



Tri-State Better Business Bureau Charity Reporting Service

3101 N. Green River Rd., Ste 410 Evansville, IN 47715 (812) 473-0202

Application for Accreditation

Use of Information

To assist the Better Business Bureau in responding to inquiries about your organization, please complete the following application and submit the requested materials. Attach separate sheets as necessary. We believe both the public and soliciting organizations will benefit from voluntary disclosure of an organization's activities, finances, fundraising practices and governance.

If your organization solicits for charitable contributions, the information provided may be used to determine if your organization meets the 20 voluntary Standards for Charity Accountability. **Please note:** It is important to submit all of the requested information and the application as one complete package. If a charity evaluation is completed, it will be based on the information received with this package or on file with the BBB. The omission of any of the requested information or item(s) could affect this evaluation and may result in the organization not meeting one or more charity standards. Once a report is written, your organization will be provided a draft copy prior to publication.

If your organization is in the midst of completing a more current annual report, financial statement, IRS Form 990 and/or NYS Form CHAR500, please submit the latest available copy with your completed questionnaire & submit the more current reports when available.

Use of the Better Business Bureau Name

The name "Better Business Bureau" and the BBB torch logo are federally registered service marks owned by the Council of Better Business Bureaus, Inc. Unless licensed for use, others may not use the Better Business Bureau service marks.

The completion of this form and the submission of information to the Better Business Bureau does not imply any form of endorsement, approval or membership. The information is provided solely to help us assist donors in their contribution decisions.

Signing this form indicates your organization's agreement to the above conditions regarding use of submitted information. In addition, by signing below your organization agrees that it will not use the BBB name, evaluation conclusions, or make any reference to whether your organization meets the Standards for Charity Accountability, unless you are actively participating in the Seal program and have signed a separate agreement.

Preparer's name and title (Please type or print)

Signature: _____ Date: _____

Name and title:

Signature: _____ Date: _____

Organization:

Please contact Amanda Shockley at ashockley@evansville.bbb.org / 812-473-0202 x. 112 with any questions.

CHECKLIST OF ENCLOSURES

Please provide a copy of the following items & to specify checklist #:

Enclosed?

Yes No

- ☐ ☐ 1. **Annual Report** This is an annually produced fact sheet, brochure, or other publication that summarizes your mission, programs, finances, and governance for the past year.
(To request a sample annual report, please email ashockley@evansville.bbb.org.)
If not available, please clarify
- ☐ ☐ 2. **Latest Audited Financial Statements** (If not audited, send unaudited statements)
If not available, please clarify
- ☐ ☐ 3. **Complete IRS Form 990** (with Schedule A, if applicable)
If not available, please clarify
- ☐ ☐ 4. **Budget** for current fiscal year in progress
If not available, please clarify
- ☐ ☐ 5. **Fundraising Contracts/Agreements** Please enclose a copy of the complete written fundraising agreement with each fundraising firm(s) or consultant(s) used in the past year.
If not available, please clarify
- ☐ ☐ 6. **Board Roster** Specify the officers (i.e., who serves as chairman, secretary, treasurer) and the professional affiliations of each board member (i.e., *John Jones, marketing director, XYZ Bank*).
If not available, please clarify
- ☐ ☐ 7. **Fundraising Requests** Please check all fundraising methods used in the past year and include a copy of all versions of appeals for each applicable item.
- a) ☐ direct mail appeals
 - b) ☐ cause-related marketing solicitations (see #7)
 - c) ☐ invitations to fundraising events
 - d) ☐ print ads (newspapers, magazines, scripts of television or radio appeals)
 - e) ☐ telephone appeal scripts
 - f) ☐ grant proposals (only 1 recent sample of one of the 3 types listed below is needed):
 - ☐ foundations
 - ☐ corporations
 - ☐ government agencies
 - g) ☐ planned giving appeals
 - h) ☐ internet appeals
 - i) ☐ other, please specify
- ☐ ☐ 8. **Cause-Related Marketing Promotions** If your charity has promotions that involve arrangements with for-profit firms that sell consumer goods or services that state the charity will benefit from sales (for example, affinity credit cards, household products, breakfast cereals, merchandise catalogs, etc.), **please enclose**:
- a.) Copies of such promotions from the last year
 - b.) Any written agreements/contracts with these companies. If there are privacy restrictions regarding these marketing arrangements, please contact the BBB.
- ☐ ☐ 9. **Board-Approved Conflict of Interest Policy**
- ☐ ☐ 10. **Informational Brochures** and other materials that describe your organization's activities.
If not available, please clarify
- ☐ ☐ 11. **IRS Determination Letter** This is the 2-page letter that confirms your tax-exempt status.
If not available, please clarify

(Enclosures, Continued)

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 12. Bylaws |
| <input type="checkbox"/> | <input type="checkbox"/> | 13. Articles of Incorporation |
| <input type="checkbox"/> | <input type="checkbox"/> | 14. Agreements with Affiliate(s) and/or National Office, if applicable |
| <input type="checkbox"/> | <input type="checkbox"/> | 15. Year and State Incorporated |

Please refer to www.bbb.org/evansville/charities-donors for any questions regarding the 20 Standards for Charity Accountability or our Charity Seal Program.

Name & title of primary contact at your organization:

Telephone (direct): Fax:

Email:

Preferred method of contact (check one): Email: ☐ Fax: ☐ Regular Mail: ☐

BACKGROUND INFORMATION

16. Please state your organization's purpose(s)

17. On a separate sheet, please summarize your organization's principal program service activities. In order to include a program description in our report, please include a brief overview that includes objective language and appropriate statistics. (If included in Annual Report or other enclosed materials, please specify.)

18. Have there been any significant changes in our organization's purpose(s) and/or program activities in the past year? (For example, has your organization amended the official stated mission, added or terminated a major program, etc.)

YES ☐ NO ☐ If yes, please explain:

19. Does your organization have affiliates, chapters, subsidiaries, and/or other related entities?

YES ☐ NO ☐ If yes, please provide the following:

a.) List of the names and addresses of these organizations and/or businesses

b.) Brief description of the nature of the relationship with these affiliates and/or other entities listed
(In answering, please describe any program, financial, fundraising, and/or governing board relationship.)

STAFF AND GOVERNANCE

20. Total number of: Full-time employees Part-time employees (please indicate 0 if there are none)

21. Total number of volunteers: Full-time Part-time (please indicate 0 if there are none)

22a. Name of chief paid executive

22b. Please identify the total past year's compensation for your organization's chief paid executive. This total compensation should include annual salary and, if applicable, benefit plans, expense accounts and other allowances. If this person is not the highest paid executive, please also provide the name, title and

compensation for that person. *(It is not necessary to answer this question if information is contained within IRS Form 990 that is enclosed with this questionnaire.)*

23. Do any compensated staff members serve as voting members of the board? YES ☐ NO ☐

If yes, please provide the following:

a.) Name b.) Title c.) Total annual compensation (previous fiscal year)

24. Are any members of the board of director's relatives of fellow board members or staff members of the organization? YES ☐ NO ☐

If yes, please provide the following:

a.) Name b.) Title c.) Relationship

25. Other than paid staff members who may serve on the board, are there any other members of the board of directors who receive direct compensation (fixed expense accounts, honoraria, etc.)?

YES ☐ NO ☐

If yes, please provide the following:

a.) Please describe the nature of the compensation and identify the board member(s) and amount(s) involved.

b.) Please list any board members who are relatives (e.g., spouse, parent, sibling or child) of the individual(s) named in (a) above.

26. Does your organization have a board policy to appraise the CEO's performance at least once every 2 years?

YES ☐ NO ☐

27. Does your organization have a written board policy of assessing, no less than every two years, the organization's performance and effectiveness, and of determining future actions required to achieve its mission?

YES ☐ NO ☐

If yes, please provide a copy of the policy.

28. Does your organization submit a written report to its governing body outlining the results of the aforementioned performance and recommendations for future actions?

YES ☐ NO ☐

29. Does the Board of directors formally approve the annual budget?

YES ☐ NO ☐

30. If applicable, please provide the following information (based on your most recent financial statement)

a.) total amount of donated goods/services included as income

b.) total amount of donated goods/services included as expense. (Also identify the portion of this amount that was allocated to fundraising, administrative and other major expense categories.)

c.) breakdown of recognized in-kind expenses (e.g. how much of this total consisted of food, clothing, medical equipment, legal services, accounting, etc.)

d.) briefly describe how your organization determined the value of these in-kind contributions.

31. In the past year, has your organization purchased goods and/or services from the following:

a.) any member of the board and/or professional staff? YES ☐ NO ☐

b.) any firm, organization or institution with which this member of his/her direction family relation is affiliated? YES ☐ NO ☐

If yes, on a separate sheet, please provide:

a.) names and titles of individuals & relationship to related party

b.) description of goods or services purchased

- c.) amount paid for goods or services
- d.) size of the transaction relative to like expenses of the charity (for example, if the transaction is for printing expenses, what portion of the total printing expenses in the past year were purchased through the board member's related entity?)
- e.) statement noting if at least two other competitive bids were considered
- f.) statement noting if the interested board member(s) participated in the vote to hire the related firm(s)
- g.) statement noting if the transaction is one-time, recurring, or ongoing
- h.) identification of any steps taken to ensure arm's length transactions.

32. In the past year has your organization made any grants, contributions, or loans to the following:

- a.) any member of the board and/or professional staff? YES ☐ NO ☐
- b.) any firm, organization or institution with which this member or his/her direct family relation is affiliated? YES ☐ NO ☐

If yes, on a separate sheet, please provide:

- a.) names and titles of individuals & relationship to related party
- b.) details of arrangements
- c.) amount of award or loan
- d.) size of transaction relative to other grants, contributions, or loans made by the charity (for example, if the transaction is for grants, what portion of the total grant expenses in the past year were purchased through the board member's related party)
- e.) statement noting if the interested board member (s) participated in the vote to hire the related firm(s)
- f.) statement noting if the transaction is one-time, recurring, or ongoing
- g.) identification of any steps taken to ensure arm's length transactions.

FUNDRAISING & INFORMATIONAL MATERIALS

33. Did your organization use any outside fundraising firm(s) and/or consultant(s) in the past year?

YES ☐ NO ☐

If yes, please answer (a) through (c) below:

- a.) How many fundraising firms or consultants were used in the past year?
- b.) Did your organization have written agreements with each of these firms?
- c.) Was the Board of directors informed of the financial terms of these agreements?

34. What is the scope of your organization's fundraising activities: National, Regional, or Local?

35. In regard to your organization's fundraising activities, does any city, county or state have either of the following?

- a.) Current pending legal action against your organization: YES ☐ NO ☐
- b.) Concluded legal action within the past 3 years: YES ☐ NO ☐

If yes, please provide a brief description of nature and status/resolution of any action.

36. If your organization has a website, please identify the internet address for the specific page where each piece of information (listed below) can be found. If not applicable, please indicate. (See information regarding Standards 17 and 18b,)

Annual report:
Organization's mission statement:
Program service accomplishments of the past year:
Most recent board of directors roster including officers:
Most recent financial information:
Most recent IRS Form 990:
Donation/contribution information:
Organization's mailing address:
Internet privacy policy:

37. Regarding written appeals, does your organization rent, exchange, or sell names, addresses, or other donor information to/with outside organizations? YES ☐ NO ☐
 If yes, please provide solicitations from the past year indicating how donors can "opt out" if they do not want their information shared outside your organization. Please also indicate how often this option is offered:

38. Does the board of directors receive, on an annual basis, the following:

a.) the organization's most recent IRS Form 990?	YES <input type="checkbox"/> NO <input type="checkbox"/>
b.) the most recent audited financial statements?	YES <input type="checkbox"/> NO <input type="checkbox"/>
c.) Auditor's management letter (if one is issued)?	YES <input type="checkbox"/> NO <input type="checkbox"/>
*(If there is no Audited statement) the charity's unaudited financial statement?	YES <input type="checkbox"/> NO <input type="checkbox"/>

39. Has your organization received any complaints brought to your attention by the local Better Business Bureaus in the past three years? YES ☐ NO ☐
 If yes, please note which Bureau and provide details on actions taken, if applicable.

40. On the following chart, please list the dates of all board of directors meetings held during the past year and indicate the number of voting members who attended each meeting, in addition to the total voting membership at the time of the meeting. Please do not include meetings of the executive committee or other interim governing body that meetings between meetings of the full board. Attach additional pages as necessary. If any of the members included in the meeting attendance chart did not participate in person, please identify which members you are noting and how they participated (by video conferencing, telephone, proxy, etc.)

BOARD OF DIRECTORS MEETING ATTENDANCE

FISCAL YEAR ENDED: MONTH

YEAR

Board Member	Date	Date	Date	Date

