

# Qualifying Charitable Organizations Narrative Template

## Narrative/Description of Services For (Organization's Name)

*Please note, you may modify this document as needed e.g. remove service categories not provided by your organization or population categories not served. The narrative should be simple and to the point with no pictures. All sections of the narrative must be completed to be added to the queue for review. Failure to provide the information requested will cause a delay in providing you a determination.*

**About your organization:** Provide a brief description of your organization assuming the Arizona Department of Revenue knows nothing about your organization. Please refrain from using abbreviations and jargon that we may not comprehend.

**Qualifying Services:** Provide details on each of the services selected in the application and how they meet the requirements for this program. It is recommended that you use the [QCO Guidelines](#) to determine if each of the services you provide meet the requirements for qualification. The description should clearly state if the items provided are donated or purchased by your organization if applicable. Specifically, ADOR is looking for what services you provide directly, how you provide the services, and whom you provide the services.

Cash Assistance:

Food:

Clothing:

Medical Care:

Shelter:

Childcare:

Job Training:

Job Placement:

Other (must be an immediate basic need):

**Population Served:** Provide details on each population category selected in the application and the verification method used to determine eligibility. It is important to provide percentages if multiple categories are selected or if a portion of the population served do not fall under an eligible category. A list of chronic illness and physical disabilities must be listed. For details on the qualifications for the population categories please see the [QCO Guidelines](#).

Temporary Assistance for Needy Families benefit recipients *through the Department of Economic Security*:

Low-income and Verification Method:

Chronic Illness and Physical Disability:

**Expenses:** Provide details on qualifying expense categories that may not necessarily be clear or prorated amounts for expense categories that include qualifying expenses and non-qualifying expenses. It is important to tie the narrative and explanation of expense categories or programs to the financials submitted. It should be clear which programs in the financials are considered to be qualifying through the description in the narrative.

**Budget Statement:** Provide a statement indicating plans to continue spending at least 50% of your budget on services to Arizona residents who fall within one or more of the three eligible populations.

**Abortion Statement:** Provide a statement indicating you do not offer, pay for, or provide coverage for abortions, and do not financially support any other entity that provides, pays for, or provides coverage of abortions.