

2025 Iowa Shares New Member Application

lowa Shares, 20 East Market Street, Iowa City, Iowa 52240, (319) 338-1446 info@iowashares.org, www.iowashares.org

REQUIREMENTS

- Be recognized as a 501(c)3 organization by the IRS
- Have a nondiscrimination policy in place
- Fundraising and administrative costs combined are limited to 25% or less of the organization's budget; administrative costs usually include executive and employee salaries (except for work that directly constitutes a program activity), accounting, IT and legal costs, utilities, and rent.
- Be in existence for a minimum of two years, or be a program of an organization that has been.

PROCESS

- Complete this lowa Shares New Member Application and email it to Carrie Lane carrie@irenew.org and Program Coordinator Holly Hart (holly@iowashares.org).
 - Include all documentation listed on page 2 of this form.
- After the application is received, Iowa Shares requests that your organization give a short, informal presentation to the Iowa Shares board at one of our monthly meetings. This allows you and the Iowa Shares board members to ask questions. Presentations can be scheduled in January, March and May of 2025.
- If desired, a Board member would also be willing to present at one of your board or staff meetings, to answer any questions about lowa Shares.
- Our Board meets via Zoom/conference call from 6:30-8:00 pm on the second Tuesday of most months. Please schedule your presentation time with Carrie Lane <u>carrie@irenew.org</u> 303-931-7647.
- Immediately following your presentation, the lowa Shares board will meet privately to vote on acceptance; you will be notified of the outcome of the vote within 24 hours.

MEMBERSHIP DUES

- Membership dues must be paid in full by the dates specified below. Alternate payment plan
 can be arranged by contacting the lowa Share Treasurer at treasurer@iowashares.org, or call
 the lowa Shares office at 319-338-1446. An organization that fails to do so or does not comply
 with the payment plan will not be included in the fall campaign or listed on the campaign
 materials.
- First year full members receive a discount membership, so they can build recognition and support. The first-year dues are \$250 and must be paid in full by June 1 of the year accepted into lowa Shares.
- The renewing second year full member dues are \$500 and must be paid in full by April 30 of the 2nd full membership year or by March 31 for a 10-point reward.
- The renewing full membership dues for subsequent years are currently set at \$850 per year. Renewing membership dues must be paid in full by April 30 of each subsequent year or by March 31 for a 10-point award.
- Dues for organizations renewing as Associate Members are \$400.

INCOME EARNING OPPORTUNITIES

- Designated Donations
 - Designated funds will be given to the designated member organization minus the administrative fee of 15%.

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- Undesignated Donations
 - The General Fund (or undesignated fund) is distributed only to full member organizations that are working on our point system. By participating in meetings, committee work, campaigns and fundraising, members have the opportunity to earn points. (The point system is self-explanatory.)
- No organization is mandated to earn points. We understand that not every member organization has the time to commit to help maintain daily operations, so we developed our point system.
- The administrative fee of 15% will be taken from the undesignated funds before the monies are distributed.

Please Provide the Following Information

Organization Name									
Add	dress								
Email Add	dress								
Pho					Fax #				
Website or social med applic									
Organization Leader's No					Title				
Email Ado	dress								
Phone#		□ Office □ Cell							
Iowa Shares Contact's N	Title								
Email Ado	dress								
Phone #						□ Office	Cell	Home	
Describe Your Organization's Mission & Purpose									
Is Your Organization Inco	ted? □ Yes No			Date Incorporated					
If No, is Your Fiscal Agent incorporated and is a 501 (c)3 Organization? Yes No								No	
Name of Organization						Date incorporated			
Is Your Organization 501 (c)3 Sta	atus curre	ent?	Yes	No				
# Staff Members Full	Time:	Part Time) :	Volunteers:		Board Members:		
Describe the Programs and/or Services You Offer or Provide									
Geographic Area Servec	Demographic			graphic Se	erved:				
Annual Budget		<\$25K	□ \$25K-	\$100K	□ \$100K	:-\$250K	□ \$250K <u>-</u> \$1M	>\$1 <i>N</i>	1
Administrative Cost %									

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SIGNATURES

Please enter your name and title below to electronically sign this document.

1. Organization Leader

☐ By checking this box, I affirm that information pro organization will comply with requirements establish		o the best of my knowledge, and our
Name	Title:	Date:
Member Organization Iowa Shares Re	presentative	
$\ \square$ By checking this box, I affirm that information pro	vided above are true and accurate to	o the best of my knowledge, and our
organization will comply with requirements establish	ed by Iowa Shares.	
Name	Title:	Date:

ATTACHMENTS

Please provide the following attachments:

- IRS 501(c)3 Letter
- A copy of the most recent IRS Form 990 (990-N, 990EZ or 990)
- List of current board members (with their contact information)
- Brochure describing your organization, annual report, newsletters, etc
- Nondiscrimination policy

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