

**VIRGINIA DEPARTMENT OF AGRICULTURE AND CONSUMER SERVICES
OFFICE OF CHARITABLE AND REGULATORY PROGRAMS**

P.O. Box 526 - Richmond, VA 23218-0526
Phone: 804-786-1343 • www.vdacs.virginia.gov

OCRP-100 Revised 06/23

**REMITTANCE FORM
VIRGINIA EXEMPTION APPLICATION FOR A CHARITABLE OR CIVIC ORGANIZATION
FORM 100**

YOU MUST USE THIS FORM TO RECEIVE PROPER CREDIT OF YOUR FEE(S)

Legal Name of Organization: _____

Street Address: _____

City, State Zip Code _____

Organization's Federal Tax Identification Number (FEIN): _____

Exemption Application Fee: \$10.00 (910-02185)

Check Number: _____

MAKE CHECKS PAYABLE TO "TREASURER OF VIRGINIA"

The Code of Virginia authorizes state agencies to assess interest, administrative charges and penalty fees for returned checks and past-due accounts in accordance with guidelines promulgated by the Department of Accounts.

**PLEASE ATTACH CHECK AND COMPLETED REMITTANCE FORM TO FRONT
OF EXEMPTION APPLICATION AND MAIL TO:**

**Virginia Department of Agriculture and Consumer Services
P.O. Box 526
Richmond, VA 23218-526**

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**VIRGINIA EXEMPTION APPLICATION FOR A CHARITABLE OR CIVIC ORGANIZATION
FORM 100**

All applicants must attach to this form all documents required by the applicable section(s) of the Rules Governing the Solicitation of Contributions (see page 10 for checklist).

Except as otherwise provided, all information required to be filed under Chapter 5 of Title 57 of the Code of Virginia, shall become public record and shall be open to the general public for inspection. You are required by law to supply this information as a prerequisite to the solicitation of charitable contributions in Virginia. If you do not provide this information, you may not solicit in Virginia.

Definitions of terms used on this form may be found in the Rules Governing the Solicitation of Contributions and /or the Virginia Solicitation of Contributions Law. Links to both documents are available at <https://www.vdacs.virginia.gov/food-charitable-solicitation.shtml>.

SECTION I. GENERAL INFORMATION

Please "√" the category under which you are filing (**only one category** may be chosen):

"√"	Category	Description	VA Code Section
<input type="checkbox"/>	A	Educational institutions and their foundations	57-60.A.1
<input type="checkbox"/>	B	Solicitations for a named individual	57-60.A.2
<input type="checkbox"/>	C	Solicitations not to exceed \$5,000	57-60.A.3
<input type="checkbox"/>	D	Membership solicitations only	57-48 and 57-60.A.4
<input type="checkbox"/>	E	Solicitations by non-resident charitable organizations	57-60.A.5
<input type="checkbox"/>	F	Solicitations confined to five or fewer contiguous cities and counties	57-60.B
<input type="checkbox"/>	G	Civic organizations	57-48 and 57-60.A.8 2VAC5-610-10
<input type="checkbox"/>	H	Health care institutions	57-60.A.7
<input type="checkbox"/>	I	Non-profit debt counseling agencies	57-60.A.9
<input type="checkbox"/>	J	Area agencies on aging	57-60.A.10
<input type="checkbox"/>	K	501(c)(6) Trade associations	57-60.A.12
<input type="checkbox"/>	L	501(c)(5) Labor unions, labor associations, and labor organizations	57-60.A.11
<input type="checkbox"/>	M	Virginia Area Health Education Centers	57-60 A.6
<input type="checkbox"/>	N	Regional Emergency Medical Services Councils	57.60.A.13
<input type="checkbox"/>	O	Nonprofit that solicits only through grant proposals	57-60.A.14

1. Primary name of the organization or trust fund:

2. List any other names under which solicitations will be made:

3. Physical street address: _____

City _____ State _____ Zip Code _____

Telephone Number _____ Contact email address _____

4. Mailing address if different from physical address: _____

City _____ State _____ Zip Code _____

5. Please "√" one:

"√"	Type of Organization
<input type="checkbox"/>	Corporation or Limited Liability Entity
<input type="checkbox"/>	Partnership
<input type="checkbox"/>	Other (please specify):

6. Date of incorporation or formation: _____

7. Location where organization was legally established: _____
 City _____ State _____

8. Main purpose of the organization or trust fund:

9. Is the organization exempt from paying income taxes under the Internal Revenue Code 501(c)?

Yes No If "Yes," please attach a copy of the IRS tax-exempt determination letter, with any amendments.

10. Anticipated methods of fundraising and sources of income (please "√" all that apply):

X	Anticipated methods of fundraising	X	Anticipated sources of income
<input type="checkbox"/>	Direct mail / e-mail	<input type="checkbox"/>	Gifts from officers / voting members
<input type="checkbox"/>	Telephone	<input type="checkbox"/>	General public
<input type="checkbox"/>	Special Events	<input type="checkbox"/>	Corporations
<input type="checkbox"/>	Newsletter	<input type="checkbox"/>	Foundations
<input type="checkbox"/>	Internet	<input type="checkbox"/>	Government grants
<input type="checkbox"/>	Door-to-Door collections / sales	<input type="checkbox"/>	Investments
<input type="checkbox"/>	Personal contact	<input type="checkbox"/>	Endowments
<input type="checkbox"/>	Other (describe):	<input type="checkbox"/>	Non-voter "membership" assessments

11. Has the organization or trust fund contracted with any professional fundraising counsel or any professional solicitor?
 NOTE: Some categories of exemption will not apply if a professional fundraising counsel or professional solicitor is hired.

Yes No

If "Yes," list name and address of the professional fundraising counsel or professional solicitor(s) and attach a copy or copies of the contract(s).

Name: _____

Address: _____

 City

 State

 Zip Code

 Telephone

12. Is the organization, or any officer, professional fund-raising counsel, or professional solicitor for the organization currently enjoined by any court or otherwise prohibited from soliciting in any jurisdiction?

Yes No

If "Yes," attach a copy of the Order that states the reasons and time period for the injunction or prohibition.

13. Has any officer, professional fund-raising counsel, or professional solicitor for the organization ever been convicted in any jurisdiction of embezzlement, larceny or other crimes involving the obtaining of money under false pretenses, or the misapplication of funds impressed with a trust?

Yes No

If "Yes," attach a copy of the court Order that states the reasons for the conviction, or a copy of any applicable pardon.

14. Has the organization, or any officer, professional fund-raiser or professional solicitor thereof, ever been convicted of a felony?

Yes No

If "Yes," attach a statement providing a description of the pertinent facts.

SECTION II. EXEMPTION INFORMATION

Complete **ONLY** the section that applies to your organization as indicated on the category checked on Page 1 of this form. Then, sign the acknowledgement section and submit this form, application fee and all required attachments (see page 10).

Category A: EDUCATIONAL INSTITUTIONS AND THEIR FOUNDATIONS

1. Name, title, and address of principal, dean, or head of organization, by whatever title:

Primary Address: _____

City

State

Zip Code

2. Please "√" the box that best describes your organization:

"√"	Description
<input type="checkbox"/>	A fully accredited educational institution. Attach a copy of the accreditation certificate.
<input type="checkbox"/>	A foundation that has an established identity with one or more accredited educational institutions. Attach a copy of the accreditation certificate of each institution, and a letter from the principal, dean, or the head of the institution by whatever name known, which states that the institution recognizes and corroborates the established identity.
<input type="checkbox"/>	Non-accredited institution - educational institution whose solicitations are confined to its student body, faculty, alumni, trustees, and their families. Attach a sample of the solicitation materials, or an outline of the fundraising program.

Category B: SOLICITATIONS FOR A NAMED INDIVIDUAL

1. Name of individual on whose behalf solicitations will be made:

2. Projected dates of solicitation: From: _____ To: _____

3. Name and address of principal officer of the trust fund:

Name: _____

Address: _____

City

State

Zip Code

4. Name and address of the bank where the trust fund is established or located:

Name: _____

Address: _____

City

State

Zip Code

5. Are any persons, including employees, officers or trustees, paid for their services to the organization?

Yes No

If "Yes," indicate the source of the funds used for payment to these individuals, i.e., what was done to raise these funds or how the funds were generated.

Category C: SOLICITATIONS NOT TO EXCEED \$5,000

1. Are any persons, including employees, officers or trustees, paid for their services to the organization?

Yes No

If "Yes," indicate the source of the funds used for payment to these individuals, i.e. what was done to raise these funds or how the funds were generated.

2. Total gross contributions received from the public in each of the last three calendar years. If the organization raises contributions of more than \$5,000 from the public during any given year, the organization shall register and report to the Commissioner within 30 days after the date on which the total contributions exceed \$5,000.

Year	Amount
_____	\$ _____
_____	\$ _____
_____	\$ _____

Category D: MEMBERSHIP SOLICITATION ONLY

1. Do the organization's members have the right to vote, elect officers, or to hold office, in addition to receiving direct benefits?

Yes No

NOTE: If the organization's "members" do not fit the definition of "Membership" in Section 57-48 of the Code of Virginia, then this exemption will not apply.

2. On any mailing or telephone call to potential members, do you request a contribution, in addition to membership dues?

Yes No

NOTE: Only members who have met the organization's membership requirements and who have been accepted by the organization, pursuant to the organization's bylaws, may be solicited for contributions under this exemption category. Organizations may seek potential members, but if such invitation includes a solicitation for contributions, this exemption will not apply.

Category E: SOLICITATIONS BY A NON-RESIDENT CHARITABLE ORGANIZATION

1. Name and address of chapter, branch or affiliate located in Virginia which registers annually with the Commissioner**:

Name: _____

Address: _____

City _____ State _____ Zip Code _____

****You must have a chapter, branch, or affiliate located in Virginia that registers annually to qualify for this exemption**

Category F: SOLICITATIONS CONFINED TO FIVE OR FEWER CONTIGUOUS CITIES AND COUNTIES

1. Name the cities or counties where the organization intends to solicit contributions. Maximum of five (must be contiguous).

_____	_____
_____	_____

2. Name the cities and counties in which the organization has registered to solicit contributions and attach copies of permits. Include localities where the registration is pending.

_____	_____
_____	_____

Category G: CIVIC ORGANIZATION

Pursuant to the Virginia Solicitation of Contributions Law §57-48, "Civic organization" means any local service club, veterans post, fraternal society or association, volunteer fire or rescue group, or local civic league or association **of 10 or more persons** not organized for profit but operated exclusively for educational or charitable purposes as defined in this section, including the promotion of community welfare, and the net earnings of which are devoted exclusively to charitable, educational, recreational, or social welfare purposes.

Under 2VAC5-610-10 of the Rules Governing the Solicitation of Contributions, "civic organization" is further defined as follows:

- "**Local civic league or association**" means a not-for-profit organization operated to further the common good of **the** city, town, or county that it is organized to serve.
- "**Local service club**" means a not-for-profit organization that is organized for the purpose of providing educational services, recreational services, charitable services, or social welfare services to **the** city, town, or county in which such organization operates.

Please indicate the appropriate type of organization:

- Local Service Club
- Veterans Post
- Fraternal Society or Association
- Volunteer Fire or Rescue Group
- Local Civic League or Association

1. How will the organization use the contributions received?

2. Indicate the city, town or county in which your organization operates:

_____	_____
City, Town, or County	State

Category H: HEALTH CARE INSTITUTIONS

Please "√" the box that best describes your organization and submit the appropriate attachment(s):

X	Description	Include these attachments
<input type="checkbox"/>	Licensed 501(c)(3) health care institution	Copy of license issued by Dept of Health or Dept of Behavioral Health & Development Services.
<input type="checkbox"/>	Designated federally qualified health center.	Documentation of designation by Centers for Medicare & Medicaid Services (CMS) as a federally qualified health center.
<input type="checkbox"/>	HCFA-certified rural health clinic	Copy of CMS issued rural health clinic certificate
<input type="checkbox"/>	Free clinic	Copy of free clinic's purpose as stated in governing documents
<input type="checkbox"/>	Supporting organization that exists solely to support the health care institution.	Copy of health care institution's documentation as specified in above list, and a letter from the health care institution's president acknowledging the supporting organization exists solely to support the health care institution. If more than one institution is supported, this documentation is required for each institution.

Category I: NONPROFIT DEBT COUNSELING AGENCIES

A Nonprofit Debt Counseling Agency is defined as agencies providing or offering to provide debt management plans for consumers that are licensed pursuant to Chapter 20 (§ [6.2-2000](#) et seq.) of Title 6.2.

Attach a copy of the organization's nonprofit debt counseling agency license issued by the State Corporation Commission.

Category J: AREA AGENCIES ON AGING

Has the Virginia Department for the Aging designated your organization as an area agency on aging?

Yes No If "Yes," attach a copy of the designation agreement document.

Category K: TRADE ASSOCIATIONS

Is the organization an association of business organizations having similar issues and engaged in similar fields formed for mutual protection, exchange of ideas and statistics, and for the maintenance of standards within their industry?

Yes No If "Yes," provide a listing of member organizations, including names and addresses.

Category L: LABOR UNIONS, LABOR ASSOCIATIONS, AND LABOR ORGANIZATIONS

Please "√" the type of labor group that best describes your organization:

"√"	Type	Definition
<input type="checkbox"/>	Labor union	An organization composed of workers, regulated by the Labor-Management Relations Act, organized for the purpose of securing favorable wages, improved labor conditions, better hours of labor, etc., and righting grievances against employers.
<input type="checkbox"/>	Labor association	A group of labor unions or labor organizations acting together to better the conditions of workers.
<input type="checkbox"/>	Labor organization	An organization dealing, through united action, with employers concerning grievances, labor disputes, wages, rates of pay, hours, or other terms or conditions of employment on behalf of the workers it represents.

Category M: VIRGINIA AREA HEALTH EDUCATION CENTERS

Has the Virginia AHEC Program designated your organization as an Area Health Education Center?

Yes No If "Yes," attach a copy of the Consortium letter issued by the Program.

Category N: REGIONAL EMERGENCY MEDICAL SERVICES COUNCILS

Has the Council been granted tax-exempt status under § 501(c)(3) of the Internal Revenue Code?

Yes No

Has the Commissioner of Health designated your organization as a regional emergency medical services council?

Yes No If "Yes," attach a copy of the designation letter issued by the Commissioner.

Category O: NONPROFIT THAT SOLICITS ONLY THROUGH GRANT PROPOSALS

Has the organization been granted tax-exempt status under § 501(c)(3) of the Internal Revenue Code?

Yes No If "Yes," you must provide a copy of your IRS Determination Letter.
If "No," you do not qualify for this exemption.

Please check the type of anticipated sources of income:

X	Anticipated sources of income
<input type="checkbox"/>	For-profit corporations
<input type="checkbox"/>	Other 501(c)(3) nonprofit organizations
<input type="checkbox"/>	Private Foundations
<input type="checkbox"/>	Government grants
<input type="checkbox"/>	Other:

SECTION III. ACKNOWLEDGEMENT

I, the undersigned president, vice president, treasurer, or other officer (trustee) duly authorized to act for the organization for which this request is made, acknowledge that this application for exemption has been examined by me and is, to the best of my knowledge and belief, a true and correct statement according to the laws of the Commonwealth of Virginia.

I affirm and attest that no funds have been or will knowingly be used, directly or indirectly, to benefit or provide support, in cash or in kind, to terrorists, terrorist organizations, terrorist activities, or the family members of any terrorist. I understand that no person shall be registered by the Commonwealth or by any locality to solicit funds that are intended to benefit or support a family member of any terrorist.

Signature of Sole Proprietor or Officer (Trustee)

Print name

Date

Title

Telephone number

STOP!

Do not mail your registration **unless** you have attached the following requirements:

"√"	The following are required for ALL applicants regardless of the category chosen:	
<input type="checkbox"/>	Remittance form and check for \$10, made payable to "Treasurer of Virginia."	
<input type="checkbox"/>	Listing of current officers, directors, trustees, and principal salaried executive staff officers, including their names and addresses. Ensure the officers who signed the Form 100 and the financials are listed.	
<input type="checkbox"/>	<p>Signed copy of the previous fiscal year's Form 990, Form 990EZ, Form 990PF (IF YOU E-FILED the Form, you may attach a copy of the IRS receipt of e-filing to the Form in lieu of a signature) or audited financial statements. If the organization's gross revenue qualifies such organization to file IRS Form 990-N, it may file a copy of a balance sheet and income and expense statement verified under oath or affirmation by the Treasurer of the organization in lieu of a Form 990, form 990EZ or Form 990PF. Form 990N is NOT an acceptable financial statement. Newly formed organizations shall file a signed, board-approved budget of anticipated revenues and expenses for the CURRENT year.</p>	
<input type="checkbox"/>	If the organization is incorporated, a copy of the certificate of incorporation, articles of incorporation and amendments. A Certificate of Good Standing is not accepted. If unincorporated, provide any other governing documents.	
<input type="checkbox"/>	A copy of any bylaws and amendments.	
<input type="checkbox"/>	If the organization is listed with the IRS as tax-exempt, attach a copy of the IRS Determination letter and any subsequent modifications. If tax-exemption is pending, attach a copy of the completed IRS application form, as filed with the IRS.	
"√"	The following items may be required contingent upon applicants answers in Section I:	
<input type="checkbox"/>	If yes to Section I, Question 11: Copy of signed contract(s) between your organization and each professional fundraising counsel and/or professional solicitor.	
<input type="checkbox"/>	If yes to Section I, Question 12, 13 or 14: Copies of any applicable Court Orders.	
"√"	The following items are required of all applicants contingent upon the Category of Exemption selected:	
<input type="checkbox"/>	Category A:	If a bona fide educational institution; a copy of the accreditation certificate of said institution.
		If a foundation that supports an educational institution; a copy of the accreditation certificate of each institution and a letter from the head of the educational institution which states that the institution recognizes and corroborates the established identity;
		Other educational institution; samples of the solicitation materials or an outline of the fundraising plan.
<input type="checkbox"/>	Category B: Copy of the trust agreement or similar document.	
<input type="checkbox"/>	Category C: Copy of the budget, signed and ratified by the board of directors, for the current calendar year, and copies of the treasurer's report, signed and certified, for the three previous calendar years (or years of existence).	
<input type="checkbox"/>	Category D: Copies of any membership recruitment correspondence, for the past two mailings.	
<input type="checkbox"/>	Category E: No additional documentation is required.	
<input type="checkbox"/>	Category F: Copy of each local solicitation permit and/or list of county officers spoken with if no permit is required by the county/independent city.	
<input type="checkbox"/>	Category G: Provide a list of current directors, officers, trustees, staff, members, and volunteers for the organization.	

<input type="checkbox"/>	Category H: One of the following, as applicable:	<ol style="list-style-type: none"> 1. Copy of the license issued by the State Department of Health or by the State Department of Behavioral Health and Developmental Services; 2. Documentation of designation by Centers for Medicare and Medicaid Services (CMS) as a federally qualified health center designation; 3. Copy of CMS issued rural health clinic certificate. 4. Copy of free clinic's purpose as stated in governing documents. 5. For supporting organization's – copy of health care institution's documentation as specified in above list, and a letter from the health care institution's president, or head by whatever name, acknowledging the supporting organization exists solely to support the health care institution. If more than one institution is supported, this documentation is required for each institution.
<input type="checkbox"/>	Category I: Copy of nonprofit debt counseling license issued by the VA State Corporation Commission.	
<input type="checkbox"/>	Category J: Copy of the agreement between the organization and the VA Dept for Aging & Rehabilitative Services which designates the organization as an area agency on aging.	
<input type="checkbox"/>	Category K: Copy of IRS Determination Letter showing 501(c)6 determination. Listing of member organizations, if applicable.	
<input type="checkbox"/>	Category L: Copy of IRS Determination Letter showing 501(c)5 determination.	
<input type="checkbox"/>	Category M: Copy of IRS Determination Letter showing 501(c)3 determination. Copy of the Consortium letter issued by the Program.	
<input type="checkbox"/>	Category N: Copy of IRS Determination Letter showing 501(c)3 determination. Copy of the designation letter issued by the Commissioner of Health.	
<input type="checkbox"/>	Category O: Copy of IRS Determination Letter showing 501(c)(3) determination.	