

COMBINED FEDERAL CAMPAIGN

2020 Application for Family Support and Youth Activities/Programs

2020 #00000 Independent Application Dashboard

2020 Independent Application

FSYA/FSYP NAME, CFC #00000

Step 1: Charity Contact Information

* Denotes required field

Who You Are

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

P.O. Box Accepted.

Address Line 1 *

Address Line 2

City *

State *

Zip *

Phone Number *

Optional Information

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

Fax Number

2020 Independent Application

FSYA/FSYP NAME, CFC #00000

Step 2: Application Type

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

Select organization type *

- Local Charity
- National/International Charity
- International Charity

Select federation membership or independent charity *

- This charity is part of a federation.

The parent federation code is

- This charity is independent.

Check FSYA/FSYP/MWR if applicable

- FSYA/FSYP/MWR

Indicate Military Base Location

2020 Independent Application

FSYA/FSYP NAME, CFC #00000

Step 2a: Base Commander Letter

UPLOAD REQUIRED DOCUMENT

Attach a copy of a letter from your Base Commander confirming FSYA/FSYP/WFR type and location..

 No file chosen

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

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.

Category Codes

[Edit Codes](#)

z | z | z

[View Categories](#)

Charity Logo Cannot be larger than 500KB

No file chosen

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.