

# COMBINED FEDERAL CAMPAIGN

## 2023 Application for Independent Organizations and Members of Federations

2023 #00000 Independent Application Dashboard

### 2023 Independent Application

BUCKS4CHARITIES, CFC #

**You are providing a FULL APPLICATION this year.**

Step 1: Charity Contact Information

#### 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

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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

## Step 2: Application Type

### Selected organization type

- Local Charity
- National/International Charity
- International Charity

### Selected 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 Installation

## Step 3: Human Health & Welfare Services Verification Statement

Select "YES!" to certify the statement below.

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 2021 are reflected in the Area of Service submitted in the next step of this application, if applicable.

## Step 4: Areas of Service(s)

**Areas of Service(s) must be required.**

**Select "YES!" to certify the statement below**

**YES!**

I certify that the organization named in the application has a substantial local presence in the geographical area covered by the local campaign.

#	Zone Name	Status
1	National Capital Area/Northern Virginia CFC Zone Hours of Operation (limited to 256 characters) Hours of Operation Per Each Day of the Week (Example: Monday-Friday, 9AM - 5PM; Saturday, 10AM - 3PM; Sunday, Closed)	<input type="checkbox"/> Review Pending

### Web-Based / Virtual Services

**Were any of the above reported services web-based?**  No  Yes

**Note:** Per 5 CFR §950.202(a)(1)(iii), for each web-based/virtual service that your organization reported, it must submit:

- Service log or other record indicating geographic distribution (i.e City/state and/or country)
- Scope of services received by users, in addition to
- Two of the following:
  - Evidence of website registration;
  - Summary reports documenting customer feedback; and/or
  - Evidence that recipients of web-based services paid a fee.

*Reports that reflect only the number of hits or visits to a website are not sufficient to establish the provision of real services.*

**To submit the required documentation, upload a .pdf that lists information by relevant geographic area based on CFC zone (i.e. local, National/International or International), and year.**

No file chosen

WebService File Uploaded

# 2023 Areas of Service - Local Charity

## Service Office Address

Use existing charity address:

1199 North Fairfax Street  
Suite 300  
Alexandria, VA, 22314

Use new address

## Schedule of Services

### 2022 Service Description

**How:** (Explain how the services were provided)

**Who:** (Benefited from the Service(s))

**What:** (Provide a description of the actual services, benefits, assistance, or program activities provided)

**Where:** (Provide City, State and/or counties where the services were delivered)

Test

**When:** (Provide beginning and end dates of when the services were provided. If onetime activities, end dates do not need to be selected)

**One-time** Check only if the reported service was a one-time activity. The "Start date" will need to be entered but the "End date" will be disabled.

Start date End date:

Monetary Value of Benefit

3

OR Number of Beneficiaries

Step 5: Verification of 501(c)(3) Tax-Exempt Status

Select “YES!” to certify one of the statements 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.

Organizations that are part of a group exemption are those recognized by the IRS as affiliated with a central or parent organization that generally operates on a state, regional, or national level. The IRS issues a group exemption letter that includes the listing of central and subordinate organizations that are included in the group ruling. In most cases, each central and subordinate organization will have its own Employer Identification Number (EIN) which will be listed in the group exemption letter and can be found in the IRS Business Master File.

Option 2-A Is your organization affiliated with a place of worship and/or religious organization?

Yes

No

If Yes...For an organization that is affiliated with a place of worship such as a church, it must submit the official and most recent subordinate listing approved by the central organization (e.g. page from the US Catholic Directory that shows the organization is listed in the church directory and is part of the group exemption).

Upload

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.

a letter from the central organization from the central/parent organization's headquarters, signed by the CEO or equivalent officer, is required. The letter (referred to as the CEO letter) must certify that your local organization (explicitly named in the letter) operates as a bona-fide chapter or affiliate in good standing of the national, state, or regional organization and it is covered by the national central/parent organization's 501(c)(3) tax-exemption, IRS Form 990 and audited financial statements. A copy of the central/parent organization's 501(c)(3) determination or affirmation letter must also be submitted along with the letter.

## Step 6: IRS Determination or Affirmation Letter

**Your organization's EIN was not found in the IRS Business Master File. An IRS determination or affirmation letter is required.**

**Select "YES!" to certify statement below.**

**YES!**

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).

IRS determination or affirmation letter uploaded

Doing Business As (DBA)/Listing Name

## Test Ind 2

Annual CFC charity lists are obligated to list the legal names of the charitable organizations that are approved to participate in the campaign. The legal name of the organization is associated with the CFC applicant's EIN which both can be found in the IRS Business Master File. A DBA (doing business as) name is any organization name other than its legal name. DBA names may also be known as fictitious names or assumed business names.

An organization may submit a request to be listed with a DBA name along with its legal name if it submits documentation issued by a state or other government entity that approved the organization to use a DBA (e.g. fictitious, assumed business, trade, etc.) name. Organizations are encouraged to submit DBA name requests with acceptable documentation with the CFC application to resolve discrepancies in the legal name of the organization listed on the CFC application, financial statements and/or IRS Form 990 or pro forma IRS form 990. Discrepancies found with the organization's legal name and with the financial statements and tax return is a deficiency and may result in an adverse eligibility determination.

The documentation must bear both the legal name (as recognized by the IRS and shown below) and the DBA name, and expressly state the DBA name is registered or otherwise approved for use. Such documentation that presents an expiration date must not have expired. Acceptable documentation may include IRS-issued group exemption, determination and/or affirmation letters, a filed IRS Form 990 that lists the DBA name, and CEO letter for organizations that are chapters/affiliates.

**DBA Name:**

**Legal name of the organization:** Test Ind 2

## Step 7: Financial Statements

Select “YES!” to certify one of the statements below.

**Based on the organization’s total revenue (Part VIII, Line 12, Column A) reported in the IRS Form 990, verify that the correct certification was selected on Step 7 and if the appropriate financial statements were submitted. If not, the application should be a "Fail".**

### 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 (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).

Audited Financial Statement Uploaded

**Fiscal period end date:**

### 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 (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.

### 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 (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.)

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

**Select “YES!” to certify one of the statements below.**

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.

IRS Form 990 Uploaded

**PLEASE ENTER DETAILS FOR THE CURRENT FORM 990**

**Please enter details for the current Form 990**

Fiscal period start  date:  
Fiscal period end  date:

**Accounting Method:** Cash

**Is the uploaded tax return signed and dated by an Officer at the Organization?**

- Yes
- No

### Electronic Signature of Officer

The IRS Form must be signed and dated by an officer at the organization. The document can be electronically signed on this step of the CFC application.

**YES!**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

An officer who is authorized to sign the organization's tax document may be the organization's president, vice president, treasurer, assistant treasurer, chief accounting officer or other corporate or association officer, such as a tax officer.

**Please note:** The tax preparer's signature will not be accepted in lieu of a signature from an officer at the organization.

Full Name

John Doe

Title

Director

Initials

JD

### Option 2

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

Step 9: Administrative and Fundraising Rate (AFR)

Based on the organization's total revenue (Part VIII, Line 12, Column A) reported in the IRS Form 990 or pro forma IRS Form 990, verify that the correct certification was selected on Step 7 and if the appropriate financial statements were submitted. If not, the application should be a "Fail".

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

**NOTE: When entering the organization's total revenue (Part VIII, Line 12), General and Management Expenses (Part IX, Line 25, Column C), and Fundraising expenses (Part IX, Line 25, Column D), round up to the nearest dollar. The system does not accept decimals.**

<input type="text"/>	Management & General Expenses <input type="checkbox"/>
<input type="text"/>	Fundraising Expenses <input type="checkbox"/>
<input type="text"/>	Total Revenue <input type="checkbox"/>

Your AFR is: **59.1%**

AFR = total expenses divided by total revenue X 100

Confirm organization's AFR and select "YES!" to certify the statement below.

**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 or pro forma IRS Form 990 submitted with this application.

Step 10: Governing Body

Select "YES!" to certify the statement below.

**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,

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.

Enter **number of Individual and/or Institutional Trustees reported on Part VII, Column C of the IRS Form 990 or pro forma IRS Form 990 submitted on Step 8.**

Enter **Number of Voting Members of the Board reported on Part I, Line 3 of the submitted IRS Form 990 or pro forma IRS Form 990 submitted on Step 8.**

If the number of individual and/or or institutional trustees is fewer than the number of voting members, an explanation for the discrepancy must be provided below. If the organization is required to submit an IRS Form 990 to the IRS, the organization may need to make the corrections in the document and then amend it with the IRS before submission with the CFC application. A previously filed tax return that was edited but not amended with the IRS will not be accepted.

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

1000 characters remaining

**Step 11: Verification Statements**

“YES!” to certify the statements below.

**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.