

# 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*)

Salutation:  Mr.  Ms.  Mrs. Name: \_\_\_\_\_ Title: \_\_\_\_\_

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

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

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

### 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 qualifying 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 Qualified Individuals. Per A.R.S. § 43-1088.M.5 Qualified individual means any of the following. Please indicate all that apply

**Qualified Individual(s) Served** (select one or more 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 reason 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) As defined in 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.

**SECTION II: AFFIDAVIT**

**Service(s) Provided** (select one or more that apply **and provide the program service(s) details below**)

<input type="checkbox"/> Cash Assistance
<input type="checkbox"/> Medical Care
<input type="checkbox"/> Behavioral Health Services
<input type="checkbox"/> Child Care
<input type="checkbox"/> Food
<input type="checkbox"/> Clothing
<input type="checkbox"/> Job Placement
<input type="checkbox"/> Job Training
<input type="checkbox"/> Character Education
<input type="checkbox"/> Workforce Development
<input type="checkbox"/> Student Retention (secondary education)
<input type="checkbox"/> House Literacy
<input type="checkbox"/> Financial Literacy
<input type="checkbox"/> Other Basic Needs (describe)

Other Providing Normalcy (describe)

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**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**

Include the following documentation with your submission.

- 1) **Description of Services/Narrative** - In the context of the law, describe the qualifying service(s) that your organization provides, the qualified individuals your organization serves, and how fifty percent or more of your operating budget is spent on providing those qualifying services to qualified individuals.
- 2) **Financial Statements** - Submit a copy of your financial statements for the prior operating year indicating the amount spent qualifying services for the qualified individuals
- 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.

APPLICATION FOR QUALIFYING FOSTER CARE CHARITABLE ORGANIZATION CERTIFICATION

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

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

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

**SUBMISSION INSTRUCTIONS**

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

Email to:

QCO@azdor.gov

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

Arizona Department of Revenue, OERA

Attn: QCO/QFCO Program Manager

PO Box 29099

Phoenix, AZ 85038