

Exhibit A

State of Iowa One Gift Agency Application

*To be eligible for publication in the One Gift handbook for the 2009 campaign, your application must be received by May 1, 2008.
If you are currently a participating One Gift agency, you do not need to reapply each year.*

1. Agency Information

Agency Name: _____

Name of Contact Person: _____

Contact Title: _____ Contact Email: _____

Street Address/PO Box: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____ Fax Number: _____

Agency web site: _____

Employer Identification Number (EIN): _____

Is your EIN shared with any other agency? Yes No

If yes, please identify the agencies: _____

2. Federation Information

Is your agency part of a federation or parent organization? Yes No

If yes, please identify: _____

Is your agency a federation? Yes No

If yes, please list all your participating agencies below (attach additional sheets if necessary).

3. Information about Iowa

List the dollar amount for services to clients and the approximate number of clients your agency served in Iowa during your most recent fiscal year:

\$ _____
service dollars

number of clients

4. **Please briefly describe the mission of your agency** (Attach any information that is applicable):

5. Agency Listing

Please give the appropriate information for listing on our web page or handout:

Agency Name: _____

Phone Number: _____

Location/Main Office: _____

Agencies are listed on our web page and on a handout during the campaign. Please list below the Iowa counties your agency serves, indicate "Statewide" if all of Iowa is served.

Required Attachments:

1. **Your agency's annual financial statement for your most recent fiscal year. Agencies whose annual budget is less than \$50,000 may submit form 990 from the Internal Revenue Service (IRS) in lieu of an audit report.**
2. **A copy of the IRS 501(c)3 letter establishing your agency's tax-exempt status.**
3. **A list of your agency's current Board of Directors, their addresses, and a meeting schedule for the most recent year.**
4. **A copy of the most recent annual report detailing your agency's local activities. (An agency brochure may be submitted if an annual report is not published.)**
5. **A copy of your agency's detailed annual budget.**

I certify that the agency described herein is eligible to receive contributions which may be deducted on the contributor's Iowa individual tax return in accordance with Internal Revenue Code sections 501(a) and 501(c)3, and which otherwise meets the criteria provided for in the Iowa Department of Personnel Code 581—25.6(19A).

I also certify that this agency meets all the eligibility criteria for participation in the State of Iowa One Gift Program.

Agency Representative Signature

Date

Print or type Agency Representative Name

Please return completed application to:

**Iowa Department of Administrative Services
One Gift Program
Hoover State Office Building
1305 E. Walnut Street
Des Moines, IA 50319**

If you have questions, you may contact the One Gift Coordinator, Susan Churchill, by email at susan.churchill@iowa.gov or by phone at (515) 281-3351. You may also visit the One Gift web site at www.state.ia.us/onegift.

Agency Eligibility Criteria State of Iowa One Gift Program

IAC 11—71.6(8A) *Criteria to be included in campaign.* Any charitable agency or federation of agencies may participate in the campaign provided it meets the following criteria:

- a. Be a charitable agency as defined in rule IAC 11—71.6(8A).
- b. Make available to the general public and the One Gift Administrator an annual financial report which is prepared by an independent certified public accountant, and provide for an annual external audit by an independent certified public accountant. The One Gift Administrator may, in lieu of the external audit, accept Internal Revenue Service Form 990.
- c. Receive its funds from either a community wide solicitation or a statewide solicitation.
- d. Be a nonprofit, tax-exempt charitable organization within the meaning of Section 501(c)3 of the United States Internal Revenue Code and any relevant state laws.
- e. Have an active and responsible governing board that meets at least semiannually whose members have no conflict of interest and who, except for a paid staff director, service without compensation.
- f. Be providing or supporting services or in the state of Iowa that are readily accessible to residents of the state of Iowa, except that agencies and federations of agencies engaged in any way in sectarian activities, including activities aimed at promoting the adoption or defeat of any one or more religious viewpoints, shall not be eligible to participate.
- g. Have a direct and substantial local presence in the state of Iowa. A telephone number alone shall not constitute a local presence.
- h. Operate without discrimination — religious, racial or otherwise — both in employment and the delivery of services, as well as the distribution of funds.
- i. Make a report available on an annual basis to the general public detailing the local activities of the agency.
- j. Have a detailed annual budget approved by its governing board in a form consistent with generally accepted accounting principles and procedures wherein the organization's administrative (management and general) and fund-raising expenses do not exceed 25 percent of its total expenses as reflected in the organization's audited financial statements.