

**METRO EMPLOYEES' CONSOLIDATED  
CHARITIES CAMPAIGN  
2016-2017**

**APPLICATION FOR ADMISSION**

*Please return completed application to:*

**MECCC@uwmn.org**

**Or by mail to  
MECCC  
Attn: Michael Bigley  
250 Venture Circle  
Nashville, TN 37228**

**Due by: May 27**

## CERTIFICATION OF ELIGIBILITY

This certification form must be completed by an authorized agent of the applicant charitable organization. Eligibility criteria not checked will be presumed not certifiable.

### Metropolitan Employees Consolidated Charities Campaign

(MECCC)

#### 2016 Campaign Year

**Please check one:** Federation:  Independent Charitable Organization:

Organization's Registered Named: \_\_\_\_\_

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

EIN #: \_\_\_\_\_ Web Address: \_\_\_\_\_

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

Contact Person's Name: \_\_\_\_\_

Contact Person's Title: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Toll Free #: \_\_\_\_\_

Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

#### MECCC Certification:

1. Is your federation or charitable organization a non-profit, tax exempt charitable 501 (c) 3 organization? Include a letter from the IRS or other State issued documentation authorizing any legal name change. An interim IRS 501 (c) 3 letter, which has expired, will be accepted only with proof of application to the IRS for permanent 501 (c) 3 status.

\_\_\_\_\_ No \_\_\_\_\_ Yes **Attach a copy of letter from IRS**

2. Is your federation or independent charitable organization registered with the Tennessee Secretary of State's Office?

\_\_\_\_\_ No \_\_\_\_\_ Yes **Attach copy of current solicitation permit**

3. This federation or independent charitable organization is a human, health or welfare charitable organization that directly provides significant services and/or substantial financial support on a year-round basis to human, health or welfare organizations. These organizations must have a direct and

substantial presence and provide services, programs, benefits which affect the human, health or welfare of the people in the greater Nashville area. A toll free telephone number itself does not constitute local presence.

\_\_\_\_\_ No \_\_\_\_\_ Yes **Attach a description of the organization’s services and/or programs and their benefits.** (Suggestion: Attach Brochure)

4. This organization has an active and responsible governing body which directs the organization named in this application whose members have no material conflict of interest and a majority of which serve without compensation.

\_\_\_\_\_ No \_\_\_\_\_ Yes **Attach a copy of your Board of Directors.**

5. This federation or independent charitable organization operates without discrimination on the grounds of handicap and/or inability, age, race, color, religion, sex, national origin, or any other classification protected by federal or Tennessee State Constitutional or statutory law, as provided by federal or Tennessee State constitutional or statutory law.

\_\_\_\_\_ No \_\_\_\_\_ Yes **Attach a signed copy of the non-discrimination statement.**

6. After you check the box that applies to your organization, **please include the proper financial documentation for review.**

<u>Check the Appropriate Box</u>	<u>Gross Revenue</u>	<u>Financial Documentation Required</u>	<u>Date Requirement</u>
<input type="checkbox"/>	Less than \$25,000	<b>Attach Certified Treasurer’s Report</b>	Most recent completed fiscal year
<input type="checkbox"/>	\$25,000.00 to less than	<b>Attach Copy of IRS Form 990 (signed)</b>	Most recent completed fiscal year
<input type="checkbox"/>	\$300,000.00 or more	<b>Attach Audited Financial Statement <u>and</u> IRS Form 990 (signed)</b>	Most recent completed fiscal year

I certify as of this date, the organization named in this application does not knowingly employ individuals or contribute funds to organizations found on the following terrorist-related lists promulgated by the U.S. Government, the United Nations, or the European Union. Presently these lists include the Department Treasury’s Office of Foreign Assets Control Specially Designated nationals List, the Department of Justice’s Terrorist Exclusion List, and the List Annexed to Executive Order 13224. Should any change in circumstances occur during the year, Metropolitan Nashville Government will be notified in writing within 15 days of such change.

- I understand that if my organization will receive designated funds from the MECCC that those funds will be directly deposited into my organization's bank account. **Attach a completed copy of EFT application.**
- I certify 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 MECCC.
- I understand that I may be asked to clarify information and/or provide any additional information the MECCC may need to determine eligibility. I understand that admission and participation in the MECCC in no way guarantees that any employee will donate funds to my organization.

Signature:

---

Print Name:

---

Title:

---

Date:

---

**CERTIFICATION OF NON-DISCRIMINATION AND UNDERSTANDING**

At a meeting of \_\_\_\_\_ held on \_\_\_\_\_,  
(Name of organization) (date) the governing board  adopted a policy or  affirmed its policy of non-discrimination as follows:

1. No person is excluded from services because of race, color, religion, sex, national origin or disability.
2. There is no segregation of persons served on the basis of race, color, religion, national origin or disability.
3. There is no discrimination on the basis of race, color, religion, sex, national origin or disability with regard to hiring, assignment, promotion or other conditions of staff employment.
4. There is no discrimination on the basis of race, color, religion, sex, national origin or disability in membership on the agency's governing body.

I certify that the practices of the applicant organization conform to the policy of non-discrimination stated above. I also certify that all statements made in this application are true and accurate to the best of my knowledge and belief, and I understand that misrepresentation of any material fact may result in disqualification of this application.

I understand that admission to the Metro Employees Combined Charitable Campaign entitles the applicant organization to receive designated contributions, less a proportionate share of campaign expenses. I also understand it is the organization's responsibility to provide any additional information the MECCC may need to determine eligibility.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_

# United Way of Metropolitan Nashville

## Electronic Funds Transfer (EFT) Information & Authorization

Please complete the information below, including a signature that authorizes your payment to be issued through Electronic Funds Transfer. Please also include a copy of a voided check (for a checking account) or deposit slip (for a savings account).

Agency Name	
Agency Mailing Address	
City, State, Zip Code	
Bank Transit Number	
Account Number	
Type of Account (Checking or Savings)	
Authorized Signature	
Title	
Date	

## E-Mail Contact Information

Please give the name and e-mail address of the individual who should be notified of the dates and amounts of Electronic Fund Transfers to your agency. Only one email can be sent to each agency through our automated system.

Name	
E-Mail Address	

**Important Reminder:**

Before mailing your application either electronically or by mail please make sure that you have included the following...

- IRS 501(c)3 Letter
- Current IRS State Solicitation Permit
- Description of your LOCAL services and/or programs
- Current Board of Directors listing
- Non Discrimination Statement
- Financial Documentation
- Electronic Banking Information
- Signed and Dated Application

Excluding any of the above documents would result in the denial of acceptance into the MECCC.