



Statewide SEFA Council

One United Way
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2019 SEFA Application Instructions

We recommend you use Chrome or Mozilla/Firefox as your browser when completing this application. You may encounter problems using Internet Explorer (ie).

If you want to save the form as you complete it, you must [REGISTER](#). Write your username and password down for future reference. Once you are registered, you must click the link in the email received to set up your password. You are not registered until you have completed that step.

When completing the application, please refer to these instructions. If you have any questions, do not hesitate to reach out to your [local SEFA Coordinator](#), or, if you are a Statewide charity, Laurelee Dever at ldever@sefanys.org.

1. **Charity Legal Name.** Name of applicant charity, as it appears in the IRS Business Master File.
2. **DBA (Doing Business As).** This must be a legal DBA. If the name of the organization differs from the name that appears 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 is required to be uploaded.
 - 2a. **Legal DBA documentation upload.** If you have entered a DBA, you will be required to provide the legal documentation authorizing use of that DBA. If you do not have that documentation, the DBA can not be used.
3. **List in Book Under.** Do you want to be listed as your legal name or DBA?
4. **FED EIN.** The nine-digit EIN assigned to the organization by the IRS and appearing on the IRS Form 990 submitted with this application.
5. **Charity Address1.** The physical street address.
 - 5a. **Charity Address2.** P.O. Box

6. **City.** Self-explanatory.
7. **State.** Self-explanatory.
8. **Zip Code.** Self-explanatory.
9. **Phone Number.** This should be a phone number a donor would call with questions. (format: xxx-xxx-xxx)
10. **Charity website address.** Self-explanatory. Do not put http:/ (format: www.xxxxxxxxx.xxx)
11. **Is your charity a member of a federation?** If you don't know, you probably aren't. There are state/national federations and United Way's are federations for their funded partners/member agencies. If you have a question whether or not you are a member of a federation or UW, contact the federation or local UW you believe you are a funded partner/member agency charity of.
- State/National Federation, a dropdown box will appear for you to indicate which State/National Federation you are a part of.
 - United Way funded partner/member agency, a dropdown box will appear for you to indicate which United Way you are a member/funded partner of.
12. **Campaign Area You are Applying in.** What primary campaign area region do you want to be listed in? This should be where your "home office" is located. We hope to move to a one charity/one charity code system.
- 12a. **Campaign Area 2, 3 and 4.** Assuming we do not go to a one charity/one charity code system, what other campaign area(s) would you like to be listed in?
- 12b. **Depending on what you chose for #12, one of the below will appear under Campaign Areas.**
- Local: Do you certify that a minimum of \$1,000 on qualifying charitable program services* has been spent in each area you are recertifying for?
 - Statewide: Do you certify that a minimum of \$62,000 has been spent on qualifying charitable program services*?
- *Find this information here: 990 Form – Part IX (Statement of Functional Expenses), Column B (Program service expenses), Line 25 or or 990EZ form = Part III (Statement of Program Service Accomplishments), Line 32 (Total program service expenses).
13. **Date of most recent IRS Determination Letter (501(c)(3) tax exempt status.** If you do not have your letter, you can call IRS Customer Service for non-profit organizations at 1-877-829-5500 and give them your non-profit's name and Employer Identification Number (EIN). They will send you an affirmation letter.
- 13a. **IRS Determination Letter Upload.** Please upload your most recent IRS Determination Letter.
14. **Is your charity one of these?** Drop down choice. Self-explanatory.

15. **Is your charity required to file annually with the NYS Charities Bureau?** Yes or No. If “No,” see 15a.
- 15a. **Upload a copy of the letter/email you received from the Charities Bureau stating that you are exempt from filing with them.** [Click here for instructions regarding getting your exempt status email/letter.](#)
16. **NYS Charities Bureau Registration Number.** You have a Charities Bureau Registration number, even if you aren’t required to file. To search for your number go to the [Charities Bureau Registry](#). In order to avoid problems, only enter your EIN number. (format: xx-xx-xx)
17. **I certify that our charity is registered, current and has available for inspection, its annual financial filings with the Attorney General’s Charities Bureau pursuant to [Article 7A of the Executive Law](#) and Section 8-1.4 of the Estates, Power and Trusts Laws (or is exempt from such registration, if applicable).** Yes or No
18. **Period of last filing with the NYS Charities Bureau. Year Ended.** This is not the date you filed them. This is the tax year you filed for. You must use the calendar feature. If you try to manually enter the date, you will not be able to move to the next page.
19. **Period of last completed IRS Form 990. Year Ended.** This is not the date you filed your taxes. This is the tax year you filed for. You must use the calendar feature. If you try to manually enter the date, you will not be able to move to the next page.
20. **What tax form do you file?**
- 990. You will be prompted to upload your most recent 990.
 - **990EZ. You will be prompted to upload a [Pro forma IRS 990 form](#).** You do not need to hire a CPA to complete the Pro Forma IRS 990 form. The person who prepares your taxes can do it. **Instructions:** Click the link under the question for the form. The following sections must be completed:
 - Page 1, Items A-M; Part I (Summary) Lines 1-4 only; Part II (Signature Block);
 - Page 7, Part VII (Compensation section A only);
 - Page 9, Part VIII (Statement of Revenues);
 - Page 10, Part IX Statement of Financial Expenses; and
 - Page 12, Part XII (Financial Statements and Reporting).
 - **990-N. You will be prompted to upload a [Pro forma IRS 990 form](#).** See instructions above in 990EZ.
 - Part of a Group Exemption. You will be prompted to enter the EIN that it’s under.
21. **Total Annual Revenues.** Enter the amount in Part VIII (Statement of Revenue), Line 12, Column A (Total Revenue) Do not enter a dollar sign (\$) and round to the nearest dollar (do not enter cents).

- 22. Total Annual Administrative and Fundraising Expenses.** Enter sum of Part IX (Statement of Functional Expenses), Line 25, Column C (Management & General Expenses) and Column D (Fundraising Exp). Do not enter a dollar sign (\$) and round to the nearest dollar (do not enter cents).
- 23. Administrative and Fundraising Rate.** Divide 22 by 21 and move decimal two places to the right. This is your AFR. Do not put the percentage sign. (format: 00.0)
- 24. AFR Exceeding 25.0% Plan.** If your AFR exceeds 25.0%, then upload an explanation of why those expenses exceed 25.0% and provide a formal plan to reduce them to below 25.0%.
- 25. I certify that despite being over 25.0%, our AFR is reasonable based on the plan submitted above.** Yes or No
- 26. Patriot Act Compliance Form.** Print, complete then upload [completed form](#) certifying that the charity is in compliance with all applicable anti-terrorist financing and asset control laws, statutes and executive orders.
- 27. I certify that the principal activities and purpose of this charity is to carry out a bona fide program of charitable services.** Yes or No
- 28. I certify that this charity operates without discrimination in regard to all persons served by the campaign & is in compliance with all applicable requirements of law and regulations with respects to its officers, staff, employees and volunteers.** Yes or No
- 29. We have the most current annual report describing our announced programs, goals and data demonstrating the extent of our achievements, including, where applicable, the extent of participation of our volunteers in the preceding year available for inspection.** Yes or No
- 30. We agree to abide by all SEFA policies and procedures ([Participation Overview](#)) for the annual solicitation campaign.** Yes or No
- 31. Provide a 25-word description of your organization's services.** This is what the donor will see about your organization. Do not include your organization's name. If more than 25 words are used, it will be truncated.
- 32. First Name – Contact for this form.** Self-explanatory.
- 33. Last Name – Contact for this form.** Self-explanatory.
- 34. Title – Contact for this form.** Self-explanatory.
- 35. Email – Contact for this form.** Self-explanatory. This is where the receipt for the application and all ongoing correspondence will be sent.
- 36. Phone # - Contact for this form.** Self-explanatory.

37. **First Name - Finance contact.** Self-explanatory.
38. **Last Name - Finance contact.** Self-explanatory.
39. **Title - Finance contact.** Self-explanatory.
40. **Email - Finance contact.** Self-explanatory.
41. **Email address where pledge information should be sent.** Self-explanatory.
42. **Address where donation check should be sent.** Self-explanatory.
 - 42a. **Address 2 where donation check should be sent.** Self-explanatory.
 - 42a. **City – donation check.** Self-explanatory.
 - 42a. **State – donation check.** Self-explanatory.
 - 42a. **Zip – donation check.** Self-explanatory.
43. **Taxonomy Code.** Charities can identify up to three categories, in priority order, which most closely identify the type of mission, services, and activities provided. The corresponding letters will be printed in the SEFA organization book to assist donors in identifying charities by type of service provided, in addition to donors being able to search online based on type of service provided.
44. **New York State counties where program services are provided.** Choose all that apply. We intend, in the future, to donors having the ability to search charities by county where services are provided
45. **If you are a previous participant, enter your former charity code.** A seven or eight digit number. (xx-xxxxx) [2017 Charity Book](#).
46. **Charity Representative who is certifying this application.** This is the appointed representative who is authorized to certify and affirm all statements in this application. They are certifying that they have read all the certifications and affirm their accuracy. By checking “Yes” to the certifications, you are acknowledging and agree to comply with that certification.
47. **Certifying Representative Title.** Self-explanatory.
48. **Certifying Representative email address.** Self-explanatory.
49. **Comments (Optional).** Enter short comments here.

Further information:

When preview is clicked, if nothing happens, refer back to questions 18 and 19. The calendar must be used to enter the date. You cannot enter it manually.

ERROR MESSAGE: If something is not complete it will bring you to the question directly, or to the top of the application and show what errors there are in red.

44. New York State counties where program services are provided. Choose all that apply. field is required.



2019 SEFA Application



1. Charity Legal Name *

2. Legal DBA (Doing Business As)
If you don't have a DBA leave blank.

2a. Legal DBA documentation upload *
Please see the instructions for further notice on this. If this is not provided, your application will be considered incomplete and you may no campaign.