



APPLICATION FOR THE 2016 COMBINED FEDERAL CAMPAIGN APPLICANT CONTACT INFORMATION

ORGANIZATIONAL INFORMATION:

Organization Name: _____

Employer Identification Number (EIN): _____

5-digit CFC Code: _____

(if unknown, leave blank)

Public Phone: _____

(To be used in all printed marketing materials)

Fax: _____

Website: _____

Organization Address (P.O. Boxes and UPS mailing centers are not acceptable and may result in disqualification):
Please list the street address where your organization is physically located, even if you do not receive mail at this address.

Mailing/Distribution Address, if different from address above (P.O. Box and UPS mailing centers are acceptable):
This is the address where checks will be sent.

Organization Primary Contact: _____

The Primary Contact is the first point of contact for most communications regarding CFC applications, campaign communications and general inquiries.

Title: _____ Direct telephone: _____

Email Address: _____



CFC CERTIFYING STATEMENTS

1) **Place a check in the *one* appropriate box:**

- I certify that the organization named in the application has a **substantial local presence** in the geographical area covered by the local campaign. Include as ATTACHMENT A supporting statements and/or documentation of substantial local presence in the geographical area covered by the local campaign and a description of the programs, services, benefits, etc. provided by the organization in calendar year 2015 and how those programs, services, benefits, etc. affect human health and welfare of the target population.

Service Office Address (if different from Organization Address on previous page):

Hours of Operation Per Each Day of the Week (Example: Monday-Friday, 9AM-5PM; Saturday, 10AM-3PM; Sunday, Closed):

Organization's Dedicated Phone Number: _____

County and State Where Office is Located: _____

- 2) I certify that the Internal Revenue Service (IRS) recognizes the organization named in this application as tax-exempt under 26 U.S.C. 501(c)(3) and to which contributions are tax deductible pursuant to 26 U.S.C. 170(c)(2). **Include as ATTACHMENT B a copy of the most recent IRS determination letter.**

3) **Place a check in the *one* appropriate box:**

- I certify that the organization named in this application is not part of a group exemption.
- I certify that the organization named in this application is part of a group exemption.
- I certify that the organization named in this application is a bona-fide chapter or affiliate that operates under a national organization's single corporation tax-exemption.

- 4) I certify that the organization named in this application is a human health and welfare organization providing services, benefits, or assistance to, or conducting activities affecting human health and welfare. The services, benefits, assistance, or program activities affecting human health and welfare provided in calendar year 2015 are reflected in **ATTACHMENT A**.

5) **Place a check in the *one* appropriate box:**

- I certify that the organization named in this application **reports total revenue of \$250,000 or more** on its IRS Form 990 (or pro forma IRS Form 990) covering a period ending on or after June 30, 2014 and meets *both* of the following two conditions:
- accounts for its funds on the accrual basis in accordance with generally accepted accounting principles (GAAP); and,

- has an audit of its fiscal operations completed annually by an independent certified public accountant in accordance with generally accepted auditing standards (GAAS). **(Include as ATTACHMENT C a copy of the auditor's report and the complete audited financial statements for a fiscal period ending on or after June 30, 2014.)**

I certify that the organization named in this application **reports total revenue of at least \$100,000 but less than \$250,000** on its IRS Form 990 (or pro forma IRS Form 990) covering a period ending on or after June 30, 2014 and meets *both* of the following two conditions:

- accounts for its funds on an accrual basis in accordance with generally accepted accounting principles (GAAP); and,
- has an audit of its fiscal operations completed annually by an independent certified public accountant in accordance with generally accepted auditing standards (GAAS).

I certify that the organization named in this application **reports total revenue of less than \$100,000** on its IRS Form 990 (or pro forma IRS Form 990) covering a period ending on or after June 30, 2014 and has controls in place to ensure funds are properly accounted for and that it can provide accurate timely financial information to interested parties.

6) **Check the one appropriate box:**

I certify that the organization named in this application prepares and submits to the IRS a complete copy of the organization's IRS Form 990. **(Include as ATTACHMENT D a copy of the complete IRS Form 990 for a period ending on or after June 30, 2014,** including signatures in the box marked "Signature of Officer" or in IRS Forms 8879-EO or 8453-EO. The preparer's signature alone is not sufficient. (IRS Forms 990EZ, 990PF, and comparable forms are not acceptable substitutes.)

I certify that the organization named in this application is not required to prepare and submit an IRS Form 990 to the IRS. **(Include as ATTACHMENT D a Pro Forma IRS Form 990** for a period ending on or after June 30, 2014. IRS Forms 990 EZ, 990PF, and comparable forms are not acceptable substitutes.

7) I certify that the administrative and fundraising rate for the organization named in this application is ____%. This percentage is computed from the IRS Form 990 (or pro Forma 990) submitted with this application by adding the amount spent on "management and general" to "fundraising" and dividing the resulting total by "total revenue".

Please enter the following figures from your Form 990 (or Pro Forma 990). The resulting AFR percentage will automatically populate above:

1. Enter Management and General Expenses: _____
(Form 990, Page 10, Line 25, Column C)
2. Enter Fundraising Expenses: _____
(Form 990, Page 10, Line 25, Column D)
3. Enter Total Revenue: _____
(Form 990, Page 9, Line 12, Column A)

If you are completing this form by hand, you must use the following method to calculate the AFR percentage: Add lines 1 and 2 and divide the sum by line 3 (total revenue). Multiply the result by 100 to obtain a percentage figure, then round to the nearest tenth (one figure to the right of the decimal). For example, 15.44% rounds to 15.4%; 15.45% rounds to 15.5%; exactly 15% should be written as 15.0%. No other method may be used to calculate this percentage.

- 8) I certify that an active and responsible governing body, whose members have no material conflict of interest and a majority of whom serves without compensation, directs the organization named in this application.
- 9) I certify that the organization named in this application prohibits the sale or lease of CFC contributor lists.
- 10) I certify that the organization named in this application conducts publicity and promotional activities based upon its actual program and operations, and that these activities are truthful and non-deceptive, include all material facts, and make no exaggerated or misleading claims.
- 11) I certify that the organization named in this application effectively uses the funds contributed for its announced purposes.
- 12) I certify that the organization named in this application is in compliance with all statutes, Executive orders, and regulations restricting or prohibiting U.S. persons from engaging in transactions and dealings with countries, entities, or individuals subject to economic sanctions administered by the U.S. Department of the Treasury's Office of Foreign Assets Control. The organization named in this application is aware that a list of countries subject to such sanctions, a list of Specially Designated Nationals and Blocked Persons subject to such sanctions, and overviews and guidelines for each such sanctions program can be found at <http://www.treas.gov/ofac>. Should any change in circumstances pertaining to this certification occur at any time, the organization will notify OPM's Office of CFC Operations immediately.
- 13) Include as Attachment E a 25-word statement for listing in the campaign charity list.

CERTIFYING OFFICIAL

I, _____, am the duly appointed representative of _____
(Print Name) *(Print Organization)*

authorized to certify and affirm all statements enclosed in this application. I certify that I have read all the certifications set forth in this document and affirm their accuracy. In addition, by checking the box next to the statement, I acknowledge and agree to comply with that certification.

(Signature)

(Title)

(Typed or printed name)

(Date)