



APPLICATION FOR THE 2010 COMBINED FEDERAL CAMPAIGN

LOCAL INDEPENDENT ORGANIZATIONS AND MEMBERS OF FEDERATIONS

APPLICANT CONTACT INFORMATION

ORGANIZATIONAL INFORMATION:

Name: _____

Primary Mailing Address:

Street Address (if P.O. Box is primary address):

(We, as your federation, will use your primary mailing address. If you have provided a P.O. Box, the CFC requires that you also include a street address)

Public Phone: _____

Fax: _____

Website: _____

EIN: _____

5 Digit CFC Number (if a participant in the last year's CFC): _____
(if you do not know your 5 digit CFC number, you may find it on our website or contact us)

CONTACT INFORMATION:

Primary Contact Person: _____

IMPORTANT: This is the individual to whom the federation will direct ALL major communications after the CFC application has been completed. (For example: information regarding pledge results and donor names, information regarding other state and local campaigns)

Title: _____ Direct telephone: _____

Email Address: _____

Contact for CFC Application: _____

(Individual with whom the federation staff will work on a day-to-day basis to complete the 2009 CFC application. For example, whom do we call if additional information is needed for Attachment A?)

Title: _____ Direct telephone: _____

Email Address: _____

CFC FEDERATION: _____

(See Instructions for Federation definition)

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

County and State Where Office is Located: _____

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. (*Substantial local presence is defined in the Instructions as Item 1.*) **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 2009 and how those programs, services, benefits, etc. affect human health and welfare of the target population.

-OR-

- I certify that the applicant organization named in the application has a substantial local presence in the geographical area covered by an adjacent local campaign. (*Substantial adjacent presence is defined in the Instructions as Item 1.*) **Include as ATTACHMENT A** supporting statements and/or documentation of substantial presence in the geographical area covered by an adjacent campaign and a description of the programs, services, benefits, etc. provided by the organization in calendar year 2009 and how those programs, services, benefits, etc. affect human health and welfare of the target population.

-OR-

- I certify that the organization named in the application has a substantial statewide presence. (*Substantial statewide presence is defined in the Instructions as Item 1.*) **Include as ATTACHMENT A** supporting statements and/or documentation of substantial statewide presence and a description of the programs, services, benefits, etc. provided by the organization in calendar year 2009 and how those programs, services, benefits, etc. affect human health and welfare of the target population.
- 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.** See instructions for additional information.

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.

- OR -

I certify that the organization named in this application is part of a group exemption.

- OR -

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 2009 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 not more than 18 months prior to January 2010 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 organization's most recent audited financial statements for a fiscal period ending not more than 18 months prior to January 2010.)**

- OR -

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 not more than 18 months prior to January 2010 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).

- OR -

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 not more than 18 months prior to January 2010 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 not more than 18 months prior to January 2009, including signatures in the box marked "Signature of Officer". The preparer's signature alone is not sufficient. IRS Forms 990EZ, 990PF, and comparable forms are not acceptable substitutes.)**

- OR -

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 not more than 18 months prior to January 2010. See the Apply Now page of our website for help with this form. 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 has been computed from information on the IRS Form 990 submitted with this application by adding the amount spent on "management and general" to "fundraising" and dividing the resulting total by "total revenue". No other method may be used to calculate this percentage. (All percentages must be listed to the tenth of a percent. For example, 10.0% or 15.5%.) **See instructions for help with this calculation.**

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.

(See Instructions Certification 13 for additional required information on the optional taxonomy codes.)

CERTIFYING OFFICIAL

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

of _____ authorized to certify and affirm all statements
(Print Organization Name)

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 certification, the organization named in this application acknowledges and agrees to comply with that certification.

(Signature)

(Typed or Printed Name)

(Title)

Date Completed _____

NOTE: Applications will not be accepted if submitted electronically or by facsimile. The certifying official's signature must be original. Automatic pens and/or signature stamps may not be used.

Public Burden Statement

We think this form takes an average of 3 hours to complete, including the time for getting the needed data and reviewing both the instructions and completing the form. Send comments regarding our estimate or any other aspects of this form, including suggestions for reducing completion time to Office of Personnel Management (OPM), OPM Forms Officer, Paperwork Reduction Project (3206-0131), Washington, DC 20415-7900. The OMB number 3206-0131 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.