

Qualifying Foster Care Charitable Organization 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. The description should clearly state if the items provided are donated or purchased by your organization. Specifically, ADOR is looking for what services you provide directly, how you provide the services, and whom you provide the services.

Cash Assistance:

Medical Care:

Behavioral Health Services:

Child Care:

Shelter:

Food:

Job Training:

Job Placement:

Character Education:

Workforce Development:

Student Retention (secondary education):

Housing Literacy:

Financial Literacy:

Providing Normalcy:

Other (must be an immediate basic need):

Population Served: Provide details on how the organization served the number of eligible individuals noted in the application in a 12-month period.

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.