



2012 SEFA APPLICATION AND INSTRUCTIONS

Please read these instructions first, review the application on our website www.sefanys.org before attempting to complete the application form. Once you have all of the required information, complete the digital application form and submit. Once you have submitted your electronic application form you can save and print it. There are documents you are required to send to the address below the deadline by which those documents should be physically in the Statewide SEFA Council's office is March 15, 2012. Each document you are required to send will be identified as you answer the questions.

Statewide SEFA Council
272 Broadway
Albany, NY 12204

- The Application Form is used for charities seeking to participate for the first time or for those charities that have been removed from participation through failure of recertification.
- The use of the term "applicant" on the application refers to the charity or federation of charities applying for participation in the SEFA campaign.
- You are required to answer all questions. In some questions, you are asked to fill out one part or another. In other questions, you will be asked a question and asked for additional information relating to that question. If you fail to provide answers to required questions, you will be unable to submit your application. You cannot save the document if it is incomplete in any way, so you should review the application before filling it out to ensure you have all required information prior to filling it out.
- Once you have completed the application you should print it. Please note Required documents not received by the deadline will result in the application being considered incomplete, and subject to denial by the Council. Therefore it is very important that you send required documents by the deadline in your confirmation email.
- Do not submit required documents in binders or folders of any kind.
- Do not submit any documents or materials that are not requested.

Questions?

If you are a member of a federation we recommend that you work with their staff who can provide you advice and assistance in completing the application.

If you are not a member of a federation, you are encouraged to contact the SEFA staff in the local campaign area you are applying in. Depending on what campaign areas you choose in your application the contact for those campaign areas are listed below. If you are applying "statewide" and have questions contact the Statewide SEFA office at suzannemm@sefanys.org.

Notification

All applicants will receive notification of their approval or denial by May 7, 2012. There is no administrative appeal for applicants that have been denied in recognition of the belief and conviction that the distribution of voluntary contributions of state employees should be solely the decisions of such employees or their authorized representation. However an appeal is possible in accordance with Article 78 of the Civil Practice Law and Rules. The Commissioner of NYS Office of General Service is a necessary party to an appeal made in accordance with Article 78.



2012 SEFA APPLICATION
(PLEASE PRINT)

1. IDENTIFYING INFORMATION

1a. Legal Name of Applicant Organization:

1b. DBA (name of applicant commonly used):

Letter Approving DBA Attached

1c. How do you wish to be identified in the SEFA listings? Legal Name DBA

Note: If the legal name of the organization differs from the name on the IRS determination letter, IRS form 990, or audited financial statements, official documentation from the IRS or state government authorizing use of this name must be mailed along with all other required documentation, as well as the EIN.

1d. Applicant's Federal Taxpayer Identification Number (EIN):

To find your EIN Taxpayer Identification Number go to:

<http://www.irs.gov/taxstats/charitablestats/article/0,,id=97186,00.html> , scroll down to the box for New York, click on the alphabetical listing for your charity name. This will open an excel spreadsheet. Once the spreadsheet is open push the control button on your keyboard at the same time you press the F4 key. Once the "find" box opens type in your charity name. This should bring you to your EIN number.

1e. Mailing Address:

Street address or P.O. City State Zip code

1f. Telephone Number:

Fax Number:

1g. Executive Director (or agency's CEO or lead staff person):

Name Title Email

1h. Contact person for this application – Optional (only if different from above)

Name Title Email

1i. Applicant web address:

2. IRS STATUS

- 2a. Is the applicant tax exempt under IRS code 501(c)(3)? YES NO
(SEE 2E)
- 2b. If yes, attach a copy of agency's IRS tax exempt letter. LETTER ATTACHED
Note: This is the letter your organization received when they originally applied to the IRS for their 501 (c) 3 tax status.
- 2c. Attach a signed copy of latest 990. This must include signature of Agency's representative and paid preparer (if any). 990 ATTACHED
OR
 990EZ and PAGES 1-2 OF 990 ATTACHED

Note: Agencies that file a 990EZ must submit a copy along with pages 1-2 of the 990.

- 2d. Last date of your fiscal year:
 December 31 June 30 Other:
- 2e. If **no**, attach a copy of agency's IRS letter stating why applicant is not required to have 501 (c) (3) status. LETTER ATTACHED

3. CHARITIES BUREAU – NYS ATTORNEY GENERAL

- 3a. Is the applicant currently registered with the Charities Bureau? YES NO
Note: All charities are required to register with the NYS Charities Bureau (http://bartlett.oag.state.ny.us/Char_Forms/search_charities.jsp)
- 3b. Is the applicant required to file with or report to the Charities Bureau? YES NO
(Go To 3G)
Note: (known as being exempt from filing, all charities are required to register with the NYS Charities Bureau (http://bartlett.oag.state.ny.us/Char_Forms/search_charities.jsp)
- 3c. Provide Charities Registration ID #:
- AND**
- 3d. Attach letter from Charities Bureau as documentation of this # if not required to file annually attach confirming the exemption from reporting. LETTER ATTACHED
- 3e. Is the applicant's annual filing (CHAR 500) with the Charities Bureau current? YES NO

3f. What is the date of the last annual filing with the Charities Bureau? Month/Year

If last financial filing is not for the most recent past fiscal year, attach a letter from the Charities Bureau granting an extension to your filing date: EXTENSION LETTER ATTACHED

3g. Attach a signed copy of latest CHAR 500. Report should reflect signature of agency's representative and paid preparer (if any). AUDITED FINANCIAL RECORDS ATTACHED

Note: Whether you are registered with the Charities Bureau or are exempt from filing, your agency should have been assigned an ID # and must include a audited financial record with this application. NYS' Executive Law requires that charities exempt from filing have available at their offices financial filings similar to those that would be required if the organizations were not exempt.

http://bartlett.oag.state.ny.us/Char_Forms/search_charities.jsp

4. FEDERATION OR UNAFFILIATED STATUS

Is the Applicant (please check one 4a or 4b AND 4c or 4d-4f)

4a. A charity that is not affiliated with any federation of charities

OR

4b. A member of a federation of charities

Note: SEFA regulations define federations as having 15 or more members participating in the SEFA campaign.

AND

4c. Please check the SEFA federation of which you are a member :
(See attached list of Federation contacts on page 6)

- | | |
|---|--|
| <input type="checkbox"/> America's Charities | <input type="checkbox"/> Human and Civil Rights Organizations of America |
| <input type="checkbox"/> Community Health Charities of NY | <input type="checkbox"/> Independent Charities of America |
| <input type="checkbox"/> Community Works of NYS | <input type="checkbox"/> Neighbor to Nation |
| <input type="checkbox"/> EarthShare of New York | <input type="checkbox"/> United Way |
| <input type="checkbox"/> Global Impact | <input type="checkbox"/> Other |

4d. Is your organization a federation of charitable agencies? YES NO

Note: SEFA regulations define federations as having 15 or more members participating in the SEFA campaign.

4e. Name of your federation:

4f. Please attach a list of your member's charities that participate in SEFA. LIST OF MEMBERS ATTACHED

5. APPLICATION TYPE

This application is for participation in :

- 5a. The statewide campaign – every local SEFA campaign in NYS. (Statewide applicants must show that they provide \$62,000 or more in program services within NY State – see question #6.)

OR

- 5b. A single local SEFA campaign. (Applicants to one or more local campaigns must show that they provide a minimum of \$1,000 in program services to that campaign area – see question #6.)

AND

- 5c. Please check below the one, single local SEFA Campaign you are applying to participate in.
See attached list of counties that each SEFA campaign covers.

- | | | |
|---|---|--|
| <input type="checkbox"/> Allegany County | <input type="checkbox"/> Delaware/Otsego Counties | <input type="checkbox"/> Greater Rochester Area |
| <input type="checkbox"/> Broome/Chenango/Tioga Counties | <input type="checkbox"/> Dutchess County | <input type="checkbox"/> Rockland County |
| <input type="checkbox"/> Capital Region | <input type="checkbox"/> Herkimer/Madison/Oneida Counties | <input type="checkbox"/> St. Lawrence County |
| <input type="checkbox"/> Central New York | <input type="checkbox"/> Jefferson/Lewis Counties | <input type="checkbox"/> Steuben/Yates Counties |
| <input type="checkbox"/> Chautauqua County | <input type="checkbox"/> Long Island Area | <input type="checkbox"/> Sullivan/Ulster Counties |
| <input type="checkbox"/> Chemung County | <input type="checkbox"/> New York City Area | <input type="checkbox"/> Tompkins/Schuyler Counties |
| <input type="checkbox"/> Clinton/Essex/Franklin/Hamilton Counties | <input type="checkbox"/> Niagara Frontier Area | <input type="checkbox"/> Westchester/Putnam Counties |
| <input type="checkbox"/> Cortland County | <input type="checkbox"/> Orange County | |

Please Note: *if the applicant is applying to participate in one or more local SEFA campaigns, you must submit one complete application with attachments for each local campaign you want to be considered for (e.g.: if applying for participation in 3 local campaigns, you must submit 3 applications with attachments and with the appropriate campaign area checked off on each). An applicant to participate in every local campaign (statewide) may submit one application with attachments.*

- 5d. Please check off any local campaigns in which your organization has previously been approved to participate. Use this area only if you have participated in SEFA previously.

- | | | |
|---|---|--|
| <input type="checkbox"/> Allegany County | <input type="checkbox"/> Delaware/Otsego Counties | <input type="checkbox"/> Greater Rochester Area |
| <input type="checkbox"/> Broome/Chenango/Tioga Counties | <input type="checkbox"/> Dutchess County | <input type="checkbox"/> Rockland County |
| <input type="checkbox"/> Capital Region | <input type="checkbox"/> Herkimer/Madison/Oneida | <input type="checkbox"/> St. Lawrence County |
| <input type="checkbox"/> Central New York | <input type="checkbox"/> Jefferson/Lewis Counties | <input type="checkbox"/> Steuben/Yates Counties |
| <input type="checkbox"/> Chautauqua County | <input type="checkbox"/> Long Island Area | <input type="checkbox"/> Sullivan/Ulster Counties |
| <input type="checkbox"/> Chemung County | <input type="checkbox"/> New York City Area | <input type="checkbox"/> Tompkins/Schuyler Counties |
| <input type="checkbox"/> Clinton/Essex/Franklin/Hamilton Counties | <input type="checkbox"/> Niagara Frontier Area | <input type="checkbox"/> Westchester/Putnam Counties |
| <input type="checkbox"/> Cortland County | <input type="checkbox"/> Orange County | |

6. PROGRAM EXPENSES

6a. Please note the amount of program expense in the campaign region you are applying for or the amount spent on overall program services as a statewide applicant, using the chart below. Statewide applicants may include any charity that is seeking to participate in every local campaign. These may include national or international agencies in addition to any NYS charity or federation that qualifies. SEFA rules also provide that applicants to one or more local campaigns must show that they provide a minimum of \$1,000 in program services to that campaign area. Statewide applicants must show that they provide \$62,000 in program services.

Campaign Areas	Total Spent on Services	Campaign Areas	Total Spent on Services
<input type="checkbox"/> Statewide Applicant	\$	<input type="checkbox"/> Jefferson/Lewis Counties	\$
<input type="checkbox"/> Allegany County	\$	<input type="checkbox"/> Long Island Area	\$
<input type="checkbox"/> Broome/Chenango/Tioga Counties	\$	<input type="checkbox"/> New York City Area	\$
<input type="checkbox"/> Capital Region Area	\$	<input type="checkbox"/> Niagara Frontier Area	\$
<input type="checkbox"/> Central New York Area	\$	<input type="checkbox"/> Orange County	\$
<input type="checkbox"/> Chautauqua County	\$	<input type="checkbox"/> Greater Rochester	\$
<input type="checkbox"/> Chemung County	\$	<input type="checkbox"/> Rockland County	\$
<input type="checkbox"/> Clinton, Essex, Franklin, Hamilton Counties	\$	<input type="checkbox"/> St. Lawrence County	\$
<input type="checkbox"/> Cortland County	\$	<input type="checkbox"/> Steuben/Yates Counties	\$
<input type="checkbox"/> Delaware/Otsego Counties	\$	<input type="checkbox"/> Sullivan/Ulster Counties	\$
<input type="checkbox"/> Dutchess County	\$	<input type="checkbox"/> Tompkins/Schuyler Counties	\$
<input type="checkbox"/> Herkimer/Madison/Oneida Counties	\$	<input type="checkbox"/> Westchester/Putnam Counties	\$

6b. Please attach a copy of your latest Annual Report. REPORT ATTACHED

7. SERVICES

7a. Does the applicant provide health, welfare or recreational services? YES NO

7b. Please provide a 25 word description of your agency's services (no attachments). Enter the description below. *Please type accurately as what you write will be used in the directory and brochures.*

8. FUNDRAISING AND ADMINISTRATIVE EXPENSES

- 8a. Applicant's fundraising and administrative expenses are _____ %
- 8b. If above % exceeds 25%, please describe briefly why your percentage is above 25% and your plan to bring this amount down below 25%:

Why the % exceeds 25%.

The steps planned and timetable to reduce the % to 25% or lower:

9. REPRESENTATIONS AND CERTIFICATION

Place a check (X) in the Yes or No box after each statement.

- 9a. Applicant complies with all requirements of state and federal laws and regulations related to nondiscrimination as well as equal employment opportunities with respect to its officers, staff, employees, volunteers and all persons it seeks to serve. YES NO

(Applicants that are otherwise eligible, will not be denied because it is organized by, on behalf of, or to serve persons of a particular race, color, religion, sex, sexual orientation, national origin, age, or with a particular disease or handicap.)

- 9b. The Applicant agrees to abide by all SEFA policies and procedures for the annual solicitation campaign. YES NO

- 9c. The Applicant agrees to make available IRS Form 990 to any requestor pursuant to section 6104(d)(4) of the Internal Revenue Code and applicable Internal Revenue Service regulations. YES NO

10. I certify that the organization named in this application is in compliance with all statutes, Executive order, and regulations restricting and prohibiting U.S. persons from engaging in transactions and dealings with countries, entities or individuals subject to economic sanctions administered by the U.S. Department of the Treasury's Office of Foreign Assets Control. The organization named in this application is aware that a list of countries subject to such sanctions, and overviews and guidelines for each such sanction program can be found at <http://www.treas.gov/ofac> . Should any change in circumstances pertaining to this certification occur at any time, the organization will notify OPM's Office of CFC Operations immediately. YES NO

CERTIFYING OFFICIAL

I, _____ am the named authorized officer of _____
_____ authorized to certify
(applicant)
and affirm that all statements contained in and attached to this application are complete and accurate.

Signature

Date

Typed Name

Title

Applicant will provide (or has provided) a written statement certifying that an electronic signature is authorized by applicant's board of directors (or appropriate governing body) with a copy of the board's resolution attached to the officer's statement.

For use in answering question #8.

FISCAL YEAR ENDED:

MANAGEMENT AND GENERAL EXPENSES \$

FUNDRAISING EXPENSES + \$

TOTAL =

TOTAL REVENUE ÷

OVERHEAD PERCENTAGE = _____ %

Items checked are required to be submitted with the application

- IRS Tax Exempt Letter
- IRS Letter explain why not required to have 501(c)(3) status
- 990
- 99EZ AND Pages 1 – 2 of 990
- Letter from Charities Bureau documenting Registration ID#
- Filing extension letter from Charities Bureau
- Audited Financial Records (CHAR 500)
- List of member's charities that participate in SEFA
- Annual Report

SEFA CAMPAIGN AREAS with COUNTIES SERVED

SEFA CAMPAIGN AREA NAME	COUNTIES SERVED and FEDERATED FUND CODE
Allegany County	Allegany - 83
Broome/Chenango/Tioga Counties	Broome, Chenango, Tioga - 56
Capital Region Area	Albany, Rensselaer, Schenectady, Saratoga (southern), Schoharie – 50 Columbia/Greene – 86, Fulton - 67, Montgomery - 70, Warren/Washington - 90
Central New York Area	Cayuga, Onondaga, Oswego, Seneca - 59
Chautauqua County	Chautauqua - 85
Chemung County	Chemung - 74
Clinton/Essex Counties	Clinton, Essex, Franklin, Hamilton - 81
Cortland County	Cortland - 60
Delaware/Otsego Counties	Delaware, Otsego - 94
Dutchess County	Dutchess - 61
Herkimer/Madison/ Oneida Counties	Herkimer, Madison, Oneida - 72
Jefferson/Lewis Counties	Jefferson, Lewis - 64
Long Island Area	Nassau, Suffolk - 65
New York City Area	Bronx, Kings, New York, Queens, Richmond - 51
Niagara Frontier Area	Cattaraugus, Erie, Niagara - 57
Orange County	Orange - 82
Greater Rochester Area	Genesee - 69, Livingston - 96, Monroe – 66, Ontario - 88, Orleans - 89, Wayne - 62, Wyoming - 93
Rockland County	Rockland - 84
St. Lawrence County	St. Lawrence - 78
Steuben/Yates Counties	Steuben, Yates - 77
Sullivan/Ulster Counties	Sullivan - 71, Ulster - 80
Tompkins/Schuyler Counties	Schuyler, Tompkins - 76
Westchester/Putnam Counties	Putnam, Westchester - 73

LOCAL SEFA STAFF CONTACTS –2012

SEFA Region	SEFA Staff Contact	Address/Phone Number
Allegany County	Julie Briggs Cunningham acuw@verizon.net	Allegany County United Way PO Box 15 Wellsville, New York 14895 585-593-0020
Broome/Chenango/Tioga	Sandy Mitchell smitchell@uwbroome.org	United Way of Broome County P.O. Box 550 Binghamton, New York 13902 607-729-2592
Capital Region	Joseph Guastella jguastella@unitedwaygcr.org	United Way of the Greater Capital Region P.O. Box 13865 Albany, New York 12212 518-456-2200 Ext: 121
Central New York	Craig Collie ccollie@unitedway-cny.org	United Way of Central New York PO Box 2129 Syracuse, New York 13220 315-428-2216
Chautauqua County	Lisa Sunday lisa@unitedwayncc.org	United Way of N. Chautauqua County 626 Central Avenue Dunkirk, New York 14048 716-366-5424
Chemung County	Curt Bailey cbailey@uwst.org	United Way of the Southern Tier 300 Nasser Civic Center Plaza Suite 220 Corning, New York 14830 607-936-3753
Clinton, Essex, Franklin, Hamilton	Kathy Snow Kathy@unitedwayce.org	United Way of the Adirondack Regions 45 Tom Miller Road Plattsburg, New York 12901 518-563-0028

SEFA Region	SEFA Staff Contact	Address/Phone Number
Cortland County	Cynthia Eberhart director@cortlandunitedway.org	United Way for Cortland County 50 Clinton Avenue Cortland, New York 13045 607-756-5639
Delaware/Otsego Counties	Terry Capuano uwayak@stny.rr.com	United Way of Delaware & Otsego P.O. Box 631 Oneonta, New York 13820 607-432-8006
Dutchess County	April Gozza agozza@unitedwaydutchess.org JoAnne Hickman jhickman@unitedwaydutchess.org	United Way of Dutchess County 75 Market Street Poughkeepsie, New York 12601 845-471-1900 Ext: 114
Herkimer/Madison/ Oneida Counties	Sophie Jouben Sophie.jouben@unitedwaygu.org	United Way of the Greater Utica Area 270 Genesee Street Utica, New York 13502 315-733-4691 Ext. 232
Jefferson/Lewis	Tobi Darrah campaign@nnyonline.net	United Way of Northern New York 200 Washington Street, Suite 402A Watertown, New York 13601 315-788-5631
Long Island	Millie Lucas mlucas@unitedwayli.org	United Way of Long Island 819 Grand Boulevard Deer Park, New York 11729 631-940-3732
New York City	Sheila O'Connor Sheila@sefanyc.org	EarthShare NY 122 W. 27th St New York, New York 10016 646-496-0315
Niagara Frontier	Marilyn Wilson marilyn.wilson@uwbec.org	United Way of Buffalo & Erie 742 Delaware Avenue Buffalo, New York 14209 716 887-2632

SEFA Region	SEFA Staff Contact	Address/Phone Number
Orange County	JoAnne Hickman jhickman@unitedwaydutchess.org	Orange County United Way 30 Scott's Corners Dr, Suite 102 Montgomery, New York 12549-0397 845-457-4774
Greater Rochester	Rodney Young/Marge McDuffey rodney.young@uwrochester.org	United Way of Greater Rochester 75 College Avenue Rochester, New York 14607 585-242-6498
Rockland County	Jacki Goldstein j.goldstein@uwrc.org	United Way of Rockland County, Inc. M & T Bank Building, 2nd Floor 135 Main Street Nyack, New York 10960 845-358-8929
St. Lawrence	Kristina Barker uwadmin@nnyonline.net	United Way of Northern New York 200 Washington Street, Suite 402A Watertown, New York 13601 315-788-5631
Steuben/Yates County	Curt Bailey cbailey@uwst.org	United Way of the Southern Tier 300 Civic Center Plaza, Suite #2 Corning, New York 14830 607-936-3753
Sullivan/Ulster	Kaytee Warren unitedwaysullivan@verizon.net	United Way of Sullivan County P.O. Box 1036 Monticello, New York 12701 845-794-1771
Tompkins/Schuyler	Ann Colt acolt@uwtc.org	United Way of Tompkins County 313 North Aurora Street Ithaca, New York 14850 607-272-6286
Westchester/Putnam	Lois Parker lparker@uwwp.org	United Way of Westchester & Putnam 336 Central Park Avenue White Plains, New York 10606 914-997-6700 Ext: 719

America's Charities

Yvonne Wiley
14150 Newbrook Drive, Suite 110
Chantilly, VA 20151
703-674-5351
ywiley@charities.org

Community Health Charities of New York

Bill Galvin
President/CEO
26 Century Hill Drive, Suite 205
Latham, NY 12110
518-783-2651
518-783-2659 FAX
800-724-3840 Toll Free
bgalvin@healthcharitiesny.org

Community Works of NYS

Joanne B. Macklin
50 Colvin Avenue, Suite 203
Albany, NY 12206
518-765-5137
cwnys@hotmail.com

EarthShare of New York

Miriam Davidson
7735 Old Georgetown Road, Suite 900
Bethesda, MD 20814
240-333-0300 ext. 11
800-230-3369 ext. 11
240-333-0301 FAX
Miriam@earthshare.org

Human and Civil Rights Organizations of America

Leah Hamilton
10 Chestnut Street
Salem, MA 01970
978-594-0404 ext. 101
978-236-7272 FAX
leah@hcr.org

Independent Charities of America

Jesse Beisler
1100 Larkspur Landing Circle, #340
Larkspur, CA 94939
800-477-0733
415-925-2650 FAX
jbeisler@maguireinc.com

Global Impact

Alison Iqbal
Member Services Associate
66 Canal Center Plaza, Suite 310
Alexandria, VA 22314
703-717-5232
703-717-5235 FAX
Alison.iqbal@charity.org

Neighbor to Nation

Rosa Brizuela
7620 Little River Turnpike, Suite 600
Annandale, VA 22003
571-722-1071
518-723-1071 FAX
campaign@neighbortonation.org

United Way

(Contact the local UW that serves your campaign area – see attached list).