

## **Dublin City School District**

Relations 9700 F1 Adopted 10/1/08

## Fund Raising <a href="Combined Charitable Organizations">Combined Charitable Organizations</a>

Per District Administrative Guideline 9700, Fund-Raising by Combined Charitable Organizations, combined charitable organizations must petition the treasurer to solicit for funds and/or utilize payroll deduction within the district. The organizations must meet items A-E below and agree to follow all policies and guidelines of the District.

| A.    | The charitable agencies receiving funds from the combined charitable organization devotes substantially all of their activities directly to providing health, welfare, and social or human resources to individuals in the Central Ohio communities. |                       |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
| B.    | The funds are not used for religious or political purposes.                                                                                                                                                                                          |                       |
| C.    | The combined charitable organization has a definite plan for the collection and distribution of funds.                                                                                                                                               |                       |
| D.    | The combined charitable organization has been in existence for at least 10 years.                                                                                                                                                                    |                       |
| E.    | The combined charitable organization must have 501(c)(3) status.                                                                                                                                                                                     |                       |
| Prog  | ram Name                                                                                                                                                                                                                                             |                       |
| Addr  | ess                                                                                                                                                                                                                                                  |                       |
| Cont  | act                                                                                                                                                                                                                                                  |                       |
| Phon  | e number                                                                                                                                                                                                                                             |                       |
|       | undersigned attests that the charitable organization noted noted on this form.                                                                                                                                                                       | d above has met items |
| Print | Name                                                                                                                                                                                                                                                 |                       |
| Signa | ature                                                                                                                                                                                                                                                |                       |
| Date  |                                                                                                                                                                                                                                                      | Approved:             |
|       |                                                                                                                                                                                                                                                      | Review:               |

Return a signed copy of this form to the treasurer's office for approval.