



Agency Certification

***Agency Name:** _____

***I certify that the principal activities and purpose of this organization is to carry out a bona fide program of charitable services.**

☐ Yes ☐ No

***I certify that this organization operates without discrimination in regard to all persons served by the campaign & is in compliance with all applicable requirements of law & regulations with respect to its officers, staff, employees, & volunteers.**

☐ Yes ☐ No

***I certify that 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 is available for inspection**

☐ Yes ☐ No

***I certify that my charity agrees to abide by all SEFA policies and procedures according to NYS Regulations Title 9 Executive Department Subtitle G, Office of General Services Chapter VI Miscellaneous Subchapter A, General Rules Part 335.**

☐ Yes ☐ No

Additional Comments:

Who should we contact regarding this application?

*Full Name	
*Title	
*Telephone #	
*Email Address	

***All fields are required to process your application.**



Authorized Signature: (Please note this must be a signatory for the organization. i.e. Executive Director, CFO or Board Officer. Federations only may sign as a representative of the Agency.)

*Signature	
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*Full Name	
*Title	
*Telephone #	
*Email Address	

- Please type or print in ink.
- Please upload this form to the Certification Document Upload portion at the end of the Charity Affiliations, Eligibility, Compliance & Certifications portion of the application.

***All fields are required to process your application.**