



Georgia State Charitable Contributions Program (GASCCP)
2020-2021 Application Completion Instructions

This instruction guide is provided to aid independent charities and federations with the completion and submission processes for participation in the 2020-2021 Georgia State Charitable Contributions Program (GASCCP) campaign. The State of Georgia utilizes an online application process for GASCCP – paper applications will not be accepted. It is recommended to thoroughly review this guide prior to beginning the online application to aid in submission accuracy.

This guide highlights each question contained in the application and provides important notices to ensure accurate completion from the start through the end of your application. Please be aware that you may be systematically unable to proceed with completing your application submission if you have not effectively answered and/or attached your required document(s).

The 2020-2021 application period will close on **March 31, 2020 at 11:59 PM midnight**. In addition to completing and submitting your charitable organization's application, the State Personnel Board of the state of Georgia will also be reviewing and approving the charitable organizations that qualify for participation. Below are the Georgia Codes relevant to the GASCCP:

- Authorization for Charitable Contributions Program: O.C.G.A. §§45-20-50 through 56
- Exempt Corporations and Organizations: O.C.G.A. §48-7-25
- Registration of Charitable Organizations: O.C.G.A. §43-17-5
- Charitable Solicitations: O.C.G.A. §43-17-1

Should you have questions regarding the information contained in this instruction guide, or other GASCCP activities, email us at gasccp.support@doas.ga.gov.

Question No.	Section	Requirements	Required Documents
1.	Name of your organization as it appears on your Georgia Secretary of State license.	Only enter your organization's name as it appears on your license.	Not Applicable
2.	Your organization's Georgia Secretary of State Professional license number with format starting with CH-.	License number	Not applicable
3.	Georgia Secretary of State Professional license expiration date.	License must be active at time of completion and submission of the GASCCP application.	Not applicable



Question No.	Section	Requirements	Required Documents
4.	Date your charitable organization obtained exemption from taxation by O.C.G.A. § 47-7-25.	Date must be on or before completion and submission of the GASCCP application	Not applicable
5.	Does your charitable organization have a 501(c)(3) tax exemption?	Yes or No	Not applicable
6.	Does your organization have a Tax Employer Identification Number (EIN)?	Yes or No – if response is “No”, a reason must be provided.	Not applicable
7.	Is your charity a religious organization?	Yes or No	Not applicable
8.	If your charity is a religious organization, does it operate on a non-sectarian basis?	NOTE: If your religious organization operates on a “sectarian” basis, it does not qualify to participate in the GASCCP campaign.	Not applicable
9.	What was the result of the most recent GASCCP application that your organization submitted?	1. Approved 2. Denied 3. Not Applicable/First Time Applicant	Not applicable
10.	Which is applicable to your 2020-2021 charitable application?	1. New, First Time GASCCP Applicant 2. Previous “Independent” Applicant 3. Previous “Member Charity Participating Under A Federation” Applicant 4. Previous “Federation with Member Charities” Applicant	Not applicable
11.	For your 2020-2021 GASCCP application, what is your submission type?	1. Independent Charity 2. Federation Charity 3. International Federation Charity	Not applicable

Question No.	Section	Requirements	Required Documents
12.	If submitting as a Federation or International Federation, how many GASCCP-qualified member charities does your organization have?	NOTE: Charitable organizations submitting as a federation with member charities, must have 5 or more member charities.	Not applicable
13.	If submitting as a Federation or International Federation with GASCCP-qualified member charities, upload your member charity spreadsheet here.	NOTE: A minimum of 5 member charities must be submitted. Information on member charities is required. Do not include charities with missing and/or “non-qualifying” charities. Only submit member charities that meet and are qualified by the same GASCCP application standards.	Use the MS Excel spreadsheet Template for Member Charities. Do not alter the fields, format or information. [Attachment at beginning of application]
14.	Upload your charity’s spreadsheet of the State of Georgia counties served, services provided by each county, and the number of clients served in each county.		Use the MS Excel spreadsheet Template for Counties Served. Do not alter the fields, format or information. [Attachment at beginning of application]
15.	Indicate the services provided by your charity. Check all the apply:	List of services	Not applicable
16.	Enter your charity’s purpose as stated in its charter, constitution or bylaws.	Response entry should be a maximum of 500 characters.	Not applicable
17.	What date did your organization establish its non-discrimination policy?	Specify date	Not applicable

Question No.	Section	Requirements	Required Documents
18.	Upload your charity's non-discrimination policy.	This document certifies and documents that the organization has adopted a policy and practice of non-discrimination.	Non-Discrimination Policy
19.	Indicate whether your organization has an IRS Form 990.	Yes or No If yes, upload your charity's Form 990	https://www.irs.gov/pub/irs-pdf/f990.pdf
		If no, Option 1: Less than \$500,000 (attach annual independent review) Option 2: Greater than \$500,000 (attach annual financial statement and publicly available independent audit)	Upload current independent review or publicly available independent audit
20.	What is the start date of your organization's fiscal year?	Specify date	
21.	Does your organization's budget align with your organization's fiscal year?	If your response is "no", dates must be provided.	
22.	What was your organization's prior year total management/general expenses?	Enter the amount	Not applicable
23.	What was your organization's prior year fundraising expenses?	Enter the amount	Not applicable
24.	What was your organization's prior year total expenses?	Enter the amount	Not applicable

Question No.	Section	Requirements	Required Documents
25.	Are any of your charity's expenditures intended to influence the outcome of elections of the determination of public policy?	If yes, enter the list of expenditures intended to influence the outcome of elections or the determination of public policy.	
26.	Is your Board of Directors voluntary?	Yes or No	
27.	Which activities does your non-paid Board of Directors carry out for your charity?	Select from the list of options.	
28.	Upload the list of your charity's current Board of Directors.		Upload document in PDF or MS Excel. [Attachment at beginning of application]
29.	Your contact information:	Provide your: >First Name >Last Name >Title >Charity Name >Charity Street >Address >Charity City >Charity State >Charity Zip Code >Charity Email >Address >Charity Phone Number >Charity URL	Not applicable
30.	Your signature	Tip: Use your PC's cursor.	

Once you have gathered all of your organization's necessary information for your GASCCP application, proceed to the website at www.gasccp.org to complete the application process. Remember, the last day to submit your completed online application is **March 31, 2020**. Paper applications are not accepted for the 2020-2021 GASCCP campaign. Should you have any questions, regarding the completion of your application, contact us at gasccp.support@doas.ga.gov.