



# COMBINED FEDERAL CAMPAIGN

## 2006-2007 Application Instructions for Local ~~Unaffiliated~~ Independent Organizations and ~~Federation~~ Members of Federations

### BACKGROUND

Enclosed is the model application for ~~participation—use~~ by local ~~unaffiliated independent~~ organizations ~~applying to participate~~ in the Combined Federal Campaign (CFC) ~~and for use by federation members to submit to the federations to which they belong~~. The following instructions and form are intended to assist charitable organizations in applying for participation in the CFC. All aspects of the CFC, including eligibility for participation, are strictly governed by Federal regulation. Copies of current CFC regulations are available in PDF and Word formats on our website at [www.opm.gov/cfc](http://www.opm.gov/cfc). Additional copies of the application can also be downloaded from the website.

All required documents and attachments must be complete and submitted before the application deadline each year. ***Applicants whose applications do not contain required documents or who submit incomplete or out-of-date documents will not be permitted to correct their applications during the appeals process.*** Organizations that apply for local eligibility and are found ineligible will have ~~one~~ an opportunity to appeal to the Local Federal Coordinating Committee (LFCC) for reconsideration. If found ineligible on appeal by the LFCC, the organization may appeal the LFCC's decision to the Director of the Office of Personnel Management (OPM). The Director's decision is final for administrative purposes. Appellants should ensure that their appeals are complete and responsive to the actual reasons for the LFCC denial decision.

Each LFCC determines the application deadline for organizations seeking local eligibility. Since local dates will vary, please check with the local

CFC for local application deadlines and filing information. Local campaign contact information can be found on the CFC website at [www.opm.gov/cfc/Search/Locator.asp](http://www.opm.gov/cfc/Search/Locator.asp).

If a local application form is available, OPM suggests that ~~unaffiliated~~ organizations use the local application provided when applying to the CFC.

The CFC will not accept applications with modifications to any of the certification statements.

In order to determine whether an organization may participate in the campaign, the LFCC may request evidence of corrective action regarding any prior violation of regulation or directive, sanction, or penalty, as appropriate. The LFCC will decide whether the organization has demonstrated, to the LFCC's satisfaction, that the organization has taken appropriate corrective action. Failure to demonstrate satisfactory corrective action or to respond to the LFCC's request for information within 10 business days of the date of the request may result in a determination that the organization will not be included in the Charity List.

**FAXES OR ELECTRONIC SUBMISSIONS OF APPLICATIONS ARE NOT ACCEPTED**

### DEFINITIONS

**Organization** Legal name of the applicant organization. If the name of the organization differs from the name that appears on the IRS determination letter, IRS Form 990, or audited financial statements, or annual report, official documentation from the IRS or state

OPM Form 1647-C

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government authorizing [use of](#) this name [change](#) must accompany the application. The [Federal Tax ID Number/EIN](#) must be included.

**[Employer Identification Number \(EIN\)](#)** [The nine-digit EIN that appears on the IRS determination letter and the IRS Form 990 submitted with this application.](#)

**4 Digit CFC ~~No.~~Number** The number assigned to the organization in the previous year's campaign. [, if applicable Organizations that did not participate in the 2006 CFC should leave this field blank.](#) **[NOTE: All participating charities will be assigned a new five-digit code for the 2007 campaign.](#)**

**Mailing Address** A physical mailing address must be provided - Post Office Box addresses will not be accepted.

**Telephone** Organization's telephone number.

**Contact Person** The contact person is the individual to whom the CFC will direct communications. This may be any individual in the organization.

**Contact Address** Contact Person's physical mailing address if different than the organization's address. Post Office Boxes may not be used. [Participation decision letters will be sent to this address.](#)

**Contact Telephone** Contact person's telephone number, if different than the organization's tele-phone number.

**Fax** Contact person's fax number.

**Contact E-Mail** Contact person's electronic mail address.

**Website Address** List the complete Internet address of the applicant organization (no e-mail addresses). [This information is required, if the organization has an Internet address.](#)

**Disbursement Address** List the address where paper checks will be sent, if different from mailing address. Post office boxes may be used

for the disbursement address.

**Electronic Funds Transfer (EFT) Information** List the Routing and Account numbers, along with the name of the financial institution, where funds should be disbursed. This is an optional method for receipt of CFC contributions. [NOTE: Some campaigns may elect not to disburse funds electronically.](#)

**Certifying Official** The certifying official is the individual who has the authority to affirm that all statements in the application are accurate.

## **INSTRUCTIONS**

For details regarding CFC eligibility requirements for local [independent organizations and federations members](#), refer to CFC Guidance [Memorandum 2004-11](#) [Memoranda](#) on the CFC website at [www.opm.gov/cfc](http://www.opm.gov/cfc).

Applicants must check the box next to each certification statement to demonstrate agreement to comply with the statement and to certify that it meets the requirement. Failure to provide a check mark for each of the statements will be considered a refusal to certify and will result in the denial of the application.

### **Item 1**

**[Provide the hours of operation \(a minimum of 15 hours per week is required\) and the county and state where the applicant organization's office is located.](#)**

Check the one appropriate box. **[Include Attachment A.](#)** [An organization must demonstrate to the satisfaction of the LFCC that it has a substantial local presence in the geographical area covered by the local campaign, a substantial local presence in an adjacent local campaign, or substantial statewide presence.](#)

[Substantial local presence is defined as a staffed facility, office or portion of a residence dedicated exclusively to that organization, available to members of the public seeking its](#)

services or benefits. The facility must be open at least 15 hours a week and have a telephone dedicated exclusively to the organization. The office may be staffed by volunteers. Substantial local presence cannot be met on the basis of services provided solely through an “800” telephone number or by disseminating information or publications via the U.S. Postal Service, the Internet, or a combination thereof. Include as **Attachment A** supporting statements and/or documentation of substantial local presence and a description of the programs, services, benefits, etc. provided by the organization in calendar year 2006 and how those programs, services, benefits, etc. affect human health and welfare of the target population. The attachment must include human health and welfare services that were provided in calendar year 2006 (see Certification #3).

An adjacent local campaign is defined as a local campaign whose geographic border touches the geographic border of another local campaign. (Information on the geographic boundaries of local CFC Campaigns can be found on the CFC website at [www.opm.gov/cfc/Search/Locator.asp](http://www.opm.gov/cfc/Search/Locator.asp).)

Participation in a local campaign via an adjacency determination does not grant the organization a substantial local presence in the adjacent local campaign and participation via adjacency cannot be used to establish adjacency to local campaigns bordering the adjacent campaign area. Include as **Attachment A** supporting statements and/or documentation of substantial presence in an adjacent campaign and a description of the programs, services, benefits, etc. provided by the organization in calendar year 2006 and how those programs, services, benefits, etc. affect human health and welfare of the target population.

Substantial statewide presence is defined as providing or conducting real services, benefits, assistance or program activities in the previous year (calendar year 2006) covering 30 percent of a state’s geographic boundaries or providing or conducting real services, benefits, assistance or program activities affecting 30 percent of a state’s population. Substantial statewide presence cannot be met on the basis of services

provided solely through an “800” telephone number or by disseminating information and publications via the U.S. Postal Service, the Internet, or a combination thereof. 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 2006 and how those programs, services, benefits, etc. affect human health and welfare of the target population.

~~If applying for local or adjacent eligibility, make sure you include information on your local presence, such as office location, hours of operations, etc. as Attachment A. If applying for statewide eligibility make sure to include proof of state-wide coverage as Attachment A. Organizations applying for statewide eligibility must provide either a detailed description of the services and activities they provided to 30 percent of their target population in a given state OR a detailed description of those activities covering 30 percent of the state's geographical boundaries.~~

~~**Attachment A must also include a description of the programs, services, benefits, etc. provided by the organization within the previous year and how those programs, services, benefits, etc. affect human health and welfare of the target population.**~~

## **Item 2**

**Include as *Attachment B* a copy of the organization’s most recent IRS determination letter. If the name of the applicant organization differs on the IRS determination letter, the IRS Form 990, or audited financial statements, documentation from the IRS or state government authorizing this name change must accompany the application.**

~~Also include a letter from the IRS or other state-issued documentation authorizing any legal name change. Interim IRS 501(c)(3) letters with expiration dates before December 31 of the year preceding the campaign year for which the organization is applying will be accepted only with proof of application to the IRS for permanent 501(c)(3) status.~~

Organizations that are part of an IRS group

exemption must provide a copy of the IRS letter granting the group exemption, as well as the list of subordinates that are covered by the group exemption. If the subordinate's EIN is different from the EIN on the group exemption letter, EIN documentation from the IRS must be provided.

Bona-fide chapters or affiliates of a national organization that do not have an IRS determination letter for the local organization must provide a certification signed by either the Chief Executive Officer (CEO) or CEO equivalent of the national organization stating that the local charitable organization operates as a bona-fide chapter or affiliate in good standing of the national organization and it is covered by the national organization's 501(c)(3) tax-exemption. A copy of the national organization's 501(c)(3) letter must accompany the CEO's certification.

Private foundations and units of government are not eligible to participate in the CFC.

**Each applicant's 501(c)(3) status will be verified with the IRS. Applicants whose current 501(c)(3) status cannot be confirmed by the IRS will be denied participation. OPM encourages organizations to request current letters from the IRS confirming the group's tax-exempt status. This request can be made by contacting the IRS at (877) 829-5500.**

### **Item 3**

Check the appropriate box.

Listing of a national organization, as well as its local affiliate organization, is permitted. Each national or local organization must individually meet all of the eligibility criteria and submit independent documentation as required in §950.202, §950.203 or §950.204 to be included in the Charity List, except that a local affiliate of a national organization that is not separately incorporated, in lieu of its own 26 USC 501(c)(3) tax exemption letter and, to the extent required by §950.204(b)(2)(ii), audited financial statements, may submit the national organization's 26 USC 501(c)(3) tax exemption letter and audited financial statements, but must provide its own pro forma IRS Form 990, page

1 and Part V only, for CFC purposes. The local organization must submit a certification from the Chief Executive Officer (CEO) or CEO equivalent of the national organization stating that it operates as a bona-fide chapter or affiliate in good standing of the national organization and is covered by the national organization's 26 USC 501(c)(3) tax exemption, IRS Form 990 and audited financial statements.

A national organization may waive its listing in the National/International or International parts of the Charity List in favor of its local affiliate by following the procedures set forth in §950.201(c).

### **Item 4**

Self-explanatory. Human health and welfare services provided in calendar year 2006 must be reflected in **Attachment A**.

### **Item 54**

Check Self-explanatory

### **Item 5**

the appropriate box.

**The certifying official for organizations with total revenue of \$100,000 or more must certify that the organization accounts for its funds on an accrual basis in accordance with Generally Accepted Accounting Principles (GAAP). No other basis of accounting is acceptable under GAAP. The cash basis, modified cash basis, modified accrual, and any other methods are not acceptable.**

Organizations with \$250,000 or more, as reported on the IRS Form 990, are required to submit an annual audit of fiscal operations by an independent certified public accountant in accordance with Generally Accepted Auditing Standards (GAAS). The audited financial statements and IRS Form 990 must be prepared using the accrual method of accounting and cover the same fiscal period that ended not more than 18 months prior to January 2007 (i.e. ending on or after June 30, 2005). **Include as Attachment C a copy of the organization's audited annual financial statements.** The organization must certify that it accounts for its funds in accordance with 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).

Organizations with total revenue of \$100,000 - \$250,000: the certifying official must certify that the organization accounts for its funds in accordance with GAAP and has an audit of its fiscal operations completed annually by an independent certified public accountant in accordance with GAAS. The organization is not required to submit a copy of the audited financial statements with the CFC application. However, the information must be provided to OPM or the LFCC upon request.

Organizations with total revenue of \$100,000 or less: the certifying official must certify that the organization has controls in place to insure funds are properly accounted for and that it can provide accurate timely financial information to interested parties. It is not required to submit financial documentation with the CFC application. However, the information must be provided to OPM or the LFCC upon request.

Bona-fide chapters or local affiliates of a national organization whose pro forma IRS Form 990 reports revenues over \$250,000 and whose financial operations are covered by an audit of the national organization may submit the national organization's audited financial statements together with a certification from the national organization's Chief Executive Officer (CEO) or CEO equivalent stating that it operates as a bona-fide affiliate in good standing of the national organization and is covered by the national organization's 26 U.S.C. 501(c)(3) tax exemption, IRS Form 990 and audited financial statements. (See requirements under Item #2 for bona-fide chapters or local affiliates.)

Bona-fide chapters of a national organization whose pro forma IRS Form 990 reports revenues between \$100,000 - \$250,000 and whose financial operations are covered by an audit of the national organization may certify it has an audit of its fiscal operations completed annually if it, at the time of the certification, is in good standing of the national organization and is covered by the national organization's 26

U.S.C. 501(c)(3) tax exemption, IRS Form 990, and audited financial statements. This organization is not required to submit with its application the national organization's audited financial statements or documentation evidencing proof of good standing and coverage by the national organization's documentation. However, it must be able to supply this documentation to the LFCC or OPM upon request. (See requirements under Item #2 for bona-fide chapters or local affiliates.)

~~If the organization is required to submit audited financial statements, the certifying official must verify that the organization uses the accrual method of accounting. **No other basis of accounting is accepted under Generally Accepted Accounting Principles (GAAP). The cash basis, modified cash basis, and modified accrual basis are not acceptable methods of accounting under GAAP. Use of these other accounting methods will result in a denial.**~~

~~**Organizations with annual revenue of less than \$100,000 on line 12 of the IRS Form 990 submitted with this application are not required to submit audited financial statements and may use the cash, modified cash, or modified accrual basis of accounting in the IRS Form 990.**~~

#### **Item 6** \_\_\_\_\_

~~Check the one appropriate box. **Include as Attachment C a copy of the organization's annual audited financial statements, if required.** Combined and consolidated financial statements are not accepted unless the applicant's financial information is reflected in a separate audited combining or consolidating schedule. *The audited financial statements must cover the fiscal period ending not more than 18 months prior to the January of the campaign year to which the organization is applying. The IRS Form 990 and audited financial statements must cover the same fiscal period. If revenue and expenses on the two documents differ, these amounts must be reconciled either on the IRS Form 990, Parts IV-A and IV-B, or by the accounting firm that completed the audit in an accompanying signed statement. For further information, please see CFC Memorandum 2004-11.*~~

~~Audited financial statements are not required for organizations with annual revenue of less than \$100,000 on line 12 of the IRS Form 990.~~

**Item 67**

~~Check the appropriate box. Include as Attachment D a copy of the complete, signed IRS Form 990 for a period ended not more than 18 months prior to January 2007. The IRS Form 990 must include a signature in the block marked "Signature of officer"; the preparer's signature alone is not sufficient.~~

~~A complete IRS Form 990 is required, including all supplemental statements and Schedule A, if applicable, to be eligible for the CFC. If the Internal Revenue Service does not require the organization to file the Form 990 it must complete and submit a pro forma IRS Form 990, page 1 and Part V only. IRS Forms 990EZ, 990PF, and comparable forms will not be accepted. However, smaller organizations that file Form 990EZ may submit it with page 1 and Part V of the Form 990 attached in lieu of a complete IRS Form 990.~~

~~The audited financial statements and IRS Form 990 must be prepared using the accrual method of accounting and cover the same fiscal period ended not more than 18 months prior to January 2007 (i.e. ending on or after June 30, 2005).~~

~~Include as Attachment D a copy of the most recently completed, signed IRS Form 990, including a signature on page 6 in the block marked "Signature of officer." The preparer's signature alone is not sufficient. A complete form includes all supplemental statements and schedules, if applicable, for the applicant organization. A completed Form 990 is required to be eligible for the CFC even if the Internal Revenue Service does not require your organization to file the Form 990. IRS Forms 990EZ, 990PF, and comparable forms will not be accepted. However, smaller organizations that file Form 990EZ may submit it with pages 1 & 2 of the Form 990 attached. The IRS Form and audited financial statements must cover the same fiscal period and be prepared using the accrual basis of accounting if annual revenue is \$100,000 or more. If revenue and expenses on the two documents differ, these amounts must be reconciled either on the IRS Form 990, Parts~~

~~IV-A and IV-B, or by the independent certified public accountant who completed the audit in an accompanying signed statement.~~

**IMPORTANT NOTE:**

~~OPM prefers that applicants reconcile their revenues and expenses using page 4 of the IRS Form 990. The IRS Form 990 MUST be signed by an official of the organization. For additional guidance about reconciling audited financial statements and IRS Forms 990, please refer to CFC Memorandum 2004-11.~~

**Item 87**

~~Check the one appropriate box. Calculate and enter the organization's annual percentage for administrative and fundraising expenses. This percentage is computed only from the IRS Form 990 by adding the amount spent on reported as "management and general" (line 14) to "fundraising" (line 15) and dividing the resulting total by "total revenue" (line 12). No other method may be used to calculate this percentage.~~

~~If the annual percentage for administrative and fundraising expenses is greater than 25.04%, include as Attachment E an explanation of the organization's management, general, and fundraising expenses and a formal plan to reduce expenses to 25% or less. Failure to separately submit an acceptable justification and plan for reducing expenses may result in a denial.~~

**Item 9**

~~Include as Attachment F a complete listing of the organization's board of directors and the beginning and end dates of each individual's term of office (e.g. John Smith, 2004-2007). Attachment F must also list the board's meeting dates and locations for the previous year.~~

**Item 8**

~~Self-explanatory~~

**Item 9**

~~Self-explanatory~~

**Item 10**

~~Self-explanatory~~

**Item 1111**

Self-explanatory

**Item 12**

Self-explanatory

**Item 13**

Fill in name of state or entity.

**Item 14**

~~Organizations receiving over 80% of revenue from government sources are not eligible to participate in the CFC. Certify only if revenue from government sources, line 1c on IRS Form 990, is 80% or less of line 12 of IRS Form 990. (Divide line 1c by line 12.) Medicaid and Medicare are not included as revenue from a government source.~~

**Item 15**

~~Include as Attachment G a copy of the organization's most recently completed annual report. The annual report must cover the fiscal year ending not more than 18 months prior to January of the campaign year to which the organization is applying or the preceding calendar year. It must contain a full description of the organization's activities and supporting services during the year covered by the report and identify its directors and chief administrative personnel.~~

~~Reproductions of annual reports that are available on an organization's website are acceptable. The annual report must be clearly marked as such on the website and must include all of the criteria outlined in the CFC regulations (describe the organization's activities and identify the board of directors and chief administrative personnel). OPM will not accept miscellaneous pages from the organization's website that provide this information in lieu of an annual report document. A printed copy of the report must be included in the CFC application.~~

**Item 1612**

Each federation and ~~unaffiliated independent~~ organization applying to participate in the CFC must, as a condition of participation, certify that it 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, and individuals subject to economic sanctions administered by the U.S. Department of the Treasury's Office of Foreign Assets Control (OFAC). The programs administered by OFAC restrict or prohibit U.S. persons from engaging in transactions and dealings with targeted countries, entities, and individuals. OFAC publishes a list of Specially Designated Nationals and Blocked Persons (SDN List). The persons on the SDN List are subject to economic sanctions. The SDN List and additional information relating to the economic sanctions programs that OFAC administers are available at <http://www.treas.gov/ofac>. A link to the SDN List is available on the CFC website ([www.opm.gov/cfc](http://www.opm.gov/cfc)). For further information, please see CFC Memo 2005-13.

**Item 1713**

~~Include as Attachment HE, a statement in 25 words or less that describes the organization's program activities. The statement should not repeat the organization's name. The organization must also provide, but must include the legal name as registered with the IRS if the organization does business under a different name. All organizations must include their IRS Employee Identification Number (EIN) regardless of whether or not they are operating under a "dba" ("doing business as"). The statement organization must also include a telephone number that can be reached from any location in the U.S. and the organization's administrative and fundraising rate. The legal name listing, telephone number, EIN, taxonomy codes (see below), and administrative and fundraising rate will NOT count as part of the 25-word statement. An Internet address where information on the organization can be obtained may be included and will not count toward the 25 words. OPM will not be responsible for incorrect Internet addresses. E-mail addresses are not accepted.~~

**Taxonomy Codes NEW:** Each organization can self-identify up to three categories, in priority order, which most closely identifies the type of mission, services, and activities provided. The corresponding letters will be

printed in your organization's listing in the CFC brochure (see example below) to assist donors in [identifying charities by type of service provided](#), ~~selecting a charity~~. Categories are derived from the National Taxonomy of Exempt Entities (NTEE) classification system developed by the National Center for Charitable Statistics. The 26 categories are:

- A Arts, Culture, and Humanities
- B Educational Institutions & Related Activities
- C Envir. Quality, Protection & Beautification
- D Animal Related
- E Health – General and Rehabilitative
- F Mental Health, Crisis Intervention
- G Disease, Disorders, Medicinal Disciplines
- H Medical Research
- I Crime, Legal Related
- J Employment, Job Related
- K Food, Agriculture, and Nutrition
- L Housing, Shelter
- M Public Safety, Disaster Preparedness & Relief
- N Recreation, Sports, Leisure, Athletics
- O Youth Development
- P Human Services – Multipurpose and Other
- Q International, Foreign Affairs, National Security
- R Civil Rights, Social Action, Advocacy
- S Community Improvement, Capacity Building
- T Philanthropy, Voluntarism & Foundations
- U Science & Technology Research Institutes, Services
- V Social Science Research Institutes, Services

- W Public, Social Benefit: Multipurpose, Other
- X Religion Related, Spiritual Development
- Y Mutual/Membership Benefit Orgs., Other
- Z Other

Special design text used to draw attention to a organization title, such as special fonts, capitalization, quotations, and underlining, are not accepted. **Any statement that uses special features, or exceeds 25 words will be edited by the LFCC.** Organizations will be listed by their legal IRS recognized name as it appears on the IRS ~~Form 990-determination letter~~ only unless the appropriate legal document-tation permitting otherwise is provided with the application. [See Item 2.](#) The ~~appropriate~~-format is as follows:

**0000 Name of Organization** (legal name of organization, if applicable) (202)555-1234 www.opm.gov/cfc EIN#12-3456789 The description will contain no more than 25 words. It should be worded so the donor understands the program services provided. [4.2% B,V,O](#)

~~**IMPORTANT:**—All application information must be specific to the applicant organization. Regional and/or national materials will not be accepted for local chapters.~~

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**REQUIRED ATTACHMENTS (failure to provide any of these documents may result in a denial)**

- ✓ [Attachment A – Documentation of local presence, adjacent presence, or statewide presence \(See Item 1\)](#)
- ✓ [Attachment B – IRS determination letter \(See Item 2\)](#)
- ✓ [Attachment C – Audited Financial Statements \(if total revenues are \\$250,000 or greater\) \(See Item 5\)](#)
- ✓ [Attachment D – IRS Form 990 \(See Item 6\)](#)
- ✓ [Attachment E – 25-word statement \(See Item 13\)](#)



**COMBINED FEDERAL CAMPAIGN**  
**2006-2007 APPLICATION FOR**  
**LOCAL INDEPENDENT ORGANIZATIONS AND**  
**FEDERATION MEMBERS OF FEDERATIONS**

Organization: \_\_\_\_\_

Employer Identification Number (EIN): \_\_\_\_\_ - \_\_\_\_\_

4 Digit CFC Number (If a participant in the last year's CFC): \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
*(Post Office Box addresses are not accepted and may result in automatic disqualification.)*

Telephone: (\_\_\_\_) \_\_\_\_\_

Contact Person: \_\_\_\_\_

Contact Address: \_\_\_\_\_  
*(If different from the above address -- All OPM correspondence will be sent to this address.)*

Contact Telephone: (\_\_\_\_) \_\_\_\_\_ Fax: \_\_\_\_\_  
(\_\_\_\_) \_\_\_\_\_

Contact \_\_\_\_\_ E-Mail \_\_\_\_\_ Address: \_\_\_\_\_

Website \_\_\_\_\_ Address \_\_\_\_\_ (required, if available):

Disbursement Address: \_\_\_\_\_  
*(This is the address where paper checks will be sent.)*

Electronic Funds Transfer (EFT) information (Optional):

Routing Number (9 digits): \_\_\_\_\_

ACCT: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

**CERTIFYING OFFICIAL**

I, \_\_\_\_\_, am the duly appointed representative of  
*(Name)*

\_\_\_\_\_ authorized to certify and affirm all

(Organization)  
statements enclosed in this application.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Typed or Printed Name)

Date Completed \_\_\_\_\_

\_\_\_\_\_  
(Title)

**NOTE: All application information must be specific to the applicant organization. Regional and/or national materials will not be accepted for local chapters.**

1) **Hours of Operation:** \_\_\_\_\_

**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 as a staffed facility, office or portion of a residence dedicated exclusively to that organization, available to members of the public seeking its services or benefits. The facility must be open at least 15 hours a week and have a telephone dedicated exclusively to the organization in the Instructions as Item 1.~~) **Include as ATTACHMENT A supporting statements and/or documentation of substantial local presence and a description of the programs, services, benefits, etc. provided by the organization within the previous year in calendar year 2006 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 local presence is defined as a staffed facility, office or portion of a residence dedicated exclusively to that organization, available to members of the public seeking its services or benefits. The facility must be open at least 15 hours a week and have a telephone dedicated exclusively to the organization~~ Substantial adjacent presence is defined in the Instructions as Item 1.) **Include as ATTACHMENT A supporting statements and/or documentation of substantial presence in an adjacent campaign and a description of the programs, services, benefits, etc. provided by the organization within the previous year in calendar year 2006 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 as providing or conducting real services, benefits, assistance or program activities covering 30 percent of the state's geographic boundaries OR providing or conducting real services, benefits, assistance or program activities affecting 30 percent of the target population in the given state 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 within the previous year in calendar year 2006 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) and the organization is classified as a public charity under 26 U.S.C. 509(a). **Include as ATTACHMENT B a copy of the most recent IRS determination letter as ATTACHMENT B.** 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 either has no expenses connected with lobbying or attempting to influence voting or legislation at the local, State, or Federal level or that such expenses are within the extent permitted for organizations recognized as tax-exempt under 26 U.S.C. 501(c)(3). 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 2006 are reflected in ATTACHMENT A.

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

- I certify that the organization named in the application indicates 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 2007 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 no later than 18 months prior to January 2007.)

- OR -

- I certify that the organization named in the application reports total revenue of \$100,000 - \$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 2007 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 the application reports total revenue of less than \$100,000 on its IRS Form 990 (or pro forma IRS Form 990) covering a period of not more than 18 months prior to January 2007 and has controls in place to insure funds are properly accounted for and that it can provide accurate timely financial information to interested parties.

~~5) I certify that the organization named in the application accounts for its funds in accordance~~

~~with generally accepted accounting principles (GAAP). **Note: The only acceptable basis of accounting under GAAP is the accrual method. Cash basis, modified cash basis and modified accrual basis are not acceptable methods of accounting under GAAP.**~~

66) 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 no later than 18 months prior to January 2007, 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 page 1 and Part V only for a period ending no later than 18 months prior to January 2007. IRS Forms 990 EZ, 990PF, and comparable forms are not acceptable substitutes.)**

~~I certify that the organization named in the application was audited in accordance with~~

~~generally accepted auditing standards (GAAS) by an independent certified public accountant in the immediately preceding year. **Include a copy of the organization's most recently completed audited financial statements as ATTACHMENT C.** Combined and consolidated financial statements are not accepted unless the applicant's financial information is reflected in a separate audited combining or consolidating schedule. **Audited financial statements are not required for organizations with annual revenue of less than \$100,000 on line 12 of the IRS Form 990.** See instructions for additional information.~~

~~-OR-~~

~~I certify that the organization named in the application has annual revenue of less than \$100,000 and therefore is not required to submit audited financial statements in accordance with generally accepted auditing standards by an independent certified public accountant. (Annual revenue is determined by line 12 of the IRS Form 990).~~

~~7) **Include as ATTACHMENT D a copy of the most recently completed IRS Form 990, including signature on page 6 in the box marked "Signature of officer." The preparer's signature alone is not sufficient.** (NOTE: If the Internal Revenue Service does not require your organization to file the Form 990, you **must still complete** one in accordance with IRS regulations to be eligible for the CFC. See instructions for additional information.)~~

87)  ~~Place a check in **one** appropriate box:~~

~~I certify that the administrative and fundraising rate for the organization named in this application is        % ~~has spent 25% or less of its total support and revenue on administrative and fundraising expenses during the year covered by the submitted IRS Form 990. The actual percentage of administrative and fundraising expenses 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" (line 14) to "fund-raising" (line 15) and dividing the resulting total by "total revenue" (line 12). No other method may be used to calculate this percentage.~~

~~- OR -~~

~~I certify that the organization named in this application has spent in excess of 25% of its total support and revenue on administrative and fundraising expenses during the year covered by the submitted IRS Form 990. The actual percentage of administrative and fundraising expenses is        % and this percentage is reasonable under the circumstances. **Include as ATTACHMENT E an explanation of the organization's management, general and fundraising expenses and a formal plan to reduce these expenses to 25% or less of its total support and revenue.**~~

98)  ~~I certify that an active and responsible governing body, whose members have no material        conflict of interest and a majority of which serve 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.

~~— Include as ATTACHMENT F a listing of the organization's board of directors, beginning and ending dates of each member's term of office, and the board's meeting dates and locations for the previous year.~~

~~10) I certify that the organization named in this application prohibits the sale or lease of CFC contributor lists.~~

~~11) I certify that the organization named in this application conducts publicity and promotional activities based upon its actual programs and operations, that these activities are truthful and non-deceptive, include all material facts, and make no exaggerated or misleading claims.~~

~~1211) I certify that the organization named in this application effectively uses the funds contributed by federal personnel for its announced purposes.~~

~~13) I certify that the organization named in this application is chartered/incorporated under a governmental entity. This entity or state is \_\_\_\_\_.~~

~~14) I certify that the organization named in this application has in the preceding year received no~~

~~15) more than 80 percent of its total support and revenues from government sources. (Revenue from government sources must be computed from the IRS Form 990 by dividing line 1c by line 12.)~~

~~15) I certify that the organization named in this application prepares and makes available to the~~

~~public an annual report that includes a full description of the organization's activities and supporting services and identifies its directors/governing body and chief administrative personnel. Include as ATTACHMENT G a copy of the most recently completed annual report. The annual report must cover the fiscal year ending not more than 18 months prior to January of the campaign year to which the organization is applying or the preceding calendar year. A more frequently published document, such as a quarterly newsletter, may be used to meet this requirement provided that such document is available to the general public upon request and describes the organization's activities~~

~~and supporting services and identifies its directors and chief administrative personnel.~~

~~1612)~~  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.~~

~~1713) Include as **ATTACHMENT H-E** the a 25-word statement for listing in the campaign brochure. **NEW(See Instructions Item 15 for additional required information and the new optional taxonomy codes.)** — Each organization can include in their CFC statement up to three program areas, in priority order, which most closely identifies the type of mission, services, and activities provided. The corresponding letters will be printed in your organization's listing in the CFC brochure to assist donors in selecting a charity. The 26 categories are listed in the application instructions.~~

***I CERTIFY THAT I HAVE READ ALL THE CERTIFICATIONS SET FORTH IN THIS DOCUMENT AND AFFIRM THEIR ACCURACY. IN ADDITION, THAT BY CHECKING THE BOX NEXT TO THE STATEMENT, I ACKNOWLEDGE AND AGREE TO COMPLY WITH THAT CERTIFICATION.***

\_\_\_\_\_  
Certifying Official's Signature & Title

\_\_\_\_\_  
Date

**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.