

**AGENCY APPLICATION
2011 LOCAL GOVERNMENT CAMPAIGN**

Organization: _____

4 Digit Local Government # (if participant in 2010 Local Government Campaign)

Address:

Telephone: _____ **Email Address:** _____

Contact Person: _____

Certifying Official

I, _____ am the duly appointed representative of

_____ authorized to certify and affirm all
statements enclosed in this application.

(Signature)

(Typed/Printed Name)

(Title)

Date Submitted _____

(Signature of Chief Professional Officer)

(Signature of Chief Volunteer Officer)

CERTIFICATIONS

Please sign each certification and provide documentation where requested

1. I certify that the organization named in this application is recognized by the Internal Revenue Service 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. *(Include a copy of the most recent IRS determination letter. Interim 501(c)(3) letters with expiration dates beyond 12/31 will be accepted only within 90 days of that date. (Also include a copy of the "Doing Business As" (D.B.A.) letter from the IRS for any name change.)*

Certifying Official's Signature

2. I certify that the organization named in this application has filed with the State Corporation Commission. *(Include a copy of Articles of Incorporation or annual updates of registered agent, principle office and board of directors' list complete with phone and address)*

Certifying Official's Signature

3. I certify that the organization named in this application is registered with, or granted an exemption from registration by, the Virginia Department of Agriculture and Consumer Services, Division of Consumer Affairs, charitable Solicitation Section, or have filed all materials required by the Virginia Solicitation Contribution Law to register, renew registration or request an extension of time to file, or request and exemption for registration. *(Include a copy of verification of registration)*

Certifying Official's Signature

4. I certify that the organization named in this application has a substantial presence in Virginia including delivery of "health and human welfare services." *(Provide documentation enumerating and describing health and human welfare services provided in the previous year and in each county or local area)*

Certifying Official's Signature

5. I certify that the organization named in this application was audited in the most recent year end and holds a financial statement which, in consideration of fiscal year end, is available. *(An organization with annual gross receipts of \$100,000 or more shall submit an audit completed by an independent certified public accountant)*

Certifying Official's Signature

6. 25 word statement for listing in the brochure. *(No more than 25 words)*
