Due to printing limitations, SECA reserves the right to edit any statement provided by the applicant that exceeds 25 words.**


