



**Bill Haslam**  
GOVERNOR

STATE OF TENNESSEE  
**DEPARTMENT OF HUMAN RESOURCES**  
FIRST FLOOR, JAMES K. POLK BUILDING  
505 DEADERICK STREET  
NASHVILLE, TENNESSEE 37243-0635  
(615) 741-2958

**Rebecca R. Hunter**  
COMMISSIONER

## **TENNESSEE EMPLOYEES CHARITABLE CAMPAIGN RECERTIFICATION APPLICATION DOCUMENTATION**

Any charitable organization included in the 2014 TECC with an assigned TECC code number from 01-30, IN, CH or CS must complete the following documents for application purposes, unless otherwise specified by the TECC:

- Recertification of Eligibility

Attachment A - Board of Directors

**Please note: the date of your signature and the notary's must match.**

Please read the Tennessee Employees Charitable Campaign Guidelines prior to completing the Recertification of Eligibility. Complete all documentation with attachments labeled as requested.

Submit the Recertification of Eligibility and additional attachments to the address below:

Tennessee Employees Charitable Campaign  
First Floor, James K. Polk Building  
505 Deaderick Street  
Nashville, Tennessee 37243-0635

Should you have any questions regarding the application process, please contact the Tennessee Department of Human Resources at 615-532-3224.

**Applications must be postmarked by midnight on:**

**MARCH 6, 2015**



**TENNESSEE EMPLOYEES CHARITABLE CAMPAIGN  
RECERTIFICATION OF ELIGIBILITY**

An authorized agent of the applicant federation or independent charitable organization must complete this certification form. The Commissioner of the Department of Human Resources shall deny participation to any charitable organization providing incomplete information or information containing a material misrepresentation of fact on this Recertification of Eligibility form and/or its attachments.

**Please Check One:** Federation \_\_\_\_ or Independent Charitable Organization \_\_\_\_

**Organization's Registered Name** \_\_\_\_\_

TN Department of State's Registration Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Executive Director's Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Physical Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number \_\_\_\_\_ Toll-Free Number \_\_\_\_\_

Fax Number \_\_\_\_\_ E-mail Address \_\_\_\_\_

Website Address \_\_\_\_\_ Employer I.D. Number \_\_\_\_\_

**Check Below To Certify Adherence to TECC Guidelines:**

1. \_\_\_\_ I hereby certify that the applicant organization listed above:
  - a. Is a charitable organization as defined by the TECC Guidelines, physically located in Tennessee, that directly provides significant services\* to Tennesseans; and/or
  - b. Provides substantial financial support\* to charitable organizations, as defined by the TECC Guidelines, that have a direct and substantial presence operating through a physical office located in Tennessee and provides significant services\* that are available to Tennesseans.

\*See TECC Guidelines, Section I: Definitions, Significant Services and Substantial Financial Support.

2. \_\_\_\_ I hereby certify that the applicant organization listed above has maintained a physical office in the State of Tennessee for at least 12 months prior to the date of this application.
3. \_\_\_\_ I hereby certify that the applicant organization has a Board of Directors that meets at least quarterly and a majority of the members serve without compensation and reside in Tennessee.

(Complete **Attachment A** - provided)

4. \_\_\_\_\_ I hereby certify that the applicant organization listed above is non-profit and tax-exempt as defined by 26 U.S.C. § 501(c)(3) and 26 C.F.R. § 1.501(c)(3).

5. \_\_\_\_\_ I hereby certify that the applicant organization listed above is registered and is currently in good standing with the Tennessee Department of State's Division of Charitable Solicitations.

(Attach a copy of verification from Division of Charitable Solicitations as **Attachment B**.)

6. \_\_\_\_\_ I hereby certify that the applicant organization's financial information provided with the TECC recertification application and any supplemental information provided thereto is current and conforms to Generally Accepted Accounting Principles, an Accrual Accounting method or a Cash Basis of Accounting method.

Please check the type of financial information you have attached for review and verification:

Check	Gross Revenue	Financial Documentation	Date Requirement
	Less than \$25,000.00	Certified Treasurer's Report	Most recent completed fiscal year
	\$25,000.00 to less than \$300,000.00	Copy of IRS Form 990	Most recent completed fiscal year
	\$300,000.00 or more	Audited Financial Statement	Most recent completed fiscal year

(Attach a copy of the appropriate financial documentation as designated above as **Attachment C**.)

7. \_\_\_\_\_ I hereby certify that the applicant organization's use of funds for any lobbying activities shall comply with the provisions described in 26 U.S.C. § 501(c)(3).

8. \_\_\_\_\_ I hereby certify that the applicant organization listed above does not knowingly employ individuals or contribute funds to entities or persons that appear on either the U.S. Department of Treasury's Office of Foreign Assets Control's Specially Designated Nationals List or the U.S. Department of State's Terrorist Exclusion List. Should any change in circumstances pertaining to this certification occur at any time, the organization shall notify the Commissioner of the Department of Human Resources immediately.

9. \_\_\_\_\_ **(For Federations Only)** I hereby certify that any branch office or chapter for which the applicant organization requests a separate identification number in the campaign brochure has a local advisory governing board as defined in TECC Guideline 10.

10. \_\_\_\_\_ **(For Federations Only)** I hereby certify that fiduciary relationships and agreements exist between the applicant federation and all member charitable organizations. I further certify that any dispute regarding disbursement of donations to the member charitable organizations shall be resolved without involvement of the State of Tennessee. I also understand that the State's obligation is strictly limited to the payment of properly deducted designated contributions to the federation.

I certify with my signature below that this organization's information is accurate and complete to the best of my knowledge. I understand that the submission of information containing a material misrepresentation of fact shall result in my organization's exclusion from the Tennessee Employees Charitable Campaign.

I understand that the TECC may ask me to clarify information and/or to provide any additional information the TECC may need to determine eligibility. I understand that admission and participation in the TECC in no way guarantees that any state employee will donate funds to my organization.

By: \_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Sworn to and subscribed before me this

\_\_\_ day of \_\_\_\_\_, 20\_\_\_.

\_\_\_\_\_  
Signature Notary Public

My Commission Expires: \_\_\_\_\_

**ATTACHMENT A (Recertification Application)**

**Organization Name:** \_\_\_\_\_

**BOARD OF DIRECTORS**

Board Member		Receives Compensation (Please indicate below for each)		Resident of Tennessee (Please indicate below for each)	
Name	Title	Yes	No	Yes	No

**Does your Board of Directors meet at least quarterly?** Yes \_\_\_\_\_ No \_\_\_\_\_ **How many times does it meet annually?** \_\_\_\_\_

**Note:** You may duplicate this form, if needed, for additional listings.