



**Application for Certification as a Qualifying
Foster Care Charitable Organization**

Louisiana Revised Statute 47:6042(B)

Mail to:

Louisiana Department of Revenue
P.O. Box 44098
Baton Rouge, LA 70804

For Questions:

Phone: (855) 307-3893

This application must be completed by any organization that seeks to become a qualifying foster care charitable organization for the purpose of the credit for Donations to Qualifying Foster Care Charitable Organization.

PLEASE PRINT OR TYPE

Organization Name			
Legal Name			
Address			
Unit Type		Unit Number	
City		State	Zip
Foreign Nation, if not United States (<i>Do not abbreviate.</i>)			
LDR Account Number (<i>if applicable</i>)		Federal Employer Identification Number	

Physical Location in Louisiana			
Unit Type		Unit Number	
City		State	Zip

Contact Person's Name	
Email Address	Phone Number

As defined in La. R.S. 47:6042(F)(5), "services" means cash assistance, medical care, child care, food, clothing, shelter, job placement, and job training services or any other assistance that is reasonably necessary to meet immediate basic needs and that is provided to a qualified individual and used in this state.

Service(s) Provided (*Select one or more that apply.*)

- Cash Assistance
 Clothing
 Medical Care
 Job Placement
 Food
 Shelter
 Child Care
 Job Training
 Other: _____



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I hereby certify that _____ meets each of the following criteria under La. R.S. 47:6042(F)(4) to be considered a qualifying foster care charitable organization (*Initial all that applies below.*):

- _____ 1. Is a charitable organization that is exempt from federal income taxation under Section 501(c)(3) of the Internal Revenue Code
- _____ 2. Provides services to at least 25 qualified individuals each operating year

List the number of qualified individuals that services were provided to in the last four years below.

Year	Year	Year	Year
Number	Number	Number	Number

- _____ 3. Will spend at least 75% of its total budget on providing services to qualified individuals or will spend at least 75% of its funds budgeted for Louisiana on providing services to qualified individuals
- _____ 4. Will spend 100% of the donations received from Louisiana residents on providing services to qualified individuals in Louisiana

Documents that must be attached to this application are:

- 1. A copy of the organization's operating budget for the prior operating year and a schedule detailing the amount of the budget spent on providing services to qualified individuals
- 2. A copy of federal Form 990, 990-T, and all attachments filed by the organization for the last tax year filed
- 3. A copy of the financial statements and detailed schedule of expenses for the organization from the prior year
- 4. A schedule detailing how the organization calculated the percentage of its budget spent on providing services to qualified individuals
- 5. A copy of my organization's Section 501(c)(3) exemption letter from the Internal Revenue Service

CERTIFICATION	
Under penalties of perjury, I declare that I have examined this application and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete.	
Name	Title
Email Address	Telephone
Signature	Date (mm/dd/yyyy)