



**GLOUCESTER COUNTY PUBLIC EMPLOYEE
2025 CHARITABLE CAMPAIGN
UNAFFILIATED CHARITABLE AGENCY APPLICATION FORM**

ORGANIZATION: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

TELEPHONE: _____ FAX: _____

1. I certify that with respect to the requirements set forth in N.J.S. A. 52:14-15.9c7a; b, and c, a Letter of Determination from the Internal Revenue Service or other proof from the Internal Revenue Service or other proof from the Internal Revenue Service that the applicant:

a. ____ is exempt from Federal Income Tax under Section 501(c)(3) of the Internal Revenue Code;

SIGNATURE/DATE_____

b. ____ qualifies for tax-deductible contribution under Section 170 (b)(1)(A)(vi) or (viii) of the Internal Revenue Code;

SIGNATURE/DATE_____

c. ____ is not a private foundation as defined in Section 509(a) of the Internal Revenue Code;

SIGNATURE/DATE_____

2. I certify that with respect to the requirements set forth in N.J.S.A. 52:14-15.9c7e, annual financial reports which demonstrate that the agency raised, in each of its **two fiscal years preceding its application** to participate in a local unit of government campaign, at least \$15,000 from individual citizens of New Jersey.

SIGNATURE/DATE_____

3. I certify that the applicant agency is directed by an active board of directors, whose members have no material conflict of interest and who serve without compensation. (Attach a list of names, addresses and description of the directors' participation in the conduct of the agency's affairs.)

SIGNATURE/DATE_____

4. I certify that the applicant agency prepares an annual report to the general public that includes a full description of its organization's activities and accomplishments and the names of its directors and chief administrative personnel. (ATTACH A COPY OF YOUR LAST ANNUAL REPORT.)

SIGNATURE/DATE _____

5. I certify that the applicant agency accounts for its funds in accordance with generally accepted account principles and was audited in accordance with generally accepted auditing principles by an independent certified public accountant in the year immediately preceding this one. (ATTACH A COPY OF THE AGENCY'S MOST RECENT AUDIT.)

SIGNATURE/DATE _____

6. I certify that the agency is registered or exempt from registration pursuant to the provisions of the Title 15 of the Revised Statutes of Title 15A of the New Jersey Statutes and the "Charitable Fund Raising Act of 1971" (P.L. 1971 c. 469; N.J.S.A. 45:17A-1 et seq.). (ATTACH A COPY OF CURRENT CHARITIES REGISTRATION)

SIGNATURE/DATE: _____

CHARITIES REGISTRATION NUMBER: _____

PLEASE REVIEW THE PUBLIC EMPLOYEE ELIGIBILITY REGULATIONS/ REQUIREMENTS PRIOR TO SUBMITTING YOUR APPLICATION AND NECESSARY ATTACHMENTS TO SEE IF YOUR ORGANIZATION QUALIFIES TO SUBMIT THIS APPLICATION. PLEASE REVIEW REQUIREMENTS CAREFULLY.

7. ATTACHMENTS REQUIRED:

- a. Mission Statement
- b. List of Board Members (see item 3)
- c. Copy of most recent Annual Report (see item 4)
- d. Copy of Audit Report - **two fiscal years preceding application** (see item 5) **FOR NEW APPLICATIONS.** For returning applicants **one-year preceding application.**
- e. Copy of IRS Form 990 for organizations' two **fiscal years preceding application** **FOR NEW APPLICATIONS.** For returning applicants **one-year preceding application.**
- f. Copy of IRS Letter of Determination (see item 1)
- g. Current Charities Registration for the State of New Jersey

(Name)

(Title)

(Agency)

(Mailing Address)

(City/ State / Zip)

Phone #

THIS APPLICATION MUST BE RECEIVED BY June 6, 2025. Applications must be submitted to Gloucester County Board of Commissioners c/o United Way of Gloucester County, GCPECC Campaign, 454 Crown Point Rd., Thorofare, NJ 08086 Attn: Donna Murphy

