

# STATE OF ARIZONA

Department of Revenue  
Office of Economic Research & Analysis  
Facsimile – (602) 716-7991



## QUALIFYING FOSTER CARE CHARITABLE ORGANIZATION (QFCO) APPLICATION FOR CERTIFICATION

### SECTION I: CONTACT INFORMATION

ORGANIZATION (*Displayed on Arizona Dept. of Revenue website listing*)

Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Website: \_\_\_\_\_

PRIMARY POINT OF CONTACT (*For Arizona Dept. of Revenue correspondence*)

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Date Services Began: \_\_\_\_\_

### SECTION II: AFFIDAVIT

I hereby certify that \_\_\_\_\_ meets each of the following criteria to be considered a Qualifying Foster Care Charitable Organization:

- 1) A.R.S. § 43-1088.M.4 states that a “qualifying foster care charitable organization” means a charitable organization that is exempt from federal income taxation under section 501(c)(3) of the Internal Revenue Code or is a designated community action agency that receives community block grant program monies pursuant to 42 United States Code, Section 9901. I have enclosed a copy of my organization’s 501(c)(3) status or copy of verification that my organization is a designated community action agency.

My organization meets this criteria: \_\_\_\_\_

(initial here)

**SECTION II: AFFIDAVIT**

- 2) A.R.S. § 43-1088.M.4 also states that an organization must spend at least 50% of its budget on services to Qualifying Individuals. Per A.R.S. § 43-1088.M.5 Qualifying individuals means any of the following. Please indicate all that apply.

**Qualifying Individual(s) Served** (select all that apply)

- ☐ A foster child as defined in section 8-501
  - ☐ A person who is participating in an independent living program as prescribed in section 8-521
  - ☐ A person who is participating in a transitional independent living program as prescribed by section 8-521.01
  - ☐ A person who is participating in an extended foster care program as prescribed in section 8-521.02
  - ☐ A person who is under twenty-seven years of age and whose reasons for leaving foster care is any of the following
    - ☐ reaching eighteen years of age
    - ☐ adoption or legal guardianship after reaching fifteen years of age
    - ☐ reunification after reaching fourteen years of age
- 3) A.R.S. § 43-1088.M.4 states that a “qualifying foster care charitable organization” means a qualifying charitable organization that each operating year provides services **to at least two hundred qualified individuals** in this state and spends at least fifty percent of its budget on services to qualified individuals in this state.

**Number of Qualified Individuals Served Each Year:** \_\_\_\_\_

- 4) A.R.S. § 43-1088.M.6b, “services” means cash assistance, medical care, behavioral health services, child care, food (including snacks at an event), clothing, shelter, job placement, job training, character education, workforce development, secondary education student retention, housing or financial literacy services or any other assistance that is reasonably necessary to meet immediate basic needs or provide normalcy and that is provided and used in this state.

**Service(s) Provided** (select all that apply. Details on each service selected must be provided in the narrative/description of services.)

- |   |  |
|---|--|
| <input type="checkbox"/> Cash Assistance            | <input type="checkbox"/> Character Education                     |
| <input type="checkbox"/> Medical Care               | <input type="checkbox"/> Workforce Development                   |
| <input type="checkbox"/> Behavioral Health Services | <input type="checkbox"/> Student Retention (secondary education) |
| <input type="checkbox"/> Child care                 | <input type="checkbox"/> Housing Literacy                        |
| <input type="checkbox"/> Food                       | <input type="checkbox"/> Financial Literacy                      |
| <input type="checkbox"/> Clothing                   | <input type="checkbox"/> Other: _____                            |
| <input type="checkbox"/> Shelter                    | _____  |
| <input type="checkbox"/> Job Placement              | <input type="checkbox"/> Normalcy: _____                         |
| <input type="checkbox"/> Job Training               | _____  |

## SECTION II: AFFIDAVIT

- 5) I have enclosed a copy of my financial statements for the prior operating year specifying the amount spent on services (as defined above) to at least 200 Qualified Individuals (as defined above):

My organization has spent at least fifty percent on qualified services to qualified individuals: \_\_\_\_\_  
(initial here)

- 6) My organization plans to continue spending at least fifty percent of our budget in the future on services (as defined above) to at least 200 Qualified Individuals (as defined above):

My organization plans to continue to spend at least fifty percent on qualified services to qualified individuals: \_\_\_\_\_  
(initial here)

- 7) A.R.S. § 43-1088.J.4 states that a qualifying organization does not provide, pay for or provide coverage of abortions. Does your organization do any of the following?

1. Provide abortions?	Yes	_____	No	_____
2. Pay for abortions?	Yes	_____	No	_____
3. Provide coverage of abortions?	Yes	_____	No	_____

Note: You must answer “no” to all three questions in order to be considered a Qualifying Charitable Organization.

My organization does not do any of the above activities: \_\_\_\_\_  
(initial here)

- 8) A.R.S. § 43-1088.J.4 also states that a qualifying organization does not financially support any other entity that provides, pays for or provides coverage of abortions. Does your organization financially support any other organization that does any of the following?

1. Provide abortions?	Yes	_____	No	_____
2. Pay for abortions?	Yes	_____	No	_____
3. Provide coverage of abortions?	Yes	_____	No	_____

Note: You must answer “no” to all three questions in order to be considered a Qualifying Charitable Organization.

My organization does not financially support any other organization that does any of the above activities: \_\_\_\_\_  
(initial here)

**SECTION III: ADDENDUMS**

The following documents must be included with your completed application. Check the box for each of the items included with the application. To be added to the queue for review, all documents listed below must be submitted.

- 1) **Description of Services/Narrative** - In the context of the law, describe each of the qualifying service(s) that your organization provides, the qualifying population(s) your organization serves, and how fifty percent or more of your operating budget is spent on providing those qualifying services to qualifying Arizona residents. *This document must be provided as a separate document from the application and financials. A Narrative Template is available on the azdor.gov website or can be accessed by clicking [here](#).* ☐
- 2) **Financial Statements** - Submit a copy of your financial statements for the prior operating year indicating the amount spent on services and population identified in the narrative. Examples of the financial reports we accept are available on the azdor.gov website or can be accessed by clicking below. [Statement of Functional Expense Report and Expense Information.](#) ☐  
[Profit and Loss Report Example and Expense Information.](#)
- 3) **Federal Tax Exemption** - Submit a copy of your federal 501(c)(3) letter or a copy of your status as a community action agency that receives community services block grant program monies. ☐

SUBMITTED BY (*Must be an officer of the organization*)

Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**SUBMISSION INSTRUCTIONS**

Email this entire form **and** addendums to:

QCO@azdor.gov

Use subject: "QFCO Application – [name of your organization]"