

DC ONE FUND CAMPAIGN

APPLICATION FOR NOT-FOR-PROFIT ORGANIZATIONS

RESPONSES REQUIRED IN ALL FIELDS EXCEPT AS NOTED

INSTRUCTIONS

The DC One Fund eases the process of charitable giving for DC government employees, and helps attract donations to qualified organizations that serve the residents of Washington, DC. Housed within the Office of the Secretary of the District of Columbia, the DC One Fund has moved into the world of online giving and electronic documentation. In 2009, the DC One Fund campaign went digital, saving money, paper, and time with the switch from a paper-based process to a computer-based one.

We have streamlined the process of applying for participation in the DC One Fund Campaign to ensure that DC government employees have a wide variety of options for their charitable dollars. Applications for participation in the DC One Fund will be open on or before March 1, 2023 and close on May 31, 2023. Additionally, we have relaxed the requirements of participating organizations, so that most nonprofit organizations who have a clean record with the District of Columbia, serve our residents, and provide us with a copy of their annual IRS Form 990, will automatically qualify for participation in the campaign. Organizations outside of Washington, DC can participate in this campaign as long as they are registered in Washington, DC. For registering your organization in DC, please check with the Department of Licensing and Consumer Protection (previously Department of Consumer and Regulatory Affairs), the website is www.dlcp.dc.gov. The District of Columbia Government does not endorse any particular organization, and makes no guarantees as to the advisability of employees donations to any organization. A listing in the DC One Fund means that the organization is technically eligible to receive tax-deductible contributions, and nothing more.

The application deadline for the 2023 DC One Fund Campaign is **Wednesday, May 31, 2023.**

Applications must be submitted by email to dconefund@dc.gov.

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ALL REPRESENTATIONS MADE IN THE APPLICATION WILL BE CONSIDERED TO BE TRUE. ANY FALSE STATEMENTS WILL BE PROSECUTED AS PERJURY, AND WILL RESULT IN DISQUALIFICATION OF THE ORGANIZATION FROM PARTICIPATION IN THE DC ONE FUND. **FOR CLARITY, THE OFFICE OF THE SECRETARY FOR THE DISTRICT OF COLUMBIA RECOMMENDS THAT THIS FORM BE FILLED ELECTRONICALLY THEN PRINTED FOR SIGNATURES. ILLEGIBLE SUBMISSIONS CANNOT BE ACCEPTED.**

THE BASICS

Organization Name (*official and DBA if any*): _____

Federal Employer Identification Number (EIN): _____

5 Digit DC One Fund Number (*If a previous participant in the campaign*): _____

Organization Service Address (*where your services are provided, or, in the event of multiple sites, main address*):

Mailing Address (*If different from the service address above*):

OR: Use above address for mailing checks

Organization Telephone Number: _____

Contact Person (*The individual to whom the DC One Fund will direct communications*): _____

Contact Telephone: _____ Fax: _____
 Cell or Landline

Contact E-Mail Address: _____

Website Address (*if applicable*): _____

We prefer to receive disbursements through Electronic Bank Transfer (EBT) YES NO

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ABOUT THE ORGANIZATION

25-word statement for listing in the campaign literature (*The statement should not repeat the organization's name. Include your hours available to the public, which do not count toward the 25 words. Website links are welcome.*)

TAXONOMY CODES Identify up to three categories that most closely identify the type of mission, services, and activities the organization provides. These will be part of your organization's listing to assist donors in identifying charities by type of service provided.

- | | |
|--|---|
| <input type="checkbox"/> A Arts, Culture, and Humanities | <input type="checkbox"/> N Recreation, Sports, Leisure, Athletics |
| <input type="checkbox"/> B Educational Institutions & Related Activities | <input type="checkbox"/> O Youth Development |
| <input type="checkbox"/> C Envir. Quality, Protection & Beautification | <input type="checkbox"/> P Human Services - Multipurpose and Other |
| <input type="checkbox"/> D Animal Related | <input type="checkbox"/> Q Int'l, Foreign Affairs, National Security |
| <input type="checkbox"/> E Health - General and Rehabilitative | <input type="checkbox"/> R Civil Rights, Social Action, Advocacy |
| <input type="checkbox"/> F Mental Health, Crisis Intervention | <input type="checkbox"/> S Community Improvement, Capacity Building |
| <input type="checkbox"/> G Disease, Disorders, Medicinal Disciplines | <input type="checkbox"/> T Philanthropy, Voluntarism & Foundations |
| <input type="checkbox"/> H Medical Research | <input type="checkbox"/> U Science & Technology Research Institutes, Svcs |
| <input type="checkbox"/> I Crime, Legal Related | <input type="checkbox"/> V Social Science Research Institutes, Services |
| <input type="checkbox"/> J Employment, Job Related | <input type="checkbox"/> W Public/ Social Benefit: Multipurpose, Other |
| <input type="checkbox"/> K Food, Agriculture, and Nutrition | <input type="checkbox"/> X Religion Related, Spiritual Development |
| <input type="checkbox"/> L Housing, Shelter | <input type="checkbox"/> Y Mutual/Membership Benefit Orgs, Other |
| <input type="checkbox"/> M Public Safety, Disaster Preparedness & Relief | <input type="checkbox"/> Z Other |
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CERTIFICATIONS

The DC One Fund Campaign will not accept application forms with modifications to any of the certification statements.

CERTIFYING OFFICIAL

_____ is the duly appointed representative of the above named organization, and is legally authorized to enter into agreements on behalf of the organization.

By checking this box I certify that I have read all the certifications set forth in this document and affirm their accuracy, under penalty of perjury. Moreover, by checking the box next to each certification, the organization named in this application acknowledges and agrees to comply with that certification:

I certify that the majority of those served by this organization are residents of the District of Columbia.

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- I certify that the Internal Revenue Service (IRS) recognizes the organization named in this application as tax-exempt under 26 U.S.C. 501(c)(3) and to which contributions are tax deductible pursuant to 26 U.S.C. 170(c)(2). *(Each applicant's 501(c)(3) status will be verified with the DC Office of Tax and Revenue (OTR). Applicants whose current 501(c)(3) status cannot be confirmed by OTR will be denied participation.)*
- I certify that the DC Department of Consumer and Regulatory Affairs recognizes the organization named in this application as a tax-exempt, not-for-profit corporation, whose status is currently "Active" *(the registration is current with the District of Columbia regulations.)*
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Check the **one** appropriate box:

- I certify that the organization named in this application is not part of a group exemption.
OR
- I certify that the organization named in this application is part of a group exemption.
OR
- I certify that the organization named in this application is a bona-fide chapter or affiliate that operates under a national organization's single corporation tax-exemption.
-

Check the **one** appropriate box:

- I certify that the organization named in this application reports total revenue of \$250,000 or more on its IRS Form 990 (or pro forma IRS Form 990) covering a period ending not more than 18 months prior to January of the current year and meets *both* of the following two conditions: accounts for its funds on the accrual basis in accordance with generally accepted accounting principles (GAAP); and has an audit of its fiscal operations completed annually by an independent certified public accountant in accordance with generally accepted auditing standards (GAAS).
OR
- I certify that the organization named in this application reports total revenue of at least \$100,000 but less than \$250,000 on its IRS Form 990 (or pro forma IRS Form 990) covering a period ending not more than 18 months prior to January of the current year and meets *both* of the following two conditions: accounts for its funds on an accrual basis in accordance with generally accepted accounting principles (GAAP); and has an audit of its fiscal operations completed annually by an independent certified public accountant in accordance with generally accepted auditing standards (GAAS).
OR
- I certify that the organization named in this application reports total revenue of less than \$100,000 on its IRS Form 990 (or pro forma IRS Form 990) covering a period ending not more than 18 months prior to January of the current year and has controls in place to ensure funds are properly accounted for and that it can provide accurate timely financial information to interested parties.

DC ONE FUND CAMPAIGN
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Check the **one** appropriate box:

I certify that the organization named in this application prepares and submits to the IRS a complete copy of the organization's IRS Form 990. *(Include a copy of the **complete IRS Form 990** for a period ending not more than 18 months prior to January of the current year, or a link to a website where the Form 990 is published)*

OR

I certify that the organization named in this application is not required to prepare and submit an IRS Form 990 to the IRS. *(Include a pro forma IRS Form 990 page 1 and Part V only for a period ending not more than 18 months prior to January of the current year.)*

I certify that an active and responsible governing body, whose members have no material conflict of interest directs the organization named in this application. *(In the event that the full Board of Directors is not listed on the Form 990, list them here)*

I certify that the organization named in this application prohibits the sale or lease of DC One Fund contributor lists.

I certify that the organization is not the subject of any District or federal enforcement action.

I certify that the organization named in this application is in compliance with all statutes, Executive orders, and regulations restricting or prohibiting U.S. persons from engaging in transactions and dealings with countries, entities, or individuals subject to economic sanctions administered by the U.S. Department of the Treasury's Office of Foreign Assets Control. The organization named in this application is aware that a list of countries subject to such sanctions, a list of Specially Designated Nationals and Blocked Persons subject to such sanctions, and overviews and guidelines for each such sanctions program can be found at <http://www.treas.gov/ofac>. Should any change in circumstances pertaining to this certification occur at any time, the organization will notify DC One Fund administrators immediately.

(Signature of Certifying Official)

(Name and Title)

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TAX WAIVER FORM

This form is a Waiver for the Release of District Tax Information from the Office of Tax & Revenue, Office of the Chief Financial Officer of the District of Columbia.

(Date)

(Name of Organization)

(Employer Identification Number)

(Address of Organization)

I hereby give the District of Columbia Office of Tax & Revenue, Office of the Chief Financial Officer, consent to release my organization's tax information, to include any real property Homestead Exemption information, to an authorized representative of the Office of the Secretary. I understand that the information released under this consent will be limited to whether or not I am in compliance with the **District of Columbia's** tax laws and regulations as of ***(Today's Date)***.
_____. If I am not in compliance, I further consent that the Office of Tax & Revenue may inform the Office of the Secretary whether or not I am maintaining a payment agreement.

I understand that this information is merely for the purpose of determining whether or not the organization named above is in compliance with the revenue laws of the **District of Columbia** but does not include disclosure of my organization's actual tax returns. I further understand that the information that is received from the Office of Tax and Revenue, Office of the Chief Financial Officer, pursuant to this release will be placed in the file that is maintained by the Office of the Secretary and is not subject to dissemination to any individual outside of the Office of the Secretary. I affirm that this information is being submitted truthfully, subject to the penalty of perjury along with applicable criminal sanctions for providing false information.

(Signature of Officer)

(Name and Title)