



## **DELAWARE STATE EMPLOYEES' CHARITABLE CAMPAIGN 2024 APPLICATION**

Organizations that have been approved to participate in the State Employees' Charitable Campaign (SECC) for the last three, consecutive campaign years (2021, 2022, 2023) are eligible to complete the abbreviated application. Contact the SECC Coordinator at [SECC@delaware.gov](mailto:SECC@delaware.gov) for eligibility information.

## 2024 Application Submission

**Completed application and required documents must be submitted via email, fax, or mail by March 31, 2024.**

Email: [SECC@delaware.gov](mailto:SECC@delaware.gov)

Fax: 302-677-7094

Mail: State Employees' Charitable Campaign Chair

Attn: SECC Coordinator

841 Silver Lake Boulevard, Suite 100

Dover, DE 19904

### Organization Contact Information

Nonprofit Corporation Name:	
Organization Name (as it will appear on the 2024 SECC Charity Listing if approved):	
Organization Phone:	
Mailing Address (for receipt of funds if approved): Street: City, State, Zip:	
Local Address (See Established Physical Presence Requirement in section 2(c) of <a href="#">Executive Order 22</a> ): Street: City, State, Zip:	
Website Link(s) and/or Social Media Handles/Link(s):	
<p>Primary Contact Person (required)</p> <p>Name: Phone: Email:</p>	<p>Secondary Contact Person (required)</p> <p>Name: Phone: Email:</p>

1. Provide a brief description of how the organization’s programs or services benefit the health and welfare of residents of the state of Delaware. This information may be used in SECC literature. For full criteria see [Executive Order 22](#) Section 2(b).

2. Provide an example of the programs or services the organization can provide from state employee contributions. This information may be used in SECC literature.

Examples: \$5 can provide a hot meal to a senior citizen; \$50 will send a child to camp for a week

3. Please select the categories that best describe the organization:

<input type="checkbox"/>	Animals	<input type="checkbox"/>	Education	<input type="checkbox"/>	Military & Their Families
<input type="checkbox"/>	Arts & Culture	<input type="checkbox"/>	Employment & Training Resources	<input type="checkbox"/>	Senior Services
<input type="checkbox"/>	Children	<input type="checkbox"/>	Environment	<input type="checkbox"/>	Social Services
<input type="checkbox"/>	Community	<input type="checkbox"/>	Health	<input type="checkbox"/>	Veteran Services
<input type="checkbox"/>	Disability Services	<input type="checkbox"/>	Homelessness	<input type="checkbox"/>	Youth Development
<input type="checkbox"/>	Economic Development	<input type="checkbox"/>	Law Enforcement & Their Families	<input type="checkbox"/>	Other (please specify):

4. Please attach high resolution image file (JPG or PNG format only please) of the **organization's logo**. Select the box to certify that it may be used in SECC literature.
  
5. Please check the appropriate box. The organization is applying as a(n):  
Individual Organization (If applying as an individual organization, skip to question #7.)  
Foundation (If applying as an individual organization, skip to question #7.)  
Umbrella Organization (If applying as an umbrella organization, attach list of organizations that umbrella organization represents.)
  
6. If the organization is applying as an umbrella organization, does it serve as the administrative agency for at least four (4) non-profit organizations, each of which is organized and operated for the purpose of rendering, or materially or financially support the rendering of, services to, and for the benefit of, the health and welfare of residents of the State of Delaware?  
Yes  
No  
Applying as an umbrella organization, I understand that all references to "the organization" include the organizations that my organization represents.
  
7. I certify that the organization is a human health and welfare organization which is organized and operated for the purpose of rendering, or materially or financially supporting the rendering of services to, and for the benefit of, the health and welfare of residents of the State of Delaware.

8. I certify that the organization has an established physical presence in the State of Delaware, either in the form of an office or service facility which is staffed at least fifteen (15) hours a week, or by making available its staff through scheduled appointments with Delaware residents or businesses at least fifteen (15) hours a week.
  
9. I certify that the organization is recognized by the IRS as tax exempt under 26 U.S.C. 501(c)(3) and to which contributions are tax deductible pursuant to 26 U.S.C. 170. Include a copy of the most recent IRS determination letter as **Attachment A**.
  
10. I certify that this organization has a policy and demonstrates the practice of non-discrimination on the basis a person's race, color, national origin, gender, age, sex, pregnancy, marital status, sexual orientation, gender identity or expression, religion, disability, status as a victim of domestic violence, sexual assault and/or stalking, family responsibility, or any other category protected by state and/or federal civil rights laws, applicable to staff employment, and to memberships on its governing board.
  
11. I certify that this organization has a policy and demonstrates a practice of harassment prevention, including sexual harassment, sexual assault, bullying, and retaliation, applicable to staff employment, and to memberships on its governing board.
  
12. I certify that the organization's annual revenue is as follows.  
**Enter Total Revenue:** \_\_\_\_\_  
*If the annual revenue is more than \$100,000, I certify that the organization has adopted and employs the Standards of Accounting and Financial Reporting for Voluntary Health and Welfare Organizations set forth by the American Institute of Certified Public Accountants (AICPA) and provides for an annual external audit by an independent, certified public accountant. Include as **Attachment B** a copy of the organization's most recently completed local audit. Organizations with annual revenue less than \$100,000 are exempt from submitting an audit.*

13. If the organization's annual revenue is more than \$100,000, I certify that the organization named in this application prepares and makes available to the public an annual report that includes a full description of the mission, target population, activities, objectives, and achievements of the organization and the names of its chief administrative personnel. Include as **Attachment C** or link a copy of the most recently completed annual report. Organizations with annual revenue less than \$100,000 are exempt from submitting an annual report.  
Link to Annual Report, if applicable: \_\_\_\_\_
14. Include as **Attachment D** a copy of the most recently completed IRS Form 990, including signature. (NOTE: If the IRS does not require your organization to file the Form 990, you must still complete one in accordance with IRS regulations to be eligible for the SECC. IRS Forms 990EZ, 990PF, and comparable forms are not accepted. However, small organizations that file Form 990EZ may submit it with pages 1 and 10 of the Form 990 attached. The IRS Form 990 and audit must cover the same period. If revenue and expenses on the two documents differ, these amounts must be reconciled either on the IRS Form 990, Parts X-A and X-B, or by the certified public accountant that completed the audit in an accompanying signed statement.)
15. I certify that the organization's actual percentage of administrative and fundraising expenses for last fiscal year is as follows.  
**Enter Percentage (%):** \_\_\_\_\_  
*This percentage must be computed using the organization's most recently completed IRS Form 990. First, add the amount spent on "management and general" (Part IX, line 25C) to "fundraising" (Part IX, line 25D), then divide the resulting total by "total revenue" (line 12). If the organization's actual percentage of administrative and fundraising expenses exceeds 25%, the organization is required to include as **Attachment E** an explanation and documentation that these actual expenses for the above-named purposes are reasonable and appropriate.*

16. I certify that the publicity and promotional activities of the organization are based upon the actual program and operations of the entity and are truthful, non-deceptive and consumer oriented. I further certify that fund-raising practices assure; protection against unauthorized use of the organization's contributors' list; no payment of commissions, kickbacks, finder fees, percentages or bonuses for fund-raising; no mailing of unsolicited tickets or commercial merchandise with a request for money in return; and no general telephone solicitation. This requirement shall apply only to those activities connected with the SECC.
  
17. I certify that the organization is directed by an active, voluntary Board of Directors which serves without compensation, holds regular meetings, and exercises effective administrative control. I further certify if the Board of Directors is not located in Delaware, that there is a local board, comprised of Delaware citizens which advise the Board of Directors with respect to Delaware activities. Include as Attachment F a list that includes the names, titles, and addresses of the directors and the local advisory board, if applicable.
  
18. I certify that the organization has been in operation in Delaware for at least three (3) years prior to submitting this application.
  
19. I certify that the organization does not exist solely to advocate religious or ethical beliefs and is not a partisan political and propaganda program.
  
20. I certify that any lobbying activities of the organization to influence voting or legislation at the local, State or Federal level would classify it as a tax-exempt agency under 26 U.S.C. 501(h).
  
21. I certify that the funds contributed by State employees will be effectively used for the announced purposes of the organization.

**I acknowledge that all certifications and statements made in this application are true and correct to the best of my knowledge and that I am authorized on behalf of the organization to make such certifications.**

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**Certifying Official's Name (Print)**

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**Title**

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**Signature**

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**Date**



### 2024 SECC Application & Required Documentation Check List

	<b>Signed Application</b>
	<b>Organization Logo (JPG or PNG format only please)</b>
	<b>Attachment A – IRS Determination Letter</b>
	<b>Attachment B – Most recently completed local audit, <i>if required</i></b>
	<b>Attachment C – Most recently completed annual report, <i>if required</i></b>
	<b>Attachment D – Most recently completed IRS Form 990</b>
	<b>Attachment E – Explanation of Revenue and Administrative Expenses, <i>if required</i></b>
	<b>Attachment F – List of Board of Directors</b>