

COUNTY OF SUFFOLK



OFFICE OF THE COMPTROLLER

JOHN M. KENNEDY, JR.
Comptroller

APPLICATION FOR REGISTRATION STATEMENT

DATE: _____
AGENCY: _____
ADDRESS: _____
PHONE #: _____
CONTACT: _____
TITLE: _____
EMAIL: _____

REQUIRED DOCUMENTATION:

- _____ Articles of Incorporation which documents the purpose of the organization
- _____ Annual Notice of New York State Registration for the previous calendar year
- _____ 501(c) Revenue Code as designated by IRS with Employer Identification Number and Tax Exempt Status
- _____ A written statement documenting the general purpose or purposes for which the solicited contributions will be used
- _____ A written statement documenting the names and business addresses of the person or persons in direct charge of conducting the solicitation
- _____ A written statement which indicates whether the organization intends to use professional fund-raisers to solicit funds or contributions from the public. If so, the names and business addresses of all professional fund-raisers who will be connected with the solicitation
- _____ A list of all organizations or individuals that the organization has donated to and the amount of each donation during the agency's prior fiscal year. In addition, a separate schedule of all Suffolk County veterans and their families assisted by the organization during the agency's prior fiscal year

_____ A list of the Agency's current Board of Directors, including names, addresses and phone numbers

_____ A written statement indicating the amount of monies collected in the preceding fiscal year that was expended to assist and support veterans' programs in Suffolk County and/or individual veterans and their families in Suffolk County. In addition, a list of expenditures and donations that comprise the monies expended to assist veterans' programs and individual veterans and their families.

_____ A written statement that the fact of registration will not be used or represented in any way as an endorsement by the County of Suffolk, the Suffolk County Veterans Services Agency or the Suffolk County Department of Audit and Control of the solicitation conducted thereunder

_____ Audited financial statements and/or IRS Form 990s for the organizations prior two (2) fiscal years. If the previous years' statements are not finalized, a Profit & Loss Statement and Statement of Activities for the previous year which clearly identify the organization's revenues and program, administrative and fund raising expenses

_____ A written statement detailing the following for the agency's previous fiscal year: (a) total revenue including donations, contributions, grants, and investments; (b) total funds expended to assist veterans and their families; (c) amount and percentage of funds raised that were expended to support veterans' programs in Suffolk County; (d) amount of funds that remain undistributed; (e) amount of monies paid to professional fundraisers and solicitors; (f) total administrative expenses for the agency and the percentage of total administrative expenses to total agency expenses

_____ A copy of the agency's Certificate of Liability Insurance

_____ A copy of all Suffolk County business licenses and permits to operate in Suffolk County

RETURN THIS FORM WITH YOUR DOCUMENTS.

Please be advised that your application will be reviewed in order of receipt. You will be contacted if further information is required. Upon conclusion of the application review process, you will be notified of your organization's certification outcome.

I certify that the above information submitted to the Suffolk County Department of Audit and Control is accurate and correct to the best of your knowledge.

Signature, Title

Print Name

Date