



## SEFA Agency Application – Recertification Statement

\*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 and is in compliance with all applicable requirements of law and regulations with respect to its officers, staff, employees, and 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:**

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**Who should we contact regarding this application?**

<b>*Full Name</b>	
<b>*Title</b>	
<b>*Telephone #</b>	
<b>*Email Address</b>	

**Authorized Signature:** This must be a signatory for the organization, i.e. Executive Director, CFO or Board Officer and must be a handwritten signature.

*Federations only may sign as a representative of the Agency.*

<b>*Full Name</b>	
<b>*Title</b>	
<b>*Telephone #</b>	
<b>*Email Address</b>	

<b>*Signature</b>	
<b>*Date</b>	

- **\*All fields are required to process your application.**
- Please type or print in ink.
- Please upload this form to the application.