University of Montana
COMMUNITY GIVING CAMPAIGN 2017-18
APPLICATION AND CERTIFICATION OF ELIGIBILITY FORM
APPLICATION DEADLINE: Monday, June 26, 2017

Organization Name: _________________________________________________________
Mailing Address: ____________________________________________________________
Street Address: _____________________________________________________________
City, State, Zip Code: _______________________________________________________
Telephone: _________________________________________________________________
E-mail Address: _____________________________________________________________
Organization Website: ______________________________________________________

This application is being submitted for:
☐ One organization or chapter
☐ A federation of organizations (attach a list of member agencies with postal and
e-mail addresses, phone numbers and program descriptions)

Organization Name: _________________________________________________________

Any checks for campaign receipts should be mailed to:
☐ Above organization postal address
☐ To the following postal address of our fiscal agent:

For each paragraph below, please sign certifying that the organization or federation (and all of its
member agencies) noted in this application fully meets these eligibility requirements.

1. (a) I certify that the applicant organization has a substantial presence and provides
direct services, benefits, assistance, or educational activities within the county of Missoula and
counties contiguous to Missoula; expends at least 75 percent of the organization funds within
Missoula County and counties contiguous to Missoula County, and expends all funds received
from the University of Montana-Missoula employees’ contributions within the state of Montana;
and has board of director representatives from the state of Montana and at least one from within
Missoula County.

Signature/Date:_________________________________________________________________

(b) OR, I certify that the applicant federation has at least one-half its member
agencies or organizations with a substantial presence and providing direct services, benefits,
assistance, or educational activities within the county of Missoula and counties contiguous to
Missoula County; has board of director representatives from the state of Montana and at least
one from within Missoula County; and expends all federation and federation member
organization funds received from the University of Montana-Missoula employees' contributions
within the state of Montana.

Signature/Date:_________________________________________________________________
2. I certify that the applicant organization/federation (and all of its member agencies) is/are classified as tax-exempt under 26 U.S.C. 501(c)(3) and eligible to receive tax-deductible contributions under 26 U.S.C. 170.

Signature/Date:________________________________________________________________________

3. I certify that the applicant organization/federation (and all of its member agencies) is/are directed by an active and responsible governing board with a majority of members who serve without compensation.

Signature/Date:________________________________________________________________________

4. I certify that, in the last full fiscal year, the applicant organization/federation has fundraising and administrative expenses at _____ % of total expenses (as supported by 2016 tax return and/or audit). The University of Montana charitable campaign policy states that no agency’s fundraising and administrative expenses can exceed 35% of total expenses.

Calculations were made using data from Form 990, Part IX -Statement of Functional Expenses. Totals from Columns C, D and A were used in the following formula to calculate fundraising and administrative expenses:

\[
\left[ \frac{C + D}{A} \right]
\]

Signature/Date:________________________________________________________________________

5. I certify that the applicant organization/federation (and all of its member agencies) is/are accounting for its funds in accordance with generally accepted accounting principles, including an audit of internal controls and/or management review or compilation conducted by an independent certified public accountant.

The UM Charitable Giving Campaign requires varying levels of external financial oversight based on an organization’s operating budget as indicated in the table below.

<table>
<thead>
<tr>
<th>Organization Operating Budget</th>
<th>Financial Oversight Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Zero to $99,999</td>
<td>One compilation with full disclosures conducted by an independent CPA</td>
</tr>
<tr>
<td>$100,000 to $249,999</td>
<td>One management review conducted by an independent CPA within the last 18 months</td>
</tr>
<tr>
<td>Greater than $250,000</td>
<td>One audit conducted by an independent CPA within the last 18 months</td>
</tr>
</tbody>
</table>

Signature/Date:________________________________________________________________________

6. I certify that the applicant organization/federation (and all of its member agencies) has/have a written policy and procedure of nondiscrimination in compliance with federal and state laws that is applicable to persons served by the organization, the organization's staff and membership on the charitable organization's board of directors.
7. Please attach an additional one to two-page sheet that provides a description of (1) your organization’s mission statement, (2) primary programs and services offered, (3) beneficiaries and/or publics served, and (4) evidence of three measurable outcomes in the community.

**Additional attachments required:**

A. If a federation, provide a list of member agencies with postal and e-mail addresses, phone numbers and program descriptions for all of its member agencies.

B. List of board members and their postal addresses.

C. Copy of 2016 IRS Form 990.

D. Copy of 2016 IRS Form W-9.

E. Copy of 2016 compilation, management review, or audit (depending on size of organizational budget). If necessary, these specific documents will be accepted until Monday, August 21, 2017.

Upon request of the director of UM Human Resource Services, Business Services, or the Community Giving Campaign chair, a charitable organization/federation (and all of its member agencies) must provide documentation to substantiate the criteria and conditions noted above.

Name of person completing this form: ________________________________

Title: ___________________________________________________________________

Organization: ___________________________________________________________________

Mailing Address: ___________________________________________________________________

City: __________________________ State: ________ Zip Code: _________________

Telephone: ___________________________________________________________________

E-mail Address: ___________________________________________________________________

*Applications must be returned by Monday, June 26, 2017, to:*

UM Community Giving Campaign c/o Facilities Services
Physical Plant, Building 32
University of Montana
Missoula, MT 59812