



# COMBINED FEDERAL CAMPAIGN

## 2002 Application Instructions for National/International Unaffiliated Organizations

### **BACKGROUND**

Enclosed is the model application for participation by national/international organizations in the Combined Federal Campaign. The following instructions and form are intended to assist charitable federations in applying for participation in the CFC. All aspects of the CFC, including eligibility for participation, are strictly governed by Federal regulation. Copies of current CFC regulations are available in Adobe Acrobat PDF and Word on our website at [www.opm.gov/cfc](http://www.opm.gov/cfc). Additional copies of the application can also be downloaded from the website. The Office of Personnel Management (OPM) encourages organizations to apply early. The application deadline for unaffiliated organizations and federations seeking national eligibility is **5:00 p.m. Eastern Standard Time, Thursday, January 31, 2002, but applications may be sent to the Office of CFC Operations as early as December 1, 2001.** A timely application must be received by the deadline at the following address:

Office of Personnel Management  
Office of CFC Operations  
Room 5450  
1900 E Street, NW  
Washington, DC 20415

All required documents and attachments must be complete and submitted before the application deadline. ***Applicants submitting missing, incomplete or out of date documents will not be permitted to correct their applications during the appeals process.*** All organizations that apply for national eligibility and are found ineligible have ***one*** opportunity to appeal to the Director of OPM. The Director's decision is final for administrative purposes. Therefore, appellants should insure that their appeals are complete and responsive to the actual reasons for the original denial decision.

***OPM suggests that national organizations use the model application provided when applying to the CFC. While not required, the submission of this form will expedite the processing of individual applications.***

*Organizations applying as a member of a federation can not apply as an unaffiliated organization.*

**If two applications are submitted, the federation application will not be considered.**

**FAXES OR ELECTRONIC SUBMISSIONS OF APPLICATIONS ARE NOT ACCEPTED**

### **INSTRUCTIONS**

#### **Organization**

Legal name of the applicant 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.

#### **4 Digit CFC No.**

The number assigned to the organization in the previous year's campaign, if applicable.

#### **Address**

Self-explanatory - Post Office Box addresses will not be accepted.

#### **Telephone**

Self-explanatory

**Contact Person**

Self-explanatory

**E-Mail**

Self-explanatory

**Address**

Contact person address if different than the organization's address. Post Office Boxes may not be used.

**Telephone**

Of contact if different than organization.

**Home Page Address**

List the complete Internet address of the applicant organization. (no e-mail)

**Certifying Official**

Self-explanatory

**International Organization Designation – IMPORTANT: Check the box International Section *only if your organization would like to appear in the International section of the CFC brochure.***

**Item 1**

Check the one appropriate box. **Include as Attachment A.** CFC eligibility requirements mandate that National/International List organizations demonstrate the services were provided in at least 15 states or one foreign country. Simply providing a list of states or countries where an organization conducts real services, benefits or program activities is not sufficient. Organizations must provide a detailed description of the services and activities they provided in each state or foreign country over the last 3 years.

**Item 2**

**Include as Attachment B the most recent IRS determination letter.** Also include a letter from the IRS or other state issued documentation authorizing any legal name change. *Interim 501(c)(3) letters with expiration dates beyond 12/31 will be accepted only with documentation from the IRS showing the organization will continue its 501(c)(3) status.)*

**Item 3**

Check the one appropriate box.

**Item 4**

**Include as Attachment C a detailed description of the programs, services, benefits, etc. provided by the organization and how those programs, services, benefits, etc benefit the health and/or welfare of the target population.**

**Item 5**

If the organization is required to submit audited financial statements, the certifying official must verify that the organization uses the accrual method of accounting. ***A cash based accounting method will result in a denial.***

**Item 6**

**Include as Attachment D a copy of the organization's annual audit.** Compiled audits are not accepted because they do not break out individual figures for the applicant organization. Consolidated audits must include a separate section on the applicant. *The audit must cover the fiscal period ending not more than 18 months prior to the January of the campaign year to which the organization is applying. The IRS Form 990 and audit must cover the same fiscal period. If revenue and expenses on the two documents differ, these amounts must be reconciled by a certified public accountant in either an accompanying signed statement or in the IRS Form 990, Parts IV-A & IV-B.)*

**Item 7**

**Include as Attachment E a copy of the most recently completed, signed IRS Form 990, including signature on page 6 in the block marked "Signature of officer". The preparer's signature alone is not sufficient.** *A completed Form 990 is required to be eligible for the CFC even if the Internal Revenue Service does not require your organization to file the Form 990. IRS Forms 990EZ, 990PF, and comparable forms will not be accepted. However, smaller organizations that file Form 990EZ may submit it with pages 1 & 2 of the Form 990 attached. The IRS Form 990 and audit must cover the same period. If the revenue and expenses on these two documents differ, a certified public accountant must reconcile these amounts.*

**IMPORTANT NOTES:**

**For reconciliation, filling out Page 4 of the IRS**

**Form 990 is preferred by OPM. OPM will not do calculations to reconcile information. All IRS Forms 990 MUST be signed on page 6 in the block marked "Signature of officer". Several organizations use cash basis accounting for their IRS Form 990's, and accrual basis of accounting for their audits. While these organizations may be able to reconcile the differences, two different methods of accounting will not be accepted.**

**Item 8**

Check the one appropriate box. The annual percentage for administrative and fundraising expenses is computed *only* from IRS Form 990 by adding the amount spent on "management and general" (line 14) to "fundraising" (line 15) and the dividing the resulting total by "total revenue" (line 12). **If the annual percentage for administrative and fundraising expenses is greater than 25.04%, include as Attachment F a detailed justification of the organization's management, general and fundraising expenses and a formal plan to reduce expenses to 25% or less.** Failure to separately submit an acceptable justification and plan for reducing expenses may result in a denial.

**Item 9**

Self-explanatory

**Item 10**

Self-explanatory

**Item 11**

Self-explanatory

**Item 12**

Self-explanatory

**Item 13**

Fill-in name of State or Entity.

**Item 14**

Organizations receiving over 80% of revenue from government sources are not eligible to participate in the CFC. Sign only if revenue from government sources, line 1c on IRS Form 990, is 80% or less of line 12 of IRS Form 990. (Divide line 1c by line 12.) Medicare and Medicaid do not apply.

**Item 15**

**Include as Attachment G a copy of the completed annual organization's most recently report.** (The annual report must cover the fiscal year ending

*not more than 18 months prior to January of the campaign year to which the organization is applying or the preceding calendar year. It must contain a full description of the organization's activities and supporting services and identify its directors and chief administrative personnel.) Attachment G should also include information about the terms of office for the applicant's governing board's officers and members and the dates, times and places of their meetings over the past year.*

**Item 16**

**Include as Attachment H, a statement in 25-words or less that describes real services, benefits or program activities the organization provides.** (Attachment "H" must be a 3.5 disk)

The statement should not repeat the organization's name, but must include the legal name as registered with the IRS if the organization does business under a different name. All organizations must include their IRS Employee Identification Number regardless of whether or not they are operating under a "dba". The legal name listing and EIN will NOT count as part of the 25-word statement. An Internet web page address where information on the organization can be obtained may be included and will not count towards the 25 words. (OPM will not be responsible for incorrect web page addresses). E-Mail addresses are not accepted.

Special design text used to draw attention to an organization, such as special fonts, capitalization, quotations, and underlining, are not accepted. **Any statement that uses special features, or exceeds 25 words will be edited by OPM.** Organizations will be listed by their legal IRS recognized name as it appears on the IRS Form 990 only unless the appropriate legal documentation permitting otherwise is provided with the application. The appropriate format is as follows and must be submitted on a 3.5 disk in Word or WordPerfect format (Indicate if any changes have been made to the previous year's statement.):

**0000 Name of Organization** 202-555-1234  
www.opm.gov/cfc (Legal Name of Organization, if applicable\*\*) EIN 123456789 The description will contain no more than 25 words. It should be worded so the donor understands the program services provided. **4.2%**

# COMBINED FEDERAL CAMPAIGN

## 2002 APPLICATION FOR NATIONAL/INTERNATIONAL UNAFFILIATED ORGANIZATIONS

(Federation members must complete this application to be kept on file by their federation. This is an annual requirement. The application may be requested by OPM.)

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.)*

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

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

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

Telephone: \_\_\_\_\_

Contact Person: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Contact Address: \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Internet Home Page Address: \_\_\_\_\_

### CERTIFYING OFFICIAL

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

of \_\_\_\_\_ authorized to certify and affirm all statements  
*(Organization)*  
enclosed in this application.

\_\_\_\_\_  
*(Signature)*

\_\_\_\_\_  
*(Typed or Printed Name)*

Date Completed \_\_\_\_\_

\_\_\_\_\_  
*(Title)*

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**IMPORTANT:** The National List will be divided into a national/international organization section and an international organization section. If you wish to be listed in the international section of the national list as opposed to the national/international section, please place a check mark in the box below:

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1) Place a check in the appropriate boxes:

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 over the three year period immediately preceding the date of this application. **(Include as ATTACHMENT A, a schedule listing those states where the program activities have been provided and a detailed description of the activities in each state.)**

- OR -

I certify that the organization named in this application provided or conducted real services, benefits, assistance, or program activities, in a foreign country. **(Include as ATTACHMENT A, a list of each country where program activities have been provided and a detailed description of the program activities conducted in each over the last three (3) consecutive years.)**

2) I certify that the Internal Revenue Service 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. **(Include a copy of the most recent IRS determination letter as ATTACHMENT B. Interim 501(c)(3) letters with expiration dates beyond 12/31 will be accepted only with documentation from the IRS showing the organization will continue its 501(c)(3) status.)** If the name of the organization is different from the name which appears on the IRS Form 990, official documentation authorizing the name change must accompany the application. The Federal Tax ID Number must be included.

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

I certify that the expenses of the organization named in this application connected with lobbying and all attempts to influence voting or legislation at the local, State or Federal level would classify it as a tax-exempt agency under 26 U.S.C. 501(h).

- OR -

I certify that the organization named in this application does not engage in lobbying nor does it attempt to influence voting or legislation at the local, State or Federal level.

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. **(Include as ATTACHMENT C documentation describing the human health and**

welfare benefits provided by the organization within the previous three consecutive years.)

5) I certify that the organization named in the application accounts for its funds in accordance with generally accepted accounting principles (GAAP).

6) I certify that the organization named in the application was audited in accordance with generally accepted auditing standards (GAAS) by an independent certified public accountant in the immediately preceding year. **Include a copy of the organization's most recently completed audit as ATTACHMENT D.** Compiled audits are not accepted. Consolidated audits must contain a separate audited section on applicant. *(The audit must cover the fiscal period ending not more than 18 months prior to the January of the campaign year to which the organization is applying. The IRS Form 990 and audit must cover the same fiscal period. If revenue and expenses on the two documents differ, these amounts must be reconciled by a certified public accountant either in an accompanying signed statement or IRS Form 990, Parts IV-A & IV-B.)*

7) **Include as ATTACHMENT E a copy of the most recently completed IRS Form 990, including signature on page 6 in the box marked "Signature of officer". The preparer's signature alone is not sufficient.** *(NOTE: If the Internal Revenue Service does not require your organization to file the Form 990, you must still complete one in accordance with IRS regulations to be eligible for the CFC. IRS Forms 990 EZ, 990PF, and comparable forms are not accepted. However, smaller organizations that file Form 990EZ may submit it with pages 1 & 2 of the Form 990 attached. The IRS Form 990 and audit must cover the same period. If the revenue and expenses on these two documents differ, the reconciliation must be included in the IRS Form 990 itself or include a letter of reconciliation submitted by the CPA who completed the audit.)*

8) Place a check in **one** appropriate box:

I certify that the organization named in this application in the immediately preceding year has spent 25% or less of its total support and revenue on administrative and fund-raising expenses. The actual percentage of administrative and fund-raising expenses is \_\_\_\_\_%. This percentage must be computed from information on the IRS Form 990 by adding the amount spent on "management and general" (line 14) to "fundraising" (line 15) and dividing the resulting total by "total revenue" (line 12).

- OR -

I certify that the organization named in this application in the immediately preceding year has spent in excess of 25% of its total support and revenue on administrative and fund-raising expenses. The actual percentage of management, general and fundraising expenses is \_\_\_\_\_% and this percentage is reasonable under the circumstances. **(Include as ATTACHMENT F a detailed justification of the organization's administrative and fund-raising expenses and a formal plan to reduce expenses to 25%.)**

- 9)  I certify that an active and responsible governing body directs the organization named in this application whose members have no material conflict of interest and a majority of which serve without compensation.
- 10)  I certify that the organization named in this application prohibits the sale or lease of CFC contributor lists.
- 11)  I certify that the organization named in this application conducts publicity and promotional activities based upon its actual program and operations, that these activities are truthful and non-deceptive, include all material facts, and make no exaggerated or misleading claims.
- 12)  I certify that the organization named in this application effectively uses the funds contributed by federal personnel for its announced purposes.
- 13)  I certify that the organization named in this application is chartered/incorporated under a governmental entity. This entity or State is \_\_\_\_\_.
- 14)  I certify that the organization named in this application has in the preceding year received no more than 80 percent of its total support and revenues from government sources. (Revenue from government sources must be computed from the IRS Form 990 by dividing line 1c by line 12.)
- 15)  I certify that the organization named in this application prepares and makes available to the public an annual report that includes a full description of the organization's activities and supporting services and identifies its directors/governing body and chief administrative personnel. **(Include as ATTACHMENT G a copy of the most recently completed annual report. The annual report must cover the fiscal year ending not more than 18 months prior to January of the campaign year to which the organization is applying or the preceding calendar year.)**  
*Attachment G should also include information about the terms of office for the applicant's governing board's officers and members and the dates, times and places of their meetings over the past year.*
- 16)  25-Word Statement for listing in the campaign brochure. **Include as ATTACHMENT H a statement of 25 words or less describing the program of the organization and the percentage of its total support and revenue that goes to administration and fund-raising.** Also, provide a telephone number that can be reached from any location in the U.S. The 25-word statement should describe real services, benefits or program activities the organization provides. The organization's ratio of total support and revenue to administration and fundraising also will appear in the 25-word statement, but does not count toward the 25-word limit. The statement provided by the organization should not repeat the organization's name, but must include the legal name as registered with the IRS if the organization does business under a different name. This will **NOT** count as part of the 25-word statement. The statement must include the IRS Employee Identification Number, which will not count as part of the 25 words. An Internet web page address where information on the organization can be obtained may be included and will not count toward the 25 words. E-Mail addresses are not accepted. **(Attachment H must be a 3.5 disk in Word**

or WordPerfect format.)

***I CERTIFY THAT I HAVE READ ALL THE CERTIFICATIONS SET FORTH IN THIS DOCUMENT AND THAT MY SIGNATURE BELOW SIGNIFIES THAT I ACKNOWLEDGE AND AGREE WITH SUCH CERTIFICATIONS.***

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**Certifying Official's Signature & Title**

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**Date**

**NOTE:**

**Applications will not be accepted if submitted electronically or by facsimile.**

**The certifying official's signature must be original.**

**Automatic pens and/or signature stamps may not be used.**

**Public Burden Statement**

We think this form takes an average of 3 hours to complete, including the time for getting the needed data and reviewing both the instructions and completing the form. Send comments regarding our estimate or any other aspects of this form, including suggestions for reducing completion time to Office of Personnel Management (OPM), Reports and Forms Manager, Paperwork Reduction Project (3206-0131), Washington, DC 20414-7900. The OMB number 3206-0131 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.