

COMBINED FEDERAL CAMPAIGN
20__ MEMBERS APPLICATION FOR
INSTITUTE FOR BLACK CHARITIES FEDERATION



Organization: _____

(If the name of the organization is different from the name, which appears on the IRS Form 990, official documentation authorizing this name change must accompany the application. The Federal Tax ID Number must be included.)

Address: _____

(Post Office Box addresses are not accepted and may result in automatic disqualification)

City/State/Zip _____

Telephone: _____

Fax _____

Internet Website: _____

E-Mail Address: _____

Contact Person: _____

Contact Address: _____

(If different from the above address -- All OPM correspondence will be sent to this address.)

Federal Tax ID # _____

5 Digit CFC Number (If a participant in the last year's CFC): ____ _

CERTIFYING OFFICIAL

I, _____, am the duly appointed representative
(Name)

of _____ authorized to certify and affirm all statements
(Organization)

in this application.

(Signature)

(Typed or Printed Name)

Date Completed _____

(Title)

1) **Days and Hours of Operation:** _____

County and State Where Office is Located: _____

Place a check in the *one* appropriate box:

- I certify that the organization named in the application has a substantial local presence in the geographical area covered by the local campaign. (*Substantial local presence is defined in the Instructions as Item 1.*) **Include as ATTACHMENT A supporting statements and/or documentation of substantial local presence in the geographical area covered by the local campaign and a description of the programs, services, benefits, etc. provided by the organization in calendar year prior to this application and how those programs, services, benefits, etc. affect human health and welfare of the target population.**

-OR-

- I certify that the applicant organization named in the application has a substantial local presence in the geographical area covered by an adjacent local campaign. (*Substantial adjacent presence is defined in the Instructions as Item 1.*) **Include as ATTACHMENT A supporting statements and/or documentation of substantial presence in the geographical area covered by an adjacent campaign and a description of the programs, services, benefits, etc. provided by the organization in calendar year prior to this application and how those programs, services, benefits, etc. affect human health and welfare of the target population.**

-OR-

- I certify that the organization named in the application has a substantial statewide presence. (*Substantial statewide presence is defined in the Instructions as Item 1.*) **Include as ATTACHMENT A supporting statements and/or documentation of substantial statewide presence and a description of the programs, services, benefits, etc. provided by the organization in calendar year prior to this application and how those programs, services, benefits, etc. affect human health and welfare of the target population.**

- 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) and to which contributions are tax deductible pursuant to 26 U.S.C. 170(c)(2) and the organization is classified as a public charity under 26 U.S.C. 509(a). **Include as ATTACHMENT B a copy of the most recent IRS determination letter.**

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

- I certify that the organization named in this application is not part of a group exemption.

- OR -

- I certify that the organization named in this application is part of a group exemption.

- OR -

- I certify that the organization named in this application is a bona-fide chapter or affiliate that operates under a national organization's single corporation tax-exemption.

- 4) 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 prior year to the campaign in which applying as **ATTACHMENT A**.

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

- I certify that the organization named in this application reports total revenue of \$250,000 or more on its IRS Form 990 (or pro forma IRS Form 990) covering a period ending not more than 18 months prior to January 2007 and meets *both* of the following two conditions:
- accounts for its funds on the 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 no later than 18 months prior to campaign year in which applying.)**
- OR -
- I certify that the organization named in this application reports total revenue of at least \$100,000 but less than \$250,000 on its IRS Form 990 (or pro forma IRS Form 990) covering a period ending not more than 18 months prior to January 2007 and meets *both* of the following two conditions:
- 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).
- OR -
- I certify that the organization named in this application reports total revenue of less than \$100,000 on its IRS Form 990 (or pro forma IRS Form 990) covering a period ending not more than 18 months to the campaign year in which applying and has controls in place to ensure funds are properly accounted for and that it can provide accurate timely financial information to interested parties.

6) Check 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 no later than 18 months prior campaign year in which applying, 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 no later than 18 months prior to campaign year in which applying. IRS Forms 990 EZ, 990PF, and comparable forms are not acceptable substitutes.)**
- 7) 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 submitted with this application by adding the amount spent on "management and general" (line 14) to "fund-raising" (line 15) and dividing the resulting total by "total revenue" (line 12).
- 8) 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.
- 9) I certify that the organization named in this application prohibits the sale or lease of CFC contributor lists.
- 10) 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.

- 11) I certify that the organization named in this application effectively uses the funds contributed for its announced purposes.
- 12) 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.
- 13) Include as **ATTACHMENT E** a 25-word statement for listing in the campaign brochure.

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.

Certifying Official's Signature & Title

Date

NOTE: Applications will not be accepted if submitted electronically or by facsimile. The certifying official's signature must be original.

ATTACHMENTS MUST BE INCLUDED WITH APPLICATION:

ATTACHMENT A) a detailed description of all programs, services and activities provided in the local area or statewide for the previous year. Indicate the number and type of individuals or organizations that received the service or benefits, specific locations where services or benefits were provided and the dates on which services or benefits were provided or conducted.

ATTACHMENT B) Provide a copy of the current 501(c) 3 tax exempt letter

ATTACHMENT C) Provide a copy of the IRS Form 990

ATTACHMENT D) Provide a copy of the audited financial statements, if required (See #5)

ATTACHMENT E) Provide a statement in **25 words or less** that describe the services and programs provided by the organization or _____ check here if you would like to use your previous year's statement.