

2021 VtSHARES Campaign: Nonprofit New Application

Vermont State Employees Charitable Appeal

Nonprofit	t Organization:			
Mailing A	Address:			
City:		Stat	e:	Zip:
Contact N	Name:	Title:		
Phone:		Email:		
Check the	e Umbrella who serves you	r organization's headquar	ters location:	
☐ United V	Nay of Addison County (Addis	on)		
☐ United V	Way of Lamoille County (Lamo	ille)		
☐ United V	Way of Northwest Vermont (Cl	nittenden, Franklin, and Grand Is	le)	
☐ United V	Way of Windham County (Wind	dham)		
☐ Green M	lountain United Way (Benning	ton, Caledonia, Essex, Orange, O	rleans, Rutland, Wasl	hington, and Windsor)
ADDITIO	NAL APPLICATION R	EQUIREMENTS:		
	provide requested documed corner of the first page of			• • • • • • • • • • • • • • • • • • • •
	tachment A: A copy of you	r organization's most recei	nt 501(c)(3) IRS T a	ax Exempt
Att	tachment B: Certificate of owing authority to conduct		ermont Secretary	of State's Office
No the db	onprofit Description form E Umbrella in which you are a, if any) of organization, a eferred), one telephone nu	 Description for VtSHARE applying under to describ description of your service 	e your Nonprofit: s (up to 50 words	Include full name (and s, 25 words is
LIGIBIL	ITY CRITERIA & APPL	CATION INSTRUCTIO	NS	
Please initi	ial each line to indicate yo	u have read, understand a	nd comply with e	ach criteria:
	-	ized by the Internal Revent In tax exempt for two full ye		-
	•	ons and Nonprofits shall acrinciples (GAAP) established		•
	•	n that is has a physical presermont Secretary of State's		



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Title	Date
Print	Name:
Signa	iture:
Signat	ure of ED/CEO or Authorized Agent
	I, the undersigned, hereby submit supporting documentation for the criteria listed above for purposes of verification and, affirm that all the materials and information provided are true and accurate under the pains and penalties of perjury.
	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.
AFFIF	RMATION (please READ, and then check each box)
	Each application must be signed by the applicant organization's Executive Director, Chair, or Executive Officer.
	Complies with all state and federal laws.
	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.
_	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.
	Nonprofit can affirm that the funds contributed are effectively used for services to Vermonters for the announced purposes of the organization.
	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.
	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.
	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 VtSHARES Campaign Committee reserves the right to request additional information.