



# Marilyn Burgess

HARRIS COUNTY DISTRICT CLERK

201 Caroline | P.O. Box 4651 | Houston, Texas 77210-4651 | 832-927-5800 | [www.hcdistrictclerk.com](http://www.hcdistrictclerk.com)

## **JUROR PAY DONATION AGENCY APPLICATION**

**NOTE:** Effective January, 2016, applications will only be accepted and reviewed every two years. At that time, between January 1 and February 28, your completed application must be submitted to the Harris County District Clerk's Office for consideration and approval by Commissioners Court.

**ALL AGENCIES MUST RESUBMIT AN APPLICATION EVERY TWO YEARS FOR RECERTIFICATION AND APPROVAL BY THE DISTRICT CLERK'S OFFICE WITH THE EXCEPTION OF THE FOLLOWING AGENCIES:**

- 1) Victims of Crime Fund administered by the Texas Attorney General's Office; and,
- 2) Children's Protective Services Child Welfare Service Fund administered by the Children's Protective Services Board.
- 3) Harris County Veteran's Treatment Court

**PLEASE SUBMIT THE ORIGINAL AND FIVE COPIES OF THIS APPLICATION**

<b>Agency Name:</b> _____	
<b>Main Address:</b>	
<b>Street:</b> _____	<b>Telephone:</b> _____
<b>City:</b> _____	<b>Fax:</b> _____
<b>State:</b> _____	<b>Email of Org.:</b> _____
<b>Zip:</b> _____	<b>Website:</b> _____
<b>Mailing Address (if different):</b> _____	

<b>Chief Executive Officer:</b>
<b>Name:</b> _____
<b>Title:</b> _____

**Address if different from above:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Main Contact:**

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Address if different from above:** \_\_\_\_\_

**Telephone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please submit the following as indicated. Place a check in the applicable boxes to indicate documentation is included with this application:**

- Internal Revenue Service 26 U.S.C. 501(c) determination letter
- Agency Profile
- Agency Annual Operating Budget
- Audited Financial Statement most recently completed, with management letter, using generally accepted accounting principles.

We certify and verify that each of the eligibility criteria listed below have been met (please check all that apply):

- Are a direct provider of a health and/or human services program(s) in Harris County.
- Has the financial administrative capacity to provide the program(s) for which it is requesting donations.

- Been in place for at least two years prior to this application.
- Are currently tax exempt pursuant to Internal Revenue Service 26 U.S.C. 501(c) .
- Are actively governed by a qualified and representative community board which:
  1. Consists of volunteers who participate in policy making processes, and who review and approve policies and financial reports.
  2. Have members who periodically rotate off the board on a planned basis.
  3. Meet at least quarterly.
- Maintain required licensure and/or certification and abide by applicable national, state and local regulations and codes.
- Conform to all applicable local, state, and federal laws pertaining to discrimination on the basis of race, gender, age, physical or mental disability, religion, or national origin in regards to its governing body, employees, and the people it serves. (These requirements may be waived if the organization has received an exemption from the proper federal and/or state authorities.) The organization must also comply with the applicable provisions of the Patriot Act.
- Follow generally accepted accounting principles for financial accounting and recordkeeping, and demonstrate the ability to manage programs and services in accordance with generally accepted management procedures.

It is important to Commissioners Court of Harris County donations made by Harris County jurors be used exclusively for services/programs provided in Harris County.

Will any donated funds be used or distributed for services and programs in counties other than Harris County? If so, please list those other counties and briefly state the reason for distribution of the funds to those areas and the percentage of total donated funds anticipated to be used or distributed in counties other than Harris County:

---



---



---



---



---

We, the undersigned, hereby submit all supporting documentation for the above criteria and verify them to be true.

\_\_\_\_\_  
Agency President, Board of Directors  
(Signature)

\_\_\_\_\_  
Agency Executive Director  
(Signature)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date