

# COMBINED FEDERAL CAMPAIGN

## 2020 Application for Federations

2020 #00000 Federation Package > Federation Application Dashboard

## 2020 Federation Application

FEDERATION NAME, CFC #00000

---

### Step 1: Federation 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.

## 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 Federation Application

FEDERATION NAME, CFC #00000

---

## Step 2: Application Type

Choose federation type.

**Local Federation**

I certify that the federation named in this application has

**member organizations**

that individually meet the eligibility criteria for local organizations in 5 CFR § 950.202 and §950.203.

---

**National Federation**

I certify that the federation named in this application has

**member organizations**

that individually meet the eligibility criteria for national/international organizations in 5 CFR §950.202 and §950.203.

---

**International Federation**

I certify that the federation named in this application has

**member organizations**

that individually meet the eligibility criteria for international organizations in 5 CFR § 950.202 and §950.203 by providing real services, benefits, assistance, or program activities in at least one foreign country over the previous three years.

# 2020 Federation Application

FEDERATION NAME, CFC #00000

---

## Step 3: List of Member Organizations

### **UPLOAD List of Member Organizations**

A list of all eligible member organizations that meet all National/International or Local List eligibility criteria in 5 CFR §950.202 and §950.203 must be submitted. The list must include each member organization's five-digit CFC codes (if applicable), name as it appears in the IRS Business Master File, and "Doing Business As" name (if applicable), EIN, and administrative and fundraising rates. The physical address of each member must also be included.

No file chosen

---

# 2020 Federation Application

FEDERATION NAME, CFC #00000

---

## Step 4: IRS Determination Letter

You are required to upload IRS determination letter.

**YES!**

I certify that the Internal Revenue Service (IRS) recognizes the federation 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).

### UPLOAD DOCUMENT

Attach a copy of the most recent IRS determination letter.

No file chosen

---

## Listing Name

FEDERATION NAME

**DBA Name:**

**IRS Name:** FEDERATION NAME

Upload state letter authorizing DBA

No file chosen

# 2020 Federation Application

FEDERATION NAME, CFC #00000

---

## Step 5: Human Health & Welfare Services

Check box if applicable.

**YES!**

I certify that the federation named in this application is a human health and welfare federation and either it or its member organizations provide services, benefits, or assistance to, or conduct activities affecting, human health and welfare. Services, benefits, assistance, or program activities affecting human health and welfare were provided in calendar year 2019.

# 2020 Federation Application

FEDERATION NAME, CFC #00000

---

## Step 6: GAAP

Select the appropriate option.

**Option 1**

I certify that the federation named in the application 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).

**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 2020 which verifies that the federation is honoring designations made to each member organization by distributing a proportionate share of receipts based on donor designations to each member.

No file chosen

---

**Option 2**

I certify that the federation named in this application accounts for its funds on an accrual basis in accordance with generally accepted accounting principles (GAAP), but has been operating for less than two years from the date of the IRS tax exemption letter to the closing date of the CFC application period and therefore is not required to submit audited financial statements.

# 2020 Federation Application

FEDERATION NAME, CFC #00000

---

## Step 7: IRS Form 990 or Pro Forma IRS Form 990

Select option and upload Attachment C.

### Option 1

---

- I certify that the federation named in this application prepares and submits to the IRS a complete copy of the federation'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 2020, 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

---

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

**UPLOAD REQUIRED DOCUMENT:** Attachment C

A pro forma IRS Form 990 for a period ending not more than 18 months prior to January 2020. See application instructions for pro forma IRS Form 990 requirements. IRS Forms 990 EZ, 990PF, and comparable forms are not acceptable substitutes.

No file chosen



# 2020 Federation Application

FEDERATION NAME, CFC #00000

---

## Step 8: Administrative and Fundraising Rate (AFR)

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

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

Your AFR is: %

AFR = total expenses divided by total revenue X 100

Confirm Your AFR:

---

**YES!**

I certify that this is the administrative and fundraising rate (AFR) for the federation named in this application. This percentage is computed only from information on the IRS Form 990 submitted with this application.

# 2020 Federation Application

FEDERATION NAME, CFC #00000

---

## Step 9: Governing Body

Check box and upload required attachment.

**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 federation 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.

**UPLOAD REQUIRED DOCUMENT:** Attachment D

A complete list of the federation's board of directors with the beginning and end date of each board member's current term of office and the board's meeting dates and locations for calendar year 2019.

No file chosen

# 2020 Federation Application

FEDERATION NAME, CFC #00000

---

## Step 10: Verifying Statements

Check box to confirm.

**YES!**

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

**YES!**

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

**YES!**

I certify that the federation named in this application does not employ, in its CFC operations, the services of private consultants, consulting firms, advertising agencies or similar business organizations to perform its policy-making or decision-making functions in the CFC.

**YES!**

I certify that the federation 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 immediately notify OPM's Office of CFC.

# 2020 Federation Listing

FEDERATION NAME, CFC #00000

## Listing Fee

\$ X.00

## Listing Name

A FEDERATION (FEDERATION NAME)

DBA Name: A FEDERATION

IRS Name: FEDERATION 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 Federation. Your gift goes a long way to provide for those in need. With the help of people like you, A Federation 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.