

State of Iowa  
**One Gift Agency Application**



Applications for the One Gift Program are accepted from January 1 through May 1 each year. Charitable agencies meeting the eligibility requirements listed on page 3 will participate in the September campaign, when employees make pledges for the following calendar year. If you are currently a participating One Gift agency, you do not need to reapply each year.

**Agency Information**

<b>Name &amp; address</b>	Agency name:		State:	
	Address/PO Box:		City:	Zip:
<b>Tax identification number (TIN)</b>	TIN#	Is your TIN shared with any other agency?    Yes    No    If yes, please identify the agencies below.		
	Agency contact name:		Title:	
<b>Contact</b>	Phone:	Fax:	Email:	
	<b>Mission statement</b> (Attach additional sheets, if needed.)			
<b>Federation information</b> (Attach additional sheets, if needed.)	Is your agency part of a federation or parent organization?    Yes    No    If yes, please identify:			
	Is your agency a federation?    Yes    No    If yes, list all participating agencies below.			
<b>Iowa clients</b>	List the approximate number of Iowa clients served by your agency during your most recent fiscal year:    #			
<b>Agency information to appear on One Gift website</b>	Web URL:		Phone:	
	Agency Name:			
	Main Office Location:			

**Check counties that your agency serves or check "statewide".**

- |                                      |                                      |                                   |                                    |  |                                     |
|--------------------------------------|--------------------------------------|-----------------------------------|------------------------------------|--|-------------------------------------|
| <input type="checkbox"/> Adair       | <input type="checkbox"/> Cerro Gordo | <input type="checkbox"/> Fayette  | <input type="checkbox"/> Jackson   | <input type="checkbox"/> Marshall      | <input type="checkbox"/> Shelby     |
| <input type="checkbox"/> Adams       | <input type="checkbox"/> Cherokee    | <input type="checkbox"/> Floyd    | <input type="checkbox"/> Jasper    | <input type="checkbox"/> Mills         | <input type="checkbox"/> Sioux      |
| <input type="checkbox"/> Allamakee   | <input type="checkbox"/> Chickasaw   | <input type="checkbox"/> Franklin | <input type="checkbox"/> Jefferson | <input type="checkbox"/> Mitchell      | <input type="checkbox"/> Story      |
| <input type="checkbox"/> Appanoose   | <input type="checkbox"/> Clarke      | <input type="checkbox"/> Fremont  | <input type="checkbox"/> Johnson   | <input type="checkbox"/> Muscatine     | <input type="checkbox"/> Tama       |
| <input type="checkbox"/> Audubon     | <input type="checkbox"/> Clay        | <input type="checkbox"/> Greene   | <input type="checkbox"/> Jones     | <input type="checkbox"/> Monroe        | <input type="checkbox"/> Taylor     |
| <input type="checkbox"/> Benton      | <input type="checkbox"/> Clayton     | <input type="checkbox"/> Grundy   | <input type="checkbox"/> Keokuk    | <input type="checkbox"/> Montgomery    | <input type="checkbox"/> Union      |
| <input type="checkbox"/> Black Hawk  | <input type="checkbox"/> Clinton     | <input type="checkbox"/> Guthrie  | <input type="checkbox"/> Kossuth   | <input type="checkbox"/> O'Brien       | <input type="checkbox"/> Van Buren  |
| <input type="checkbox"/> Boone       | <input type="checkbox"/> Crawford    | <input type="checkbox"/> Hancock  | <input type="checkbox"/> Lee       | <input type="checkbox"/> Page          | <input type="checkbox"/> Wapello    |
| <input type="checkbox"/> Bremer      | <input type="checkbox"/> Dallas      | <input type="checkbox"/> Hardin   | <input type="checkbox"/> Linn      | <input type="checkbox"/> Palo Alto     | <input type="checkbox"/> Warren     |
| <input type="checkbox"/> Buchanan    | <input type="checkbox"/> Davis       | <input type="checkbox"/> Harrison | <input type="checkbox"/> Louisa    | <input type="checkbox"/> Plymouth      | <input type="checkbox"/> Washington |
| <input type="checkbox"/> Buena Vista | <input type="checkbox"/> Decatur     | <input type="checkbox"/> Henry    | <input type="checkbox"/> Lucas     | <input type="checkbox"/> Pocahontas    | <input type="checkbox"/> Wayne      |
| <input type="checkbox"/> Butler      | <input type="checkbox"/> Delaware    | <input type="checkbox"/> Howard   | <input type="checkbox"/> Lyon      | <input type="checkbox"/> Polk          | <input type="checkbox"/> Webster    |
| <input type="checkbox"/> Calhoun     | <input type="checkbox"/> Des Moines  | <input type="checkbox"/> Humboldt | <input type="checkbox"/> Madison   | <input type="checkbox"/> Pottawattamie | <input type="checkbox"/> Winnebago  |
| <input type="checkbox"/> Carroll     | <input type="checkbox"/> Dickinson   | <input type="checkbox"/> Hamilton | <input type="checkbox"/> Mahaska   | <input type="checkbox"/> Poweshiek     | <input type="checkbox"/> Winneshiek |
| <input type="checkbox"/> Cass        | <input type="checkbox"/> Dubuque     | <input type="checkbox"/> Ida      | <input type="checkbox"/> Monona    | <input type="checkbox"/> Ringgold      | <input type="checkbox"/> Woodbury   |
| <input type="checkbox"/> Cedar       | <input type="checkbox"/> Emmet       | <input type="checkbox"/> Iowa     | <input type="checkbox"/> Marion    | <input type="checkbox"/> Sac           | <input type="checkbox"/> Worth      |
| <input type="checkbox"/> Statewide   |                                      |                                   |                                    | <input type="checkbox"/> Scott         | <input type="checkbox"/> Wright     |

## Required Attachments

Check each box below to indicate that all required supporting documents are attached. Applications submitted without the following materials cannot be processed.

- 1. Annual financial statement (most recent fiscal year). Agencies with a budget less than \$50,000 may submit Form 990 from the Internal Revenue Service (IRS) in lieu of an audit report.
- 2. Copy of the agency's IRS 501(c)3 letter, establishing tax-exempt status.
- 3. List of current Board of Directors (including addresses) and a meeting schedule (most recent year).
- 4. Copy of annual report (most recent year), detailing your agency's local activities. An agency brochure may be submitted if an annual report is not published.
- 5. Copy of your agency's annual budget, detailing that your administrative (management and general) and fundraising expenses do not exceed twenty-five percent of your total expenses.
- 6. Signed W-9 form.

## Signature

I certify that the agency described herein is eligible to receive contributions which may be deducted on the contributor's Iowa individual tax return in accordance with Internal Revenue Code sections 501(a) and 501(c)3, and which otherwise meets the criteria provided for in the Iowa Department of Administrative Services Rules IAC 11—71.6(8A). (See page 3.)

I also certify that this agency operates without discrimination in employment in accordance with [Iowa Code Chapter 216](#).

**X**

\_\_\_\_\_  
*Agency Representative Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Print or Type Agency Representative Name*

\_\_\_\_\_  
*Print or Type Agency Representative Title*

### Please return completed application to:

Iowa Department of Administrative Services  
One Gift Program  
Hoover Building, Level A  
1305 East Walnut Street  
Des Moines, IA 50319

If you have questions, you may contact the One Gift Coordinator, Susan Churchill, by email at [susan.churchill@iowa.gov](mailto:susan.churchill@iowa.gov) or by phone at 515-281-3351. You may also visit the One Gift website at [onegift.iowa.gov](http://onegift.iowa.gov).

# State of Iowa

## One Gift Program Agency Eligibility Criteria

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### IAC 11—71.6(8A) Eligibility of charitable agencies.

**71.6(1)** *Criteria to be included in campaign.* Any charitable agency or federation of agencies may participate in the campaign provided it meets the following criteria:

- a. Be a charitable agency as defined in rule **IAC 11—71.2(8A)**:  
*“Charitable agency” means an agency or federation of agencies that is eligible to receive contributions which may be deducted on the contributor’s Iowa individual tax return in accordance with U.S. Internal Revenue Code Sections 501(a) and 501(c)3, and which otherwise meets the criteria provided for in rule 11—71.6(8A).*
- b. Make available to the general public and the One Gift Administrator an annual financial report which is prepared by an independent certified public accountant and provide for an annual external audit by an independent certified public accountant. The One Gift Administrator may, in lieu of the external audit, accept Internal Revenue Service Form 990.
- c. Receive its funds from either a community wide solicitation or a statewide solicitation.
- d. Be a nonprofit, tax-exempt charitable organization within the meaning of Section 501(c)3 of the United States Internal Revenue Code and any relevant state laws.
- e. Have an active and responsible governing board that meets at least semiannually whose members have no conflict of interest and who, except for a paid staff director, service without compensation.
- f. Be providing or supporting services that are readily accessible to residents of the state of Iowa.
- g. Have a direct and substantial local presence in the state of Iowa. A telephone number alone shall not constitute a local presence.
- h. Operate without discrimination in employment, in accordance with [Iowa Code Chapter 216](#), and in the delivery of services and the distribution of funds.
- i. Make a report available on an annual basis to the general public detailing the local activities of the agency.
- j. Have a detailed annual budget approved by its governing board in a form consistent with generally accepted accounting principles and procedures wherein the organization’s administrative (management and general) and fundraising expenses do not exceed twenty-five percent of its total expenses, as reflected in the organization’s audited financial statements.