Exhibit 1

CHARITABLE ORGANIZATION APPLICATION FOR PAYROLL DEDUCTIONS

All charitable organizations which request payroll deductions for employees within the Tennessee Board of Regents System are required to complete this form and attach the information requested below:

1. A statement that the organization is a not-for-profit corporation under the laws of the State of Tennessee

2. Evidence that the organization qualifies as tax exempt under IRS code 501(c)(3) and is eligible to receive tax deductible contributions

3. Verification that the organization has an active board of directors which governs its affairs, meets regularly and is comprised mainly of members who serve without compensation

4. Certification that an annual report by an independent certified public accountant is required

5. A copy of an annual report which is provided to the general public that includes a full description of the organization's activities and accomplishments and the names of the chief administrative personnel

6. Verification that the organization operates without discrimination (e.g., religious, racial, or otherwise), both in employment and the delivery of services or the distribution of funds

7. A copy of an active solicitation permit for charitable funds in the institution/school/Central Office' locality, and, if appropriate, an active permit to solicit funds in the State of Tennessee

8. From an umbrella organization, acknowledgment that the organization is responsible for tracking an employee's deductions for each individual agency

9. From each organization, singular or umbrella, acknowledgment that it is responsible for providing tax information to employees

Solicitation is permitted only in accordance with the institution's application of TBR Policy 1:03:02:50 and the TBR Solicitation Policy for Charitable Organizations.

NAME OF ORGANIZATION \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHIEF OFFICER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TITLE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_