Deadline for application: **Friday, October 14, 2022, by 5:00 PM.**

Return the original of the completed application and required documents to:
Polk County Human Resources – Attn. Lexi Arndt
111 Court, Suite 390
Des Moines, Iowa 50309
(515) 286-3200

1. Federation Name _________________________________________________
2. Federation Federal ID Number _______________________________________
3. Street Address/P. O. Box ___________________________________________
   City __________________ State ________ Zip ________
4. Telephone Number _______________________
5. Federation Contact Person:
   NAME _________________________________________________
   TITLE _________________________________________________
   TELEPHONE NUMBER _____________________________
6. The Charitable Campaign Governing Committee has adopted the following
definition of local presence in Polk County for eligible federations:
   A. Substantial activities within Polk County, or
   B. A showing of participation in local programs, or
   C. Maintaining a staffed facility, office or portion of a residence dedicated
      exclusively to the federation, available to Polk County residents
      seeking the federation’s services that it provides, and which is open at
      least 15 hours per week.
Describe the nature and extent of your federation’s local presence in Polk County.

_____________________________________________________________________
_____________________________________________________________________
_____________________________________________________________________

7. Please submit the following documents:

A. Your federation’s detailed annual budget for current fiscal year.

B. A copy of an external audit prepared by an independent certified public accountant for most recent fiscal year.

C. A copy of the Internal Revenue Service (IRS) letter establishing your federation’s deductible status.

D. A copy of the most recent annual report detailing the federation’s local activities.

E. A list of all eligible organizations that are members of the federation. Please provide a brief explanation of the health, education, or human welfare services provided by each member organization.

I certify that the federation and each eligible organization of the federation is in compliance with the definitions and eligibility criteria described in Polk County Policy on Charitable Solicitation By Non-Polk County Affiliated Organizations, as revised and adopted by the Polk County Board of Supervisors August 10, 1999.

___________________________________                ____________
Signature       Date

__________________________________
Title

Application forms and required attachments are considered to be public records.

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