

# **Community Works of New York State**

**- The Progressive Alternative Workplace Giving Campaign -**

## **Application for Membership**

### **Introduction:**

Community Works of New York State, Inc. (Community Works) is a private, not for profit development federation organized under the laws of New York State for the purpose of acting as a fundraising and development federation for its members to secure resources to help them achieve their missions. Member organizations provide critical human services and promote progressive social change to enhance the quality of the lives of their constituents.

As a federation, Community Works functions most effectively when its members actively support its workplace giving campaigns. New member applicants should follow the instructions listed below to apply for membership. Successful completion of the application and approval of the application for membership by the Board of Directors of Community Works will enable the new member to participate in Community Works workplace giving campaigns and will entitle the new member to automatically apply for inclusion as a member of Community Works in the New York State Employee Federated Appeal, the Combined Federal Campaign, as well as numerous other local campaigns. Timely inclusion in these campaigns is dependent upon the actual date of approval of the new applicants' membership application.

**Instructions:** Fill out this form completely and provide the documents that are requested. Incomplete applications or those without certifying initials or without signatures cannot be processed. Sign the application and return it, along with one copy of each of the required documents listed in the application checklist and a check for your initial annual dues payment (see dues payment schedule) made payable to Community Works of New York State:

**Admissions Committee  
Community Works of New York State  
50 Colvin Avenue, Suite 203  
Albany, New York 12206**

**Need help?** Contact the Community Works office at (518) 765-5137 or 1-800-808-2225 if you have any questions or need assistance.



### **Membership Application Checklist** *(For new members)*

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**Required enclosures:** Please enclose the following to complete your Community Works membership application:

- Completed and **signed** application form and any addenda
- Completed Fiduciary Agent letter (on your agency letterhead)
- IRS Tax exempt determination letter
- Most recent audited financial statement (if applicable)
- Most recent IRS Form 990 and attachments
- Most recent narrative annual report (if any)
- A list of your board of directors including home addresses and organizational participation (form on last page of packet)
- A check for your first year dues (see dues schedule) made out to Community Works of NYS

#### **Additional enclosures**

The following items will help Community Works more effectively meet your organization's development needs and publicize your organization as a member of the Community Works federation. If you don't have one or more of these, forward your application anyway and send these as soon as possible:

- 5 Copies of your most recent organizational brochure
- 2 - 3 Copies of (different) recent newspaper or magazine clippings about your organization



# Community Works of New York State

Please type or print legibly:

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

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

Authorized Agency Representative Name/Title: \_\_\_\_\_

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

\_\_\_\_\_

Voice: \_\_\_\_\_ /toll free # \_\_\_\_\_ Fax: \_\_\_\_\_

E-mail \_\_\_\_\_ Website: \_\_\_\_\_

National affiliation: \_\_\_\_\_

### Applicant Agency Profile:

Year founded: \_\_\_\_\_ Year Incorporated: \_\_\_\_\_

# FTE employees \_\_\_\_\_ #Volunteers \_\_\_\_\_

# Board members \_\_\_\_\_ When are board meetings held? \_\_\_\_\_

Annual Operating Budget: \$ \_\_\_\_\_ Fiscal year: Begins \_\_\_\_\_ Ends \_\_\_\_\_

Service/Activity statistics: (for most recent year avail) # served, services provided, successful advocacy initiatives undertaken w/related positive outcomes (attach additional sheet as needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application Deadlines:** Community Works accepts new member applications continuously throughout the year. However, agencies wishing to have their organization participate in the fall campaigns are encouraged to submit their completed application with the required documents and any other necessary attachments so that it will be received no later than **May 31<sup>st</sup>** for consideration by the Community Works Admissions Committee. (Note: applicants already participating in the NYS SEFA or CFC campaigns will not be listed as a member of the Community Works federation until the *next* SEFA/CFC campaign cycle.) Applications received *after May 31<sup>st</sup>* will be considered upon receipt however, participation in any subsequent workplace campaigns is



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dependent upon approval of membership by the Community Works Board of Directors and the allowance of sufficient time to generate campaign materials including a listing of the newest member.

**Applicants will be notified** verbally of the Community Works' board of director's decision regarding their application within one week from the regular board meeting when it was considered and in writing within two weeks from the meeting.

### A. Current Workplace Campaign Activity

#### State Employee Federated Appeal (SEFA) Participation

Is your agency or organization already a participant in the NYS State Employee Federated Appeal (SEFA)? (circle one) Yes                      No                      If yes, which campaign(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the first year you participated? \_\_\_\_\_ How much did your organization receive from the most recent SEFA campaign? \$ \_\_\_\_\_ from the fall \_\_\_\_\_ (year) campaign

#### Combined Federal Campaign (CFC) Participation

Is your agency or organization already a participant in the federal Combined Federal Campaign (CFC)? (circle one) Yes                      No                      If yes, which campaign(s)? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What was the first year you participated? \_\_\_\_\_ How much did your organization receive from the most recent SEFA campaign? \$ \_\_\_\_\_ from the fall \_\_\_\_\_ (year) campaign

*Note: If your organization is already a SEFA or CFC participant you will **not** be required to pay the 15% administrative expense normally assessed to Community Works member agencies for administration of these campaigns. You will be required to pay a portion of the SEFA Campaign Administration fee, however. For each and every other Community Works campaign your organization will be charged the administrative fee.*

### B. Statement of Eligibility

To be eligible for membership in Community Works, an organization must demonstrate it is a progressive health, welfare or social change organization, which addresses human needs. Eligible organizations must be engaged in one or more of the following activities: education; advocacy; provide services, benefits or conduct direct assistance; programs or activities for social needs. On a



separate sheet attached to this application titled, "Statement of Eligibility," please include your agency's mission statement and briefly state how your organization meets the preceding definition. (Note: this statement should be replicated in the attached SEFA Application form).

### C. Certifications

As a condition of eligibility, an applicant organization must certify that it meets all the following New York State criteria. Please initial each paragraph and fill in the blanks in the space provided to attest to the truthfulness and accuracy of the statement.

Initial each paragraph :

#### New York State Requirements

1. \_\_\_\_\_ The organization is registered with the New York State Department of State, Office of Charities Registration. Please indicate date registered \_\_\_\_\_.
2. \_\_\_\_\_ Attached is a copy of the most recent annual report to the Department of State including the tax forms required by that Department.
3. \_\_\_\_\_ On behalf of the applicant, I hereby affirm that the organization operates without discrimination on account of race, religion, sex, or national origin in regards to persons it serves.
4. \_\_\_\_\_ On behalf of the applicant, I hereby affirm that this organization operates in compliance with all requirements of law and applicable regulation regarding non-discrimination and equal employment opportunity concerning its officers, staff, employees and any volunteers.

### D. SEFA/CFC Requirements

**(Note: If you indicated above that you are currently already participating in either or both SEFA or CFC Campaigns, simply attach a copy of each of your successful applications to this application form and go on to the next section of the application.)**

New York State and Federal Government public sector campaigns are the bedrock of Community Works campaign efforts and it is essential that each member meet or exceed the requirements established for participation in these campaigns.

Please complete the two attached applications. These applications, and the related attachments, will be used by Community Works staff to apply directly on your behalf to your local (or statewide, as appropriate) SEFA and CFC Campaigns. Any addenda required for these campaigns are also



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required by Community Works; consequently, only one copy is needed. Once completed, you won't need to complete these applications again unless there are significant changes made to the form.

### **E. Community Works Campaign Brochure Statement**

Below please write a statement of **25 words** or less describing your agency's program, followed by the local and toll-free phone numbers and, where appropriate, web site you want the public to use to contact you.

NOTE WELL: This statement will be used in the brochure distributed to potential donors. It is your "advertisement" and an opportunity to state your case as strongly as possible. Don't waste words re-stating your agency name, as your name will appear adjacent to your statement in the brochure.

Example: "We provide food, clothing, shelter and job counseling 24 hours a day to homeless families. No one in need is turned away. (444)444-4444. www.goodsamaritan@angelnet.org"

Community Works of NYS reserves the right to edit your statement for clarity or conformance with regulations pertaining to each Campaign brochure style or requirements. *(Note: The brochure statement may be expanded for other campaigns.)*

#### **Agency Campaign Brochure Statement**

(25 words or less)

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### **New Member Agreement**

**Please review the following pages carefully as they describe your responsibilities and privileges of membership in Community Works.**

Please sign and date this agreement, make a copy for your records and forward the original back to Community Works a part of the application package. Note that the agreement is not final until approved by the Community Works Board of Directors as indicated by a signature from the Board Secretary. A signed executed agreement will be forwarded to the agency upon approval.



## **New Member Agreement**

**By and between**

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**and**

**Community Works of New York State**

### Introduction

Founded in 1993, Community Works of NYS, Inc. is a voluntary, cooperative, nonprofit federation of progressive nonprofit advocacy and human service organizations committed to improving the quality of life for all New Yorkers, especially our most vulnerable and disadvantaged residents. We are committed to assisting our member organizations in achieving their missions by helping raise public awareness about the issues affecting their constituents and supporting their organizational development through conducting workplace giving campaigns, leadership training and other development activities.

As a cooperative federation of nonprofit organizations, the success of Community Works depends to a large degree on the commitment and willingness of its members to fulfill their leadership and work responsibilities to the federation. Failure to fulfill these responsibilities in a timely manner inhibits the effectiveness of the federation and eclipses the potential of each and every member to receive the maximum benefits associated with membership. Consequently, the Community Works Board of Directors places a high premium on members successfully completing their individual and collective work responsibilities.

### Member Pledge

On behalf of my organization, \_\_\_\_\_(name of agency) we agree to be bound by the following terms and conditions, rights and responsibilities of new membership for purposes of securing the privileges of membership in Community Works of New York State, Inc.:

### Member Responsibilities

1. The agency completes and submits a new member application form, including all the required attachments and a Letter of Agreement naming Community Works of NYS, Inc. (“the federation”) as the sole fiduciary agent collecting campaign contributions from donors in workplace campaigns on behalf of the agency for the duration of the agreement;



2. \_\_\_\_\_ (“the agency”) pays their annual dues in a conscientious and timely manner each year for the duration of the time period they remain a New Member;
3. The agency will pay the administrative campaign fee(s) as established annually by the Board of Directors for any campaign in which they participate as a member of the federation in a manner consistent with established federation procedures;
4. The agency will be required to send at least one representative, either paid staff or volunteer, who can actively and effectively represent the agency and consistently and conscientiously participate in meetings of the Board of Directors, including our annual planning meeting,
5. The agency representative will work on at least one Board Committee (Fundraising, Program, Campaign or other as defined by the Board) in accordance with any established member work requirements.
6. The agency will be required to fully cooperate with requests for information or other assistance (e.g. Meeting and communicating with the Community Works staff) as required by the Board of Directors or by any grant received by Community Works while the agency was a full member. Community Works staff will make every effort to keep these requests to a minimum;
7. The agency will conform with all Campaign-related requirements as established by the Board of Directors including, but not limited to, respecting the confidentiality of campaign donors and acknowledging contributions in a timely fashion;
8. The agency’s administration and corporate fundraising will conform to the Code of Ethics and Campaign Standards, which are appended to, and a part of, this agreement.

### **Member Privileges**

1. During the New Member time period, the agency will be listed as a member of Community Works of NYS in its campaign brochures, any federated campaigns it participates in and the agency is admitted into (e.g. each SEFA or CFC Campaign that the agency is currently admitted into or applies to be admitted into as a member of the federation), and any publications or marketing materials;
2. The agency shall be entitled to its financial share of Campaign proceeds in accordance with Board of Directors approved allocation schedules;



3. The agency shall, as a member of the Community Works Board of Directors, be entitled to actively participate in all Board decisions including, but not limited to, allocation of campaign contributions, election of officers, amending or changing corporate by-laws, admission of new members, campaign marketing materials in accordance with established agency by-laws;
4. The agency shall also be entitled to participate in any Community Works-sponsored programs or other benefits as defined by the Board of Directors in accordance with its membership status (e.g. conferences, leadership training, grant assistance, co-op purchasing benefits etc.)

Duration

The New Member status will be in effect for the calendar year in which they are admitted into the federation and for two subsequent calendar years ending December 31, 2008 (a minimum of two fall campaign periods).

Interpretation

Any disputes which may arise regarding the terms of this agreement will be brought immediately to the attention of the Community Works Executive Committee whose decision regarding interpretation or modification of the agreement is final.

Throughout the duration of the time period covered by this agreement, the agency will be ineligible to receive campaign allocations if it allows its dues to lapse. In the event this occurs, Community Works, at its sole discretion, may elect to deduct the annual dues requirement from any campaign allocation as needed.

This agreement may not be modified unless in writing by the mutual consent of the parties. Community Works reserves the right to terminate this agreement, at its discretion, in the event that the agency fails to fulfill its member responsibilities.

We agree with the above terms and conditions of this agreement to become a New Member of Community Works of NYS, Inc.

\_\_\_\_\_  
Printed name of **Agency Ex. Director**

\_\_\_\_\_  
Authorized signature of Agency Ex. Director

\_\_\_\_\_  
Date

\_\_\_\_\_  
Secretary, Community Works Board of Directors

\_\_\_\_\_  
Date approved



## **Fiduciary Agent Letter**

Below please find the format for a Fiduciary Agent Letter of agreement between your agency and Community Works for purposes of conducting workplace giving campaigns, including all public sector campaigns. Please reproduce this on your letterhead, include your agency's name where indicated, have your Executive Director or Community Works Board rep sign it and include in this application package. Make a copy of the original for your files.

<Date>

**Fiduciary Agent Letter of Agreement  
By and between  
Community Works of NYS, Inc. and  
<name of your agency>**

TO WHOM IT MAY CONCERN:

Please be advised that the **<name of your agency>** is a member of Community Works of New York State, Inc. (CW) having "an agreement among its members to seek contributions in the name of and through the federation." Accordingly, Community Works is the sole fiscal and fiduciary agent for **<name of your agency>** for all workplace giving campaigns including, but not limited to, public sector campaigns such as the State Employee Federated Appeal (SEFA) and the New York City Municipal Campaign (CMC) as well as any other private sector campaigns undertaken by the federation. As our fiscal and fiduciary agent, I would appreciate it if you could direct all correspondence and other communications between campaign administrators and the **<name of your agency>** to Community Works, PO Box 347, Voorheesville, New York 12186 or 518-765-5137. This includes, but is not limited to, any campaign contracts or agreements, disbursements, campaign information and other documents relating or referring to the specific campaign being undertaken.

Sincerely,

<CW Board Rep name and title>  
and Board Member, Community Works of NYS, Inc.



**5. Appointment Petition**

On behalf of my organization, I hereby petition Community Works of New York State to accept this agency as a member. If accepted, I hereby appoint Community Works of NYS to act as this agency’s exclusive federated representative, business agent, and fiscal agent in all workplace charitable fund drives organized and conducted by Community Works of NYS or in which Community Works may participate beginning on the date we are accepted as a member as specified in the attached Fiduciary Agent Letter. I specifically and irrevocably empower Community Works of NYS to receive, account for, and distribute designated gifts and due shares of undesignated gifts made to this agency in these fund drives and through their subsequent donation collection period, in accordance with Community Works of NYS by-laws.

Further, I have reviewed the New Member Agreement and I understand my agency’s roles and responsibilities as a member of Community Works. I understand that the New Member Agreement is binding for the duration on any successor representatives and me and cannot be assigned, modified or terminated without the prior written consent of the Community Works Board of Directors. I certify I have the authority to make this petition and appointment and that this organization agrees to abide by the rules, regulations, and by-laws governing Community Works of NYS or governing workplace campaigns where it participates as a member of Community Works of NYS, and that the representations made in this application are, to the best of my knowledge, truthful and accurate.

**Signatures**

\_\_\_\_\_  
Signature of authorized agency official

\_\_\_\_\_  
date

\_\_\_\_\_  
Typed name

\_\_\_\_\_  
title



### **2008 Annual Dues Schedule**

Recognizing that larger organizations with greater access to cash reserves can often afford a higher cash dues payment to support the federation, the Community Works Board of Directors has established the following sliding fee membership dues schedule:

**Level 1** - Operating budget less than \$100k - \$100 annual dues

**Level 2** - Operating budget \$101k to \$250k - \$200 annual dues

**Level 3** - Operating budget \$251k and larger - \$300 annual dues

Hardship Exception: The Community Works Board of Directors recognizes that under certain circumstances the required cash dues payment may present a hardship to smaller, newer, grassroots organizations applying for membership. Consequently, given that this is a constituency Community Works seeks to reach and represent, the Community Works Board of Directors reserves the right to waive any portion or the entire cash dues requirement in certain exceptional instances. On those occasions, the Board of Directors will determine a suitable alternative contribution that can be made by the applicant agency in lieu of cash. New member applicants or renewing members should contact CW staff to discuss this option as warranted.