

**2016 CFC APPLICATION**  
**DEADLINE: October 20, 2015**



**APPLICATION FOR THE 2016 COMBINED FEDERAL CAMPAIGN**  
**APPLICANT CONTACT INFORMATION**

**ORGANIZATIONAL INFORMATION:**

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

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

5-digit CFC Code: \_\_\_\_\_  
(if unknown, leave blank)

Public Phone: \_\_\_\_\_  
(To be used in all printed marketing materials)

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Primary Mailing Address:  
\_\_\_\_\_  
\_\_\_\_\_

Street Address (if P.O. Box is primary address):  
\_\_\_\_\_  
\_\_\_\_\_

**Organization Primary Contact:** \_\_\_\_\_  
*The Primary Contact is the first point of contact for most communications regarding CFC applications, campaign communications and general inquiries .*

Title: \_\_\_\_\_ Direct telephone: \_\_\_\_\_

Email Address: \_\_\_\_\_



## CFC CERTIFYING STATEMENTS

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

National/International Part

- 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. **(Include as ATTACHMENT A, a schedule listing those states or foreign countries where the program activities have been provided over the last three (3) calendar years and a detailed description of the activities, including the year in which those services were provided, in each state or foreign country listed.)**

- OR -

International Part

- I certify that the organization named in this application provided or conducted real services, benefits, assistance, or program activities in a foreign country over the three-year period immediately preceding the start of the campaign application year. **(Include as ATTACHMENT A, a schedule listing each country where program activities have been provided over the last three (3) calendar years and a detailed description of the program activities, including the year in which those services were provided in each country listed.)**
- 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) to which contributions are tax deductible pursuant to 26 U.S.C. 170(c)(2). **(Include as ATTACHMENT B a copy of the most recent IRS determination letter.)**
- 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 2015 are reflected in ATTACHMENT A.
- 4)  I certify that the organization 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). **(Include as ATTACHMENT C a copy of the organization's most recent audited financial statements for a fiscal period ending on or after June 30, 2014.)**

5) Place a check in 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 on or after June 30, 2014, 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 on or after June 30, 2014. IRS Forms 990 EZ, 990PF, and comparable forms are not acceptable substitutes.)** [Download Pro Forma 990 Template.](#)

6)  I certify that the administrative and fundraising rate for the organization named in this application is \_\_\_\_%. This percentage has been computed from information on the IRS Form 990 (or Pro Forma 990) submitted with this application by adding the amount spent on "management and general" to "fundraising" and dividing the resulting total by "total revenue."

**Please enter the following figures from your Form 990 (or Pro Forma 990).** The resulting AFR percentage will automatically populate above:

1. Enter Management and General Expenses: \_\_\_\_\_  
*(Form 990, Page 10, Line 25, Column C)*
2. Enter Fundraising Expenses: \_\_\_\_\_  
*(Form 990, Page 10, Line 25, Column D)*
3. Enter Total Revenue: \_\_\_\_\_  
*(Form 990, Page 9, Line 12, Column A)*

If you are completing this form by hand, to calculate the AFR percentage you must use the instructions below:

Add items 1 and 2 and divide the sum by 3 (total revenue). Multiply the result by 100 to obtain a percentage figure, then round to the nearest tenth (one figure to the right of the decimal). For example, 15.44% rounds to 15.4%; 15.45% rounds to 15.5%; exactly 15% should be written as 15.0%. No other method may be used to calculate this percentage.

- 7)  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.
- 8)  I certify that the organization named in this application prohibits the sale or lease of CFC contributor lists.
- 9)  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.
- 10)  I certify that the organization named in this application effectively uses the funds contributed for its announced purposes.
- 11)  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.

**CERTIFYING OFFICIAL**

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

authorized to certify and affirm all statements enclosed in this application. I certify that I have read all the certifications set forth in this document and affirm their accuracy. In addition, by checking the box next to the statement, I acknowledge and agree to comply with that certification.

_____	_____
<i>(Signature)</i>	<i>(Title)</i>
_____	_____
<i>(Typed or printed name)</i>	<i>(Date)</i>

Please print this form and sign it with an original signature. You will need to upload a scanned copy of the signed Certifying statements. **Electronic signatures, stamps, or images are not acceptable.**