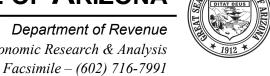
Department of Revenue Office of Economic Research & Analysis



# QUALIFYING CHARITABLE ORGANIZATION (QCO)

**APPLICATION FOR CERTIFICATION** 

Section I: Contact Information				
ORGANIZATION (Displayed on Arizona Dept. of Revenue website listing)				
Name:				
Address:				
City:		State:	Zip:	_ Phone:
Website:				
PRIMARY PO	INT OF CONTACT <i>(For Arizona</i>	Dept. of Reven	ue correspondence	)
Title:	Name	<b>):</b>		
Mailing Addre	ess:			
City:		State:	Zip:	_ Phone:
Email:				
Date Services	Began:			
		SECTION II:	<b>A</b> FFIDAVIT	
I hereby cert	tify that			meets each of the following
criteria to be 1) A.R.S. § is exemple designat United S	e considered a Qualifying Cha 43-1088.L.3 states that a "qu pt from federal income taxa ted community action agency	aritable Organiz ualifying charital tion under sect that receives con have enclosed	ation: ole organization" m ion 501(c)(3) of the ommunity block gra a copy of my orga	eans a charitable organization that ne Internal Revenue Code or is a ant program monies pursuant to 42 nization's 501(c)(3) status or copy
			My organizatio	n meets this criteria:
				(illital fiele)

#### APPLICATION FOR QUALIFYING CHARITABLE ORGANIZATION CERTIFICATION

## SECTION II: AFFIDAVIT

2) A.R.S. § 43-1088.L.3 also states that an organization must spend at least 50% of its budget on service to Arizona residents who receive Temporary Assistance for Needy Families (TANF) benefits, to low-income residents and their households (individuals living at or under 150% of the federal poverty level), or individuals who have a chronic illness or physical disability (defined as individuals whose primary diagnosis a severe physical condition which may require ongoing medical or surgical intervention). As defined A.R.S. § 43-1088.L.5, "services" means cash assistance, medical care, child care, food, clothing, shelt job placement and job training services or any other assistance that is reasonably necessary to me immediate basic needs and that is provided and used in this state.					
	Service(s) Provided services.)	(select all that apply. Details	s on each service selected must be p	provided in the narrative/description of	
	☐ Cash Assistance ☐ Food ☐ Other:	☐ Clothing ☐ Shelter	☐ Medical Care ☐ Child Care	☐ Job Placement ☐ Job Training	
	(must be an <b>immediate basic need</b> )				
	Population(s) Served (select one or more that apply)				
mu	<ul> <li>□ Temporary Assistance for Needy Families (TANF) benefit recipients through the Department of Economic Security.</li> <li>□ Low-income residents</li> <li>□ Individuals who have a chronic illness or physical disability (A list of chronic illness and physical disabilities listed on the narrative/description of services.)</li> </ul>				
		,	∕ My organization n	neets this criteria:	
			Wy organization in		
٥١	I have enclosed a cor	ov of my financial states	nente for the prior energting w	(initial here)	
3)	<ul><li>on services (as define</li><li>Temporary Assist</li><li>Low-income resid</li></ul>	ed above) to residents of ance for Needy Familie ents, or	of Arizona who are: Proposed es (TANF) benefit recipients,	ear specifying the amount spent budget	
		ave a chronic illness or newly formed, in lieu o	physical disability. If the prior year's finances, en	close a copy of a proposed	
			My organization n	neets this criteria:(initial here)	
4)	<ul><li>defined above) to res</li><li>Temporary Assist</li><li>Low-income resid</li></ul>	idents of Arizona who a ance for Needy Familie	are: es (TANF) benefit recipients,	lget in the future on services (as	
			My organization me	eets this criterion:	

(initial here)

# APPLICATION FOR QUALIFYING CHARITABLE ORGANIZATION CERTIFICATION

	Se	ECTION II: AFFIDAVIT	
5)		ying organization does not provide, pay for or provide cov	erage of
	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 question	ons in order to be considered a Qualifying Charitable Organization.	
	My or	rganization does not do any of the above activities:	(initial here
			(IIIIIIIIII TICIO
6)		ualifying organization does not financially support any oth rage of abortions. Does your organization financially sup 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 question	ns in order to be considered a Qualifying Charitable Organization.	
	Му	organization does not financially support any other	
		organization that does any of the above activities:	
			(initial here
	Seo	CTION III: ADDENDUMS	
Th		with your completed application. Check the box for each	
		be added to the queue for review, all documents listed	
be	low must be submitted.		
1\	Description of Sorvince/Norrative In	the context of the law describe each of the qualifying	
1)		the context of the law, describe each of the qualifying es, the qualifying population(s) your organization serves,	
		operating budget is spent on providing those qualifying	
		This document must be provided as a separate document	
		Narrative Template is available on the azdor.gov	
	website or can be accessed by clickin	ng <u>here</u> .	
<b>2</b> \	Financial Statements Submit a conv.	of your financial statements for the prior operating year	
۷)		s and population identified in the narrative. Examples of	
		ilable on the azdor.gov website or can be accessed by	
	clicking below.		
	Statement of Functional Expense Report		
	Profit and Loss Report Example and Exp	pense Information.	
			Ш
No	te: For newly formed organizations (less than	n one year): in lieu of the previous year's finances, we accept	
		ertification year. You must demonstrate how much you	
exp	pect to spend in total, and show that direct spe	ending for qualifying services is expected to exceed 50% of	
tota	al expenses. An example of a proposed bud	dget is available upon request.	
31	Federal Tax Exemption - Submit a conv	y of your federal 501(c)(3) letter or a copy of your status	
٠,	•	ives community services block grant program monies.	
	inactool	j - 1 j - 1	1 1

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

Printed Name:	т	itle:
Signature:	D	ate:

# **SUBMISSION INSTRUCTIONS**

Email this entire form and addendums to:

QCO@azdor.gov

Use subject: "QCO Application – [Name of your organization]"