

# COMBINED FEDERAL CAMPAIGN

## 2020 Application for Independent Organizations and Members of Federations

2020 #00000 Independent Application Dashboard

## 2020 Independent Application

CHARITY NAME, CFC #00000

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### Step 1: Charity Contact Information

\* Denotes required field

#### Who You Are

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Contact Person \*

Contact Title \*

Email Address(es) \* (Use semicolons to separate multiple addresses)

OPM will send the eligibility decision and other CFC communication to the email address(es) on file. At least one email address is required, however, applicants are highly encouraged to provide more than one email address. For member organizations, the Federation should enter its own email addresses if it wishes to manage CFC communication on behalf of its member organizations.

## Contact Address

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P.O. Box Accepted.

Address Line 1 \*

Address Line 2

City \*

State \*

Zip \*

Phone Number \*

## Optional Information

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Organization's Website Address (Do not include "http://" in your website address.)

Fax Number

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## Step 2: Application Type

Choose charity type and check box to indicate if you are FSYA/FSYP/MWR.

Select organization type \*

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- Local Charity
- National/International Charity
- International Charity

Select federation membership or independent charity \*

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- This charity is part of a federation.

The parent federation code is

- This charity is independent.

Check FSYA/FSYP/MWR if applicable

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- FSYA/FSYP/MWR

Indicate Military Base Location

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## Step 3: Human Health & Welfare Services

Check box if applicable.

**YES!**

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 2018 are reflected in the Area of Service submitted in the next step of this application, if applicable.

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## Step 4: Areas of Service

**YES!**

I certify that the organization named in this application provided or conducted real services, benefits, assistance, or program activities in 15 or more different states or one foreign country over the three-year period immediately preceding the start of the campaign application year.

You are filing application as a National/International charity and must provide proof of services in a minimum of 15 states or at least 1 international location.

#	State/Country	View	Status
1		<a href="#">View</a>	Review Pending
2		<a href="#">View</a>	Review Pending
3		<a href="#">View</a>	Review Pending

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State/Country of Service Area

Select Your Country

Organization's Dedicated Phone Number

Schedule of Services

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2019 Service Description (including who provided the service; limited to 256 characters)

Monetary Value of Benefit  OR Number of Beneficiaries

2018 Service Description (including who provided the service; limited to 256 characters) - *National/International and International Only*

Monetary Value of Benefit  OR Number of Beneficiaries

2017 Service Description (including who provided the service; limited to 256 characters) - *National/International and International Only*

Monetary Value of Benefit  OR Number of Beneficiaries

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## Step 5: Exemption Status

Select one of three options below.

### Option 1

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- 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) to which contributions are tax deductible pursuant to 26 U.S.C. 170(c)(2) and it is not part of a group exemption.

### Option 2

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- 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) to which contributions are tax deductible pursuant to 26 U.S.C. 170(c)(2) and it is part of a group exemption.

**You must include a current list of subordinates that are covered by the group exemption. The EIN on the applicant's Form 990 must match the EIN on the current list of subordinates.**

No file chosen

### Option 3

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- 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) to which contributions are tax deductible pursuant to 26 U.S.C. 170(c)(2) and it is a bona-fide chapter or affiliate that operates under a national organization's single corporation tax-exemption.

**You must include a letter from your organization's national headquarters, signed by the CEO or equivalent officer, certifying that your local organization (explicitly named in the letter) 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, IRS Form 990 and audited financial statements.** A copy of the national organization's 501(c)(3) letter will be required in the next step.

No file chosen

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## Step 6: IRS Determination Letter

Listing Name ⓘ

Edit DBA Name

CHARITY NAME

Organizations operating under a group exemption are required to submit a current list of subordinates, with EINs, that are covered by the group exemption. Organizations that are chapters or affiliates operating under a national organization must submit a letter from the national headquarters. See instructions on Step 5 for additional information on requirements that must be included in the documentation.

**DBA Name:**

**IRS Name:** CHARITY NAME

Upload state letter authorizing DBA

Choose File No file chosen

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## Step 7: Revenue

Select one of three options below.

### Option 1

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- I certify that the organization named in the application has annual revenue of \$250,000 or more as reported on the IRS Form 990 (Attachment C/Step 8) and 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).

**UPLOAD REQUIRED DOCUMENT: Attachment B**

A copy of the auditor's report and the complete audited financial statements for a fiscal period ending not more than 18 months prior to January 2019.

No file chosen

### Option 2

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- I certify that the organization named in the application has annual revenue of at least \$100,000 but less than \$250,000 as reported on the IRS Form 990 (Attachment C/Step 8), accounts for its funds on an accrual basis in accordance with generally accepted accounting principles (GAAP) and has either an audit or a review of its fiscal operations completed annually by an independent certified public accountant.

**UPLOAD REQUIRED DOCUMENT: Attachment B**

A copy of the complete reviewed statements or audited financial statements with the auditor's report for a fiscal period ending not more than 18 months prior to January 2019.

No file chosen

### Option 3

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- I certify that the organization named in the application has annual revenue of less than \$100,000 as reported on the IRS Form 990 (Attachment C/Step 8). The organization has controls in place to ensure that funds are properly accounted for and is able to provide accurate and timely financial information to interested parties. (Financial statements are not required.)



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## Step 8: IRS Form 990 or Pro Forma IRS Form 990

Select option and upload Attachment C.

### Option 1

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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.

**UPLOAD REQUIRED DOCUMENT: Attachment C**

A copy of the complete IRS Form 990 for a period ending not more than 18 months prior to January 2019, including signatures in the box marked "Signature of Officer" or in either IRS Form 8879-EO or IRS Form 8453-EO. The preparer's signature alone is not sufficient. IRS Forms 990EZ, 990PF, and comparable forms are not acceptable substitutes.

No file chosen

### Option 2

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I certify that the organization named in this application is not required to prepare and submit an IRS Form 990 to the IRS.

**UPLOAD REQUIRED DOCUMENT: Attachment C**

A copy of the complete pro forma IRS Form 990 for a period ending not more than 18 months prior to January 2019, including signatures in the box marked "Signature of Officer" or in either IRS Form 8879-EO or IRS Form 8453-EO. The preparer's signature alone is not sufficient. IRS Forms 990EZ, 990PF, and comparable forms are not acceptable substitutes.

No file chosen

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## Step 9: Administrative and Fundraising Rate (AFR)

Fill in the required fields with information from the IRS Form 990 and confirm the AFR.

\$	Management & General Expenses ⓘ
\$	Fundraising Expenses ⓘ
\$	Total Revenue ⓘ

Your AFR is: %

AFR = total expenses divided by total revenue X 100

Confirm Your AFR

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**YES!**

I certify that the administrative and fundraising rate (AFR) for the organization named in this application is the AFR Calculated from entry above. This percentage has been computed from information on the IRS Form 990 submitted with this application.

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## Step 10: Governing Body

Fill in required fields with information from Form 990.

**YES!**

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. For the majority of the board to be considered uncompensated, less than 50% of the people marked as either Institutional trustee or Individual trustee or director in column C of Part VII may have any compensation showing in columns D, E or F. If 50% or more have any compensation in those columns, the majority of the board is not considered uncompensated.

**Number of Trustees / Institutional Trustees** ⓘ

**Number of Voting Members of the Board** ⓘ

If the number of trustees or institutional trustees is fewer than the number of voting members, you must provide an explanation to justify the discrepancy. To remedy the discrepancy, you may need to amend your IRS Form 990 with the IRS and submit the corrected version with your CFC application.

**Explanation of discrepancy (1000 characters max)**

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## Step 11: Verifying Statements

Check box to confirm that all the following statements are true.

**YES!**

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

**YES!**

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.

**YES!**

I certify that the organization named in this application effectively uses the funds contributed for its announced purposes.

**YES!**

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 immediately.

## 2020 Independent Listing

CHARITY NAME, CFC #00000

### Listing Fee

\$ X.00

### Listing Name

A CHARITY (CHARITY NAME)

DBA Name: A CHARITY

IRS Name: CHARITY NAME

### Listing Statement

[Edit Statement](#)

256 CHARACTERS STATEMENT:

Lorem ipsum dolor sit amet, consectetur adipiscing elit, sed do eiusmod tempor incididunt ut labore et dolore magna aliqua. Ut enim ad minim veniam, quis nostrud exercitation ullamco laboris nisi ut aliquip ex ea commodo consequat.

### Organization's Dedicated Phone Number

[Edit Number](#)

(000) 000-0000

### Charity AFR

X.X% 

### Bank Information

[Edit Bank](#)

Your donation deposits will be made to this account.

Bank Name – account ending XXXX

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The CFC Pledge System will immediately acknowledge donor's gifts with a statement expressing thanks and an organization-specific explanation of what the donor's gift will be used to fund. You may enter that statement here (optional; limited to 1,000 characters, including spaces, carriage returns, and line breaks.)

## CFC Auto-Response Element (CARE) Statement:

[Edit Statement](#)

Thank you for your gift to A Charity. Your gift goes a long way to provide for those in need. With the help of people like you, A Charity makes this impact by doing examples of services provided.

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## Category Codes

[Edit Codes](#)

**z | z | z**

[View Categories](#)

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## Charity Logo Cannot be larger than 500KB

No file chosen

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## Volunteer Information

Please provide volunteer information as appropriate. Changes to this section will be auto-saved.

**YES**  **NO** — Organization provides volunteer opportunities.

**YES**  **NO** — Organization would like to solicit volunteer time from federal employees.

**Estimated monetary value to your organization per hour of volunteer time.**