



ARKANSAS DEPARTMENT OF VETERANS AFFAIRS
Nonprofit Organization Verification Program
APPLICATION FORM



INITIAL VERIFICATION VERIFICATION RENEWAL
 THERE ARE NO FEES ASSOCIATED WITH THE ADVA VERIFIED PROGRAM

This application includes instructions for verification by the Arkansas Department of Veterans Affairs (ADVA) of a nonprofit organization whose purpose includes providing programs, products or services to Veterans in Arkansas, and the documents that are required to be submitted with the application. Please email this application with all required documents to advaverified@arkansas.gov.

Legal name of the nonprofit organization (hereinafter "the nonprofit"): _____

Primary contact person for the nonprofit, including name, email address and phone number: _____

Physical address of the nonprofit: _____

	NONPROFIT INFORMATION AND REQUIRED DOCUMENTS	ATTACHED (✓)	NOT APPLICABLE (✓)
1	ARTICLES OF INCORPORATION: Attach a copy of the nonprofit's Articles of Incorporation on file with the Arkansas Secretary of State.		
2	CERTIFICATE OF AUTHORITY FOR A FOREIGN CORPORATION TO DO BUSINESS IN ARKANSAS: If the nonprofit was formed outside the state of Arkansas, attach a copy of the "Certificate of Authority to Conduct Intrastate Business in Arkansas" issued by the Arkansas Secretary of State. If not applicable, place a check mark (✓) in the "NOT APPLICABLE" column.		
3	TAX EXEMPT STATUS 501(c)(3) OF THE INTERNAL REVENUE CODE: Attach a copy of the IRS letter confirming the nonprofit's charitable nonprofit status.		
4	REGISTRATION: Attach the nonprofit's registration forms with the Arkansas Attorney General, including a copy of AG Form CR-01 (Charitable Organization Registration) and AG Form CR-03 (Annual Financial Reporting).		
5	PROGRAMS OFFERED: Attach documentation or a written explanation of how the nonprofit provides programs, products and/or services to Veterans, including a list of the programs, products and/or services offered.		
6	CHARITABLE PURPOSE: Attach documentation or a written explanation of how the nonprofit receives its funding and revenue.		
	REVENUE & EXPENSES: Please check the applicable box in Line 7 and attach the nonprofit's current IRS Form 990. This information will be made available on ADVA's website for Veterans and perspective clients.		
	<input type="checkbox"/> IRS Form 990 - Fiscal Year ___/___/___ to ___/___/___ 1. Total Revenue (Part I, Line 12) _____ 2. Total Program Service Expenses (Part III, Line 4e) _____ 3. Management & General Expenses (Part IX, Line 25, Column C) _____ 4. Fund-raising Expenses (Part IX, Line 25, Column D) _____	1. \$ _____ 2. \$ _____ 3. \$ _____ 4. \$ _____	
7	<input type="checkbox"/> IRS Form 990-EZ - Fiscal Year ___/___/___ to ___/___/___ 1. Contributions, Gifts, Grants received (Line 1) _____ 2. Total Revenue (Line 9) _____ 3. Total Expenses (Line 17) _____ 4. Total Program Service Expenses (Line 32) _____	1. \$ _____ 2. \$ _____ 3. \$ _____ 4. \$ _____	
	<input type="checkbox"/> IRS Form 990-N (e-postcard) - Fiscal Year ___/___/___ to ___/___/___ NOTICE: The IRS Form 990-N (e-postcard) will only be accepted for first-time verification in 2016. After that, the nonprofit must complete the IRS Form 990 or 990-EZ to renew its ADVA verification.		



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NONPROFIT INFORMATION AND REQUIRED DOCUMENTS		ATTACHED (✓)	NOT APPLICABLE (✓)
8	FEES: If the nonprofit charges fees, attach a copy of its fee schedule. If not applicable, place a check mark (✓) in the "NOT APPLICABLE" column.		
9	ORGANIZATIONAL CHART: Attach an organizational chart showing the nonprofit's divisions, officers and managers.		
10	PHYSICAL LOCATIONS: Attach a list of the physical locations where the nonprofit operates within the state of Arkansas (a Post Office box or mail drop box does not constitute a physical location).		
11	MARKETING MATERIALS: Provide a copy of any marketing materials of the nonprofit, including brochures, flyers, website or solicitation emails. If not applicable, place a check mark (✓) in the "NOT APPLICABLE" column.		
12	OVERSIGHT: Attach documentation or a written explanation of how the nonprofit ensures that the actions of its employees, in the performance of their duties, are consistent with the mission, goals and practices of the nonprofit.		
13	COMPLAINTS: If any complaint was filed against the nonprofit with the Arkansas Attorney General, Consumer Protection Division during the past 24 months, attach a written explanation, including the date and nature of each complaint. If not applicable, place a check mark (✓) in the "NOT APPLICABLE" column.		

ADVA POINT OF CONTACT: Email is the preferred method of communication regarding this application. The Director of Public Affairs will review this application and the documents provided, and will communicate via email with the primary contact person listed on Page 1 of this application. Submit any questions in an email to advaverified@arkansas.gov.

ADVA's Nonprofit Organization Verification Program is voluntary and does not imply any endorsement by ADVA of the nonprofit named in this application. ADVA will advertise and connect an ADVA Verified Nonprofit to Arkansas Veterans via the ADVA Verified Nonprofit Directory on ADVA's website.

ADVA Verified Nonprofits are prohibited from using their ADVA Verified status in their fundraising efforts, including solicitation materials. Any violation of this rule will result in the cancellation of its ADVA Verified status and its removal from the ADVA Verified Nonprofit Directory.

ARKANSAS CODE ANNOTATED § 4-28-412 - PROHIBITED ACTS. If ADVA receives any report that the ADVA Verified Nonprofit is in violation of any prohibited acts covered under A.C.A. § 4-28-412, such violation will result in the cancellation of its ADVA Verified status and its removal from the ADVA Verified Nonprofit Directory.

EXCLUSIONS: Membership nonprofit organizations are excluded from the ADVA Verified program. Under Arkansas Code Annotated § 4-28-401(8), "Membership" is defined as "Those persons to whom, for payments, dues, assessments, etc., an organization provides services and confers a bona fide right, privilege, professional standing, honor, or other direct benefit in addition to the right to vote, elect officers, or hold offices."

LAPSE IN ADVA VERIFIED STATUS: If the ADVA Verified nonprofit allows its registration with the Arkansas Attorney General to lapse, its ADVA Verified status will automatically lapse.

By signing this application, I certify that to the best of my knowledge the information stated in this application and in the documents provided is true and correct.

Application completed by: _____

Printed Name and Signature

Position with Nonprofit

Application verified by: _____

Director of Public Affairs

The nonprofit's ADVA Verified status is effective for one year from this date: _____