



2021 VtSHARES Campaign: Nonprofit Renewal Application

Vermont State Employees Charitable Appeal

Nonprofit Organization: _____

Mailing Address: _____

City: _____ **State:** _____ **Zip:** _____

Contact Name: _____ **Title:** _____

Phone: _____ **Email:** _____

Check the Umbrella who serves your organization's headquarters location:

- United Way of Addison County** (Addison)
- United Way of Lamoille County** (Lamoille)
- United Way of Northwest Vermont** (Chittenden, Franklin, and Grand Isle)
- United Way of Windham County** (Windham)
- Green Mountain United Way** (Bennington, Caledonia, Essex, Orange, Orleans, Rutland, Washington, and Windsor)

ADDITIONAL APPLICATION REQUIREMENTS:

Failure to provide requested documents will result in a denial.

- **Nonprofit Description form:** Description for VtSHARES Directory. Use the **ONLINE FORM** for the Umbrella in which you are applying under to describe your Nonprofit: Include full name (and dba, if any) of organization, a description of your services (up to 50 words, 25 words is preferred), one telephone number, one e-mail address, and the website link.

ELIGIBILITY CRITERIA & APPLICATION INSTRUCTIONS

Please initial each line to indicate you have read, understand and comply with each criteria:

- _____ The Nonprofit is recognized by the Internal Revenue Service as tax exempt under 26 U.S.C. 501 (c) (3) and has been tax exempt for two full years as of September 1st of this year's campaign.
- _____ VT Umbrella Organizations and Nonprofits shall account for their funds using Generally Accepted Accounting Principles (GAAP) established by the American Institute of Certified Public Accountants.
- _____ The Nonprofit can affirm that it has a physical presence in the State of Vermont and that it is registered with the Vermont Secretary of State's Office to conduct business in Vermont.
- _____ As described in the Nonprofits Bylaws, the Nonprofit is governed by an active and



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responsible body which meets at least twice a year to review and approve the Nonprofits annual financials and budget, and whose members serve without compensation and have no material conflict of interest.

_____ The Nonprofit can affirm that its fundraising practices protect against unauthorized use of its contributor lists, or sale thereof; prohibit intentional solicitation of State employees during the campaign period; and permit no payment of commissions, finders' fees, percentages, bonuses or similar practices in connection with fundraising activities.

_____ The Nonprofit can affirm that its publicity and promotional activities are based upon actual programs and operations are truthful and non-deceptive, include all material facts and make no exaggerated or misleading claims.

_____ Nonprofit can affirm that the funds contributed are effectively used for services to Vermonters for the announced purposes of the organization.

_____ The Nonprofit can make available to the general public and VtSHARES Committee an annual report or complete financial statement, not percentages, to include total assets, liabilities and equity, income and expenses, a full description of the Nonprofits activities and supporting services and identifies its Board of Directors and Chief Administrative personnel.

_____ The Nonprofit is established as a "permanent" Nonprofit, i.e. one whose mission is not limited by the termination of a project or campaign. It must carry out fundraising activities among the general public and not be formed solely to solicit Vermont State employees.

_____ Complies with all state and federal laws.

_____ Each application must be signed by the applicant organization's Executive Director, Chair, or Executive Officer.

AFFIRMATION (please READ, and then check each box)

I, the undersigned, do affirm, that I have undertaken the necessary due diligence to certify and verify that this organization meets all the eligibility criteria listed above.

I, the undersigned, hereby affirm that all the materials and information provided are true and accurate under the pains and penalties of perjury.

Signature of Executive Director, Chair or Executive Officer

Signature: _____

Print Name: _____

Title: _____ **Date:** _____

The VtSHARES Campaign Committee reserves the right to request additional information.