APPLICATION SUBMISSION:

This year, federations will only need to fill out ONE application in order to participate in the City and County Employee Combined Charities Campaign (CECCC). Both entities will run separate campaigns but will only require one application submission. Please review the following City and County Employee Combined Charities Campaign (CECCC) instructions thoroughly before completing the CECCC application.

The application deadline for local charitable organizations or federation in the El Paso CECCC region is:

Friday, August 28th, 2026

All application documentation must be received by the Local Campaign Manager by 5 p.m. (MST) on this date. Before submitting your application, please check to ensure that all required information is included and accurate. Not providing accurate and complete documentation may result in a denial.

Submit applications to: amacias@unitedwayelpaso.org

OR

ATTN: Andrea Macias
100 N. Stanton Ste. 500
El Paso, TX 79901

Please contact Andrea Macias with any questions: amacias@unitedwayelpaso.org

Application attachments may be submitted in an electronic format via e-mail. Attachments in an electronic format must be organized as follows:

- One document for each charitable organization to include all respective attachments (**please name attachments**)
- E-folders should be alphabetized El Paso City and County Employee Combined Charities Campaign

UNITED WAY
El Paso County

El Paso City & County Employee Combined Charities Campaign

AFFILIATE AGENCY

Organization's Name: _____

Name for Brochure: _____

Federal Tax #: _____

*Mailing Address: _____

*** Please Note:** *The charitable organization must have a Texas address to be eligible for the CECCC.*

Telephone #: _____

Contact Person, Title: _____

Contact Telephone #: _____

Website/E-mail Address: _____

I, _____, am the duly appointed
(Name)

representative of _____ authorized to certify
(Organization)

and affirm all statements enclosed in this application.

_____
(Signature)

_____
(Typed or Printed Name)

_____
(Title)

_____
(Date Completed)

Please describe, in **25 words or less**, applicant organization's program(s).

Please put one (1) word in each block.

El Paso City & County Employee Combined Charities Campaign

APPLICATION

1) I certify that the organization named in this application is recognized by the Internal Revenue Service as tax-exempt under 26 U.S.C. 501 (c) (3) and to which contributions are tax deductible pursuant to 26 U.S.C. 170 and has been for at least two years prior to the application closing date.

ATTACHMENT A - Include a copy of the IRS determination.

_____
Certifying Official's Signature

2a) I certify that the expenses of the organization named in this application connected with lobbying and all attempts to influence voting or legislation at the local, State or Federal level would classify it as a tax-exempt agency under U.S.C. 501 (h).

_____
Certifying Official's Signature

OR

2b) I certify that the organization named in this application does not engage in lobbying nor does it attempt to influence voting or legislation at the local, State or Federal level.

_____
Certifying Official's Signature

3) I certify that this organization will not contribute any funds toward any religious activities.

_____
Certifying Official's Signature

4a) I certify that the organization named in this application accounts for its funds in accordance with generally accepted accounting principles (GAAP) and was audited in accordance with generally accepted auditing principles by an independent certified public accountant in the immediately preceding year.

ATTACHMENT B - Include a copy of the organization's **most recently completed** audit.

_____
Certifying Official's Signature

OR

4b) I certify that the applying organization's annual revenue is between $50,000 and $100,000, and does not require an annual audit.

ATTACHMENT B – Include CPA review/letter.

_____
Certifying Official's Signature

OR

4c) I certify that the applying organization's annual revenue is less than $50,000, and does not require an annual audit.

ATTACHMENT C – Include IRS Form 990. (990 EZ not acceptable)

_____
Certifying Official's Signature

5) I certify that the organization named in this application is directed by an active and responsive governing body whose members serve without compensation.

_____
Certifying Official's Signature

6) I certify that the organization named in this application in the immediately preceding year has spent 25% or less of its total support and revenue on administrative fund-raising expenses. The actual percentage of administrative and fund –raising expenses is_____%.

ATTACHMENT D – Plan to reduce expenses if over 25%.

_____
Certifying Official's Signature

7) I certify that the organization named in this application provides at least 25% of its services in El Paso County in one or more of the following areas: human care; research, education, or environmental protection in the fields of human health, social adjustment of rehabilitation; relief for victims of natural disaster and other emergencies; assistance to those who are impoverished and in need of food, shelter, clothing and other basic human welfare services; services may also include research, education, shelter, protection or welfare of animals.

ATTACHMENT E – Documentation enumerating services provided.

_____
Certifying Official's Signature

8) I certify that, as of the date on which this application is being submitted to the City of El Paso Combined Charities campaign, the organization named in this application does not knowingly employ individuals or contribute funds to entities or persons on either the Department of Treasury's Office of Foreign Assets Control Specially Designated Nationals List or the Terrorist Exclusion List. Should any change in circumstances pertaining to this certification occur at any time, the organization will notify the City of El Paso Combined Charities Campaign immediately.

_____

Certifying Official's Signature

The following must also be submitted:

1) **ATTACHMENT F —** Organization's by-laws.
2) **ATTACHMENT G —** Copy of policy of non-discrimination.
3) **ATTACHMENT H —** Organization's purpose or mission.
4) **ATTACHMENT I —** Please provide **one** of the following promotional materials:
    a. 1-minute video link or file explaining your organization's mission and the importance of funding
    b. Digital brochures in PDF format (English and Spanish)
    c. 1–2 impact stories with photos showcasing your agency's work

UNITED WAY
El Paso County

El Paso City & County Employee Combined Charities Campaign

ATTACHMENT CHECKLIST

☐ Application and signed certification sheet.

☐ Attachment A: IRS Determination Letter.

☐ Attachment B: Include financial statement that is applicable:

- Copy of organization's most recent complete audit
  or
- CPA review letter

☐ Attachment C: Copy of most recent IRS Form 990. (990 EZ not acceptable)

☐ Attachment D: If administrative percentage is more than 25%, include plan to reduce.

☐ Attachment E: Documentation enumerating services provided.

☐ Attachment F: Organization's by-laws.

☐ Attachment G: Non-discrimination policy.

☐ Attachment H: Organization's purpose or mission.

☐ Attachment I: Promotional materials.