

A. GENERAL INFORMATION

Federal Tax ID Number: _____

Name: _____
(Must match name on IRS 501(c)(3) exemption letter)

Other Name: _____
(For Our Promise Publication) Other Name listed above is: Doing Business As (DBA) Also Known As (AKA)

Main Address: _____
(No PO Box)

City: _____ State: _____ Zip: _____

Mailing Address: _____
(If different from main address)

City: _____ State: _____ Zip: _____

Website: _____

B. CONTACT INFORMATION

Name: _____ **Title:** _____

Email: _____ **Phone:** _____

C. DESCRIPTION OF ACTIVITIES

Provide a 25-word statement describing your organization's activities.

Do not include the name of your organization, phone number, email or website in your statement, as this information will already be included in your listing. Statements exceeding the 25-word maximum will be edited.

D. AREAS OF SERVICE (Select at least one)

- | | | | | | | |
|------------------------------------|------------------------------------|--------------------------------------|-------------------------------------|--|-------------------------------------|------------------------------------|
| <input type="checkbox"/> Alameda | <input type="checkbox"/> El Dorado | <input type="checkbox"/> Lassen | <input type="checkbox"/> Monterey | <input type="checkbox"/> San Bernardino | <input type="checkbox"/> Shasta | <input type="checkbox"/> Tulare |
| <input type="checkbox"/> Alpine | <input type="checkbox"/> Fresno | <input type="checkbox"/> Los Angeles | <input type="checkbox"/> Napa | <input type="checkbox"/> San Diego | <input type="checkbox"/> Sierra | <input type="checkbox"/> Tuolumne |
| <input type="checkbox"/> Amador | <input type="checkbox"/> Glenn | <input type="checkbox"/> Madera | <input type="checkbox"/> Nevada | <input type="checkbox"/> San Francisco | <input type="checkbox"/> Siskiyou | <input type="checkbox"/> Ventura |
| <input type="checkbox"/> Butte | <input type="checkbox"/> Humboldt | <input type="checkbox"/> Marin | <input type="checkbox"/> Orange | <input type="checkbox"/> San Joaquin | <input type="checkbox"/> Solano | <input type="checkbox"/> Yolo |
| <input type="checkbox"/> Calaveras | <input type="checkbox"/> Imperial | <input type="checkbox"/> Mariposa | <input type="checkbox"/> Placer | <input type="checkbox"/> San Luis Obispo | <input type="checkbox"/> Sonoma | <input type="checkbox"/> Tuba |
| <input type="checkbox"/> Colusa | <input type="checkbox"/> Inyo | <input type="checkbox"/> Mendocino | <input type="checkbox"/> Plumas | <input type="checkbox"/> San Mateo | <input type="checkbox"/> Stanislaus | |
| <input type="checkbox"/> Contra | <input type="checkbox"/> Kern | <input type="checkbox"/> Merced | <input type="checkbox"/> Riverside | <input type="checkbox"/> Santa Barbara | <input type="checkbox"/> Sutter | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Costa | <input type="checkbox"/> Kings | <input type="checkbox"/> Modoc | <input type="checkbox"/> Sacramento | <input type="checkbox"/> Santa Clara | <input type="checkbox"/> Tehama | |
| <input type="checkbox"/> Del Norte | <input type="checkbox"/> Lake | <input type="checkbox"/> Mono | <input type="checkbox"/> San Benito | <input type="checkbox"/> Santa Cruz | <input type="checkbox"/> Trinity | |

CONDITIONS FOR APPROVAL

By signing this application, the participating charitable organization agrees to the following conditions:

- 1) This digital application form must be complete and submitted no later than the February 28, 2017 filing date. A timely submission is necessary to ensure that the organization will, if approved by the Department of General Services (DGS), be included by name in the 2017 Our Promise: California State Employees Giving at Work Initiative (2017 OP Initiative) literature distributed to State officers and employees.
- 2) If DGS or its designee requests information supporting a certification of eligibility, the information must be furnished within two business days. The burden of demonstrating eligibility shall rest with the applicant.
- 3) The administrative fee for the 2017 OP Initiative is as follows:
 - a) \$.39 cent per transaction fee as set by the State Controller's Office (SCO)
 - b) 14% administrative set rate:
 - 8% allocated to United Way California Capital Region (UWCCR) to manage and process the campaign year round
 - 5.5% for reimbursement to the local Principal Combined Fund Drive (PCFD) for fundraising expenses
 - .5% to DGS for related campaign activity reimbursement
 - c) The overall DGS approved percentage rate and SCO per transaction fee will be published in the 2017 OP Initiative literature distributed and on the website.
- 4) To hold harmless the State of California, including but not limited to its officers and employees, from any liability that may result from requesting, canceling or changing any payroll deduction, in consideration for and as a condition of the SCO withholding and transmitting payroll deductions, as authorized by California Government Code section 1151(f).
- 5) To immediately send notification by email to opcertification@uwccr.org of any changes to the information provided in or in connection with this application. Any changes to our application will be reviewed by the VCGCB's designee to determine if we still comply with all applicable requirements.
- 6) DGS may elect to disqualify or remove an organization that makes a false certification and/or engages in illegal activity.
- 7) To retain a copy of this digitally signed application and produce it to DGS or its designee within two business days of request for the original application.

We certify under penalty of perjury that:

- 1 We are currently a charitable organization qualified as "exempt" under Section 23701d of the California Revenue and Taxation Code and paragraph (3) of subsection (c) of section 501 of the Internal Revenue Code of 1954 .
 - a) We are in compliance with the provisions of the California Fair Employment and Housing Act, Part 2.8 (commencing with Government Code section 12900).
 - b) Our organization, its Board Members and Executive Officers are not in violation of any State of California or federal laws and regulations.
- 2) After careful review of the instructions, we have completed the application and to the best of our knowledge, all of the answers are true, correct and complete.

Signature: _____ **Date:** _____

Name: _____

Title: _____