



Application Packet
For
Independent Charities seeking local inclusion in the
Fall 2011
3 Rivers/Pennsylvania West Combined Federal Campaign

This Packet Should Include:

2011 Application Guidelines	-	1 Page
2011 Application Overview	-	1 Page
2011 Application Definitions	-	1 Page
2011 Application Instructions	-	5 Pages
2011 Charity Application	-	5 Pages
Form for Attachment E	-	1 Page
Checklist of Attachments (not required)	-	1 Page (Attachments A-E)
Application Self Audit Form (not required)	-	1 Page
Fax Confirmation Sheet (not required)	-	1 page

Deadline – April 1, 2011

COMBINED FEDERAL CAMPAIGN (CFC)
2011 APPLICATION GUIDELINES
DEADLINE: April 1, 2011

1. A copy of this year's CFC application form is provided for your convenience.
2. The agency is to designate the Certifying Official for purposes of the application and use his or her signature consistently throughout the form.
3. Please note that items 1, 3, and 5 are **either/or statements**. *You must check the statement on each of these items that describes your organization and then sign.*
4. For further guidance, please review the enclosed "Instructions for Applying". If these instructions do not answer your question, you may contact the CFC at **threeriverscfc@verizon.net** or **(412)330-7667**.
5. Please carefully review the list of attachments and submit a copy of each.
6. Applications should be mailed to:

Amy Ervin – Campaign Director
3 Rivers/PA West CFC
PO Box 110047
Pittsburgh, PA 15232

Note: This is a USPS Box location only
Applications may NOT be submitted via Fax or E-mail

7. Applications may be submitted from February 28, 2011 – April 1, 2011 by 6:00 PM (The regulations permit no exceptions). If using U.S. mail or another delivery service, please allow time for delivery, post marks are not acceptable if applications are not *physically* received by the due date.
8. If you want confirmation that your application has been received, fill out the enclosed fax back/email back confirmation sheet, and we will fax/email that to you upon receipt of your application.
9. Eligibility Notification Mailed: by April 29, 2011
 - o Notice of rejections will be sent by USPS certified mail.
 - o Notice of acceptance will be sent by e-mail or facsimile.

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), CFC Operations (3206-0131), Washington, DC 20415-7900. 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.



Combined Federal Campaign

Application Overview for
Year 2011 Combined Federal Campaign (CFC)
Local Agency

(NO FAXES OR ELECTRONIC SUBMISSIONS OF APPLICATIONS ACCEPTED)

General Guidance

Enclosed is the application for participation by local independent organizations in the 3 Rivers/Pennsylvania West CFC. The following instructions and forms are intended to assist charitable agencies 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 at our website at www.3riverscfc.org. Additionally, the regulations are available in Adobe Acrobat PDF and Word on the OPM website at www.opm.gov/cfc.

You may download additional copies of the 3 Rivers/PA West CFC local application from our website at www.3riverscfc.org. OPM suggests that charitable organizations use the local application provided when applying to the Combined Federal Campaign (CFC). However, OPM also provides a "model" application for participation by local independent organizations in the Combined Federal Campaign located on the OPM website at www.opm.gov/cfc. **The CFC will not accept applications with modifications to any of the certification statements.**

By applying for inclusion in the CFC, charities consent to allow the Local Federal Coordinating Committee (LFCC) and OPM Director complete access to its books and records and to respond to requests for information by the LFCC and the Director.

All applicant charities are subject to verification that they are active, tax-exempt 501 (c) (3) charities recognized by the IRS upon submission of the application.

All required documents and attachments must be complete and submitted before the application deadline each year. **The CFC will not accept late applications. It is the applicant's responsibility to submit its application and information by the scheduled deadline. Requests for consideration after the deadline will not be considered.**

Applicants whose applications do not contain required documents or who submit incomplete or out-of-date documents will not be permitted to correct their applications during the appeals process. Organizations that apply for local eligibility and are found ineligible will have an opportunity to appeal to the Local Federal Coordinating Committee (LFCC) for reconsideration. If found ineligible on appeal by the LFCC, the organization may appeal the LFCC's decision to the Director of the Office of Personnel Management (OPM). The Director's decision is final for administrative purposes. Appellants should ensure that their appeals are complete and responsive to the actual reasons for the LFCC denial decision.

In order to determine whether an organization may participate in the campaign, the LFCC may request evidence of corrective action regarding any prior violation of regulation or directive, sanction, or penalty, as appropriate. The LFCC will decide whether the organization has demonstrated, to the LFCC's satisfaction, that the organization has taken appropriate corrective action. Failure to demonstrate satisfactory corrective action or to respond to the LFCC's request for information within 10 business days of the date of the request may result in a recommendation to OPM that the organization will not be included in the Charity List. The Director's decision will be communicated in writing to the organization.

Only independent organizations will be contacted directly by the LFCC. If you apply as a member of a federation, **DO NOT** send the LFCC an independent application. If dual applications are found, the independent application will not be considered.



Combined Federal Campaign

DEFINITIONS

- Organization** Legal name of the applicant organization. If the name of the organization differs from the name that appears on the IRS determination letter, IRS Form 990, or audited financial statements, official documentation from the IRS or state government authorizing use of this name must accompany the application. The EIN must be included.
- Employer Identification Number (EIN)** The nine-digit EIN that appears on the IRS determination letter and the IRS Form 990 submitted with this application.
- 5 Digit CFC Number** The 5 digit number assigned to the organization by the CFC. Organizations that did not previously participate in the CFC should leave this field blank.
- Organization Address** A physical mailing address must be provided. **Post Office Box addresses will not be accepted.** This is the administrative office address that will be used to assign a 5-digit CFC code. Check the box below the address to denote that it is different from the address submitted with the 2010 CFC application.
- Service Office Address** The location where services are provided (if different from the Organization Address).
- Telephone** Organization's telephone number
- Contact Person** The contact person is the individual to whom the CFC will direct communications. This may be any individual in the organization.
- Contact Title** Self-explanatory
- Contact Address** Contact person's physical mailing address if different than the organization's address. Post Office Boxes may be used. Participation decision letters and other CFC communications will be sent to the contact person at this address
- Contact Telephone** Contact person's telephone number if different than the organization's telephone number.
- Fax** Contact person's fax number
- Contact E-Mail** Contact person's electronic mail address. Applicants are encouraged to provide more than one email address.
- Website Address** List the complete Internet address of the applicant organization (no e-mail addresses). This information is required, if the organization has an Internet address.
- Disbursement Address** List the address where paper checks will be sent, if different from mailing address. Post office boxes may be used for the disbursement address.
- Electronic Funds Transfer (EFT) Information** List the Routing and Account numbers, along with the name of the financial institution, where funds should be disbursed. This is an optional method for receipt of CFC contributions. **NOTE: 3 Rivers/PA West recommends direct deposit.**

APPLICATION INSTRUCTIONS

For details regarding CFC eligibility requirements for federation members, refer to CFC Guidance Memoranda on the CFC website at www.opm.gov/cfc.

Applicants must check the box next to each certification statement to demonstrate agreement to comply with the statement and to certify that it meets the requirement. **Failure to provide a check mark for each of the statements will be considered a refusal to certify and will result in the denial of the application.**

Please review CFC Memoranda 2004-11, 2006-22, and 2008-10 for guidance on local eligibility criteria.

Item 1 Check the one appropriate box and sign.

Include as Attachment A supporting statements and/or documentation demonstrating to the satisfaction of the LFCC that the organization has a substantial local presence in the geographical area covered by the local campaign, a substantial local presence in the geographical area covered by an adjacent local campaign, or substantial statewide presence. Attachment A must also include a description of the actual services, benefits, assistance, or program activities provided by the organization in calendar year 2010 and how those programs, services, benefits, etc. affect human health & welfare of the target population. (See Certification #4)

(i) Substantial local presence is defined as a staffed facility, office or portion of a residence dedicated exclusively to that organization, available to members of the public seeking its services or benefits. The facility must be open at least 15 hours a week and have a telephone dedicated exclusively to the organization. The office may be staffed by volunteers. Substantial local presence cannot be met on the basis of services provided solely through an "800" telephone number, the internet, the U.S. Postal Service or a combination thereof. (Information on the geographic boundaries of local CFC Campaigns can be found on the CFC website at www.opm.gov/cfc/Search/Locator.asp.)

Substantial Local Presence in the Local Campaign Area - provide the hours and days per week of operation (a minimum of 15 hours per week is required), the organization's dedicated telephone number, and the county and state where the applicant organization's office is located. **The organization address or the service address must be located in one of the counties served by the local campaign. If the office where the services are provided is different from the organization's main address, enter the address of the location where the services are provided.**

(ii) An adjacent local campaign is defined as a local campaign whose geographic border touches the geographic border of another local campaign. Provide the hours and days per week of operation (a minimum of 15 hours per week is required), the organization's dedicated telephone number, and the county and state where the applicant organization's office is located. Applicant organizations are responsible for providing a complete application to each campaign area in which it wishes to participate. The organization address or the service address must be located in one of the counties served by an adjacent campaign area. Participation in a local campaign via an adjacency determination does not grant the organization a substantial local presence in the adjacent local campaign and participation via adjacency cannot be used to establish adjacency to local campaigns bordering the adjacent campaign area.

If the office where the services are provided (as described in Attachment A) is different from the organization's main address, enter the address of the location where the services are provided.

(iii) Substantial statewide presence is defined as providing or conducting real services, benefits, assistance or program activities in the previous year (calendar year 2010) covering 30 percent of a state's geographic boundaries or providing or conducting real services, benefits, assistance or program activities affecting 30 percent of a state's population. Substantial statewide presence cannot be met on the basis of services provided solely through an "800" telephone number or by disseminating information and publications via the U.S. Postal Service, the Internet, or a combination thereof. Applicant organizations are responsible for providing a complete application to each campaign area in which it wishes to participate.

If applying for statewide eligibility, make sure to make available to the LFCC proof of statewide coverage. CFC regulation 5 CFR §950.204(b)(1)(iii) requires an organization certifying statewide presence to demonstrate that it provided or conducted real services, benefits, assistance, or program activities covering 30% of a state's geographic boundaries or affecting 30% of the targeted population in the state. **Common errors in establishing statewide presence**

include lack of description of the actual services, failure to define the target population, failure to show the geographic area where actual services have been provided or failure to fully demonstrate that the population served or the geographic area equals 30% or more of the target population or geographic area. Total population statistics by county or claims that services are available to individuals in these counties are generally not adequate evidence of service.

In the case of the 30% geographic area test, applicant organizations must make available service records or other evidence (i.e. visitor statistics, client or membership statistics, project results or clearly outlined maps) that clearly show what portion of the geographic area has been covered relative to the total state geographic area.

In the case of the 30% population test, if an organization services special populations (i.e. persons with HIV or AIDS, adults requiring literacy instruction, non-English speaking children, etc.) the organization should provide evidence that it affects 30% of the eligible or target population. This can be shown by providing an estimate (through population surveys, needs assessment studies, etc.) of the total target population eligible to receive the services together with a demonstration that its services affect 30% of that target population. It is helpful if the applicant demonstrates that it has met the 30% rule by providing a calculation along with its Attachment A, such as:

Population Served = 30,000 people	OR	Target Population = 100,000 people
Counties Served = 30		Percentage of Target Population Served = 30%
Total Counties in State = 100		Percentage of Counties Served = 30%

Whichever eligibility criteria the applicant organization chooses, the burden of proving the criteria is on the applicant organization.

To determine statewide presence, a detailed description of the programs, services, benefits, etc. provided by the federation or its member organizations and how those programs, services, benefits, etc. affect the health and/or welfare of the target population should be accessible to the LFCC for verification of statewide presence.

- Specify the recipient(s) of the service, benefit, assistance, or program activity (WHO)
- Describe the type of activities provided or conducted (WHAT)
- Describe how the services were provided or conducted (HOW)
- Provide dates of services within the 3 year period immediately prior to the application year (WHEN) *applies specifically to national/international organizations
- **DON'T** - Generalize the nature of the activity; List activities that were "offered"

Item 2 **Sign and include as *Attachment B* the most recent IRS determination letter.**

If the name of the applicant organization differs on the IRS determination letter, the IRS Form 990, or audited financial statements, documentation from the IRS or state government authorizing this name change must accompany the application.

Interim IRS 501(c)(3) letters with expiration dates before December 31, 2010 of the year preceding the campaign year for which the organization is applying will be accepted only with proof of application to the IRS for permanent 501(c)(3) status.

Organizations that are part of an **IRS group exemption** must provide a copy of the IRS letter granting the group exemption, as well as the list of subordinates that are covered by the group exemption. If the subordinate's EIN is different from the EIN on the group exemption letter, EIN documentation from the IRS must be provided.

Bona-fide chapters or affiliates of a national organization that do not have an IRS determination letter for the local organization must provide an annual certification signed by either the Chief Executive Officer (CEO) or CEO equivalent of the national organization stating that the local charitable organization operates as a bona-fide chapter or affiliate in good standing of the national organization and it is covered by the national organization's 501(c)(3) tax-exemption. A copy of the national organization's 501(c)(3) letter must accompany the CEO's certification.

Units of government are not eligible to participate in the CFC.

Each applicant's 501(c)(3) status will be verified with the IRS. Applicants whose current 501(c)(3) status cannot be confirmed by the IRS will be denied participation. OPM encourages organizations to request current letters from the IRS confirming the group's tax-exempt status. This request can be made by contacting the IRS at (877) 829-5500.

Item 3 **Check the one appropriate box and sign.**

Listing of a national organization, as well as its local affiliate organization, is permitted. Each national or local organization must individually meet all of the eligibility criteria and submit independent documentation as required in 5 C.F.R. §950.202, §950.203 or §950.204 to be included in the Charity List, except that a local affiliate of a national organization that is not separately incorporated, in lieu of its own 26 USC 501(c)(3) tax exemption letter and, to the extent required by §950.204(b)(2)(ii), audited financial statements, may submit the national organization's 26 USC 501(c)(3) tax exemption letter and audited financial statements, but must provide its own pro forma IRS Form 990 (see Item 6) for CFC purposes.

The local organization must submit an annual certification from the Chief Executive Officer (CEO) or CEO equivalent of the national organization stating that it operates as a bona-fide chapter or affiliate in good standing of the national organization and is covered by the national organization's 26 USC 501(c)(3) tax exemption, IRS Form 990 and audited financial statements.

A national organization may waive its listing in the National/International or International parts of the Charity List in favor of its local affiliate by following the procedures set forth in 5 C.F.R. §950.201(c).

Item 4 **Self-explanatory – Signature Required**

Human health and welfare services provided in **calendar year 2010** must be reflected in **Attachment A**.

Item 5 **Check the appropriate box and sign.**

- **Organizations with \$250,000 or more in annual revenue, as reported on the IRS Form 990, are required to submit an annual audit of fiscal operations by an independent certified public accountant in accordance with Generally Accepted Auditing Standards (GAAS).** The audited financial statements and IRS Form 990 must be prepared using the accrual method of accounting and cover the same fiscal period that ended not more than 18 months prior to January 2011 (i.e. ending on or after June 30, 2009). **Include as Attachment C a copy of the organization's audited annual financial statements.** The organization must certify that it accounts for its funds 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 GAAS. **Note that GAAP requires the use of the accrual method of accounting. No other basis of accounting is acceptable under GAAP. The cash basis, modified cash basis, modified accrual, and any other methods are not acceptable.**

OR

- **Organizations with total revenue of at least \$100,000 but less than \$250,000: the certifying official must certify that the organization accounts for its funds in accordance with GAAP and has an audit of its fiscal operations completed annually by an independent certified public accountant in accordance with GAAS.** The organization is not required to submit a copy of the audited financial statements with the CFC application. However, the information must be provided to OPM or the LFCC upon request. **Note that GAAP requires the use of the accrual method of accounting. No other basis of accounting is acceptable under GAAP. The cash basis, modified cash basis, modified accrual, and any other methods are not acceptable. The LFCC will randomly select applicant charities and request the audit and part of their eligibility verification process.**

OR

- **Organizations with total revenue of less than \$100,000: the certifying official must certify that the organization has controls in place to ensure funds are properly accounted for and that it can provide accurate timely financial information to interested parties.** It is not required to submit financial documentation with the CFC application. However, the information must be provided to OPM or the LFCC upon request. **The LFCC will randomly select applicant charities and request the audit and part of their eligibility verification process.**

Bona-fide chapters or local affiliates of a national organization that are not separately incorporated whose pro forma IRS Form 990 reports revenues over \$250,000 and whose financial operations are covered by an audit of the national organization may submit the national organization's audited financial statements together with a certification from the national organization's Chief Executive Officer (CEO) or CEO equivalent stating that it operates as a bona-fide affiliate in good standing of the national organization and is covered by the national organization's 26 U.S.C. 501(c)(3) tax exemption, IRS Form 990 and audited financial statements. (See requirements under Item #2 for bona-fide chapters or local affiliates.)

Bona-fide chapters of a national organization that are not separately incorporated whose pro forma IRS Form 990 reports revenues of at least \$100,000 but less than \$250,000 and whose financial operations are covered by an audit of the national organization may certify it has an audit of its fiscal operations completed annually if it, at the time of the certification, is in good standing of the national organization and is covered by the national organization's 26 U.S.C. 501(c)(3) tax exemption, IRS Form 990 and audited financial statements. This organization is not required to submit with its application the national organization's audited financial statements or CEO statement evidencing proof of good standing and coverage by the national organization's documentation. However, it must be able to supply this documentation to the LFCC or OPM upon request. (See requirements under Item #2 for bona-fide chapters or local affiliates.)

Item 6 **Check the one appropriate box.**
Sign and include as Attachment D a copy of the complete, signed IRS Form 990 for a period ended not more than 18 months prior to January 2011.

The IRS Form 990 must include a signature in the block marked "Signature of officer"; the preparer's signature alone is not sufficient. Organizations that file the IRS Form 990 electronically may submit a signed copy of the IRS Form 8879-EO or IRS Form 8453-EO in lieu of a signature on the IRS Form 990.

The CFC will compare the number of voting members disclosed in Part I, Line 3 with the number of individuals that have the 'individual trustee or director' or 'institutional trustee' position selected in Part VII, Column C. If the number in Part I is more than the number in Part VII, the organization must provide an explanation for the difference. Failure to clarify the difference or to timely file an amended IRS Form 990 with the IRS may result in the denial of the application. Please review CFC Memoranda 2009-8 and 2010-5 for additional information on the IRS Form 990 requirements, including the presentation of the governing body and expenses.

A complete IRS Form 990 is required, including all supplemental statements and schedules, if applicable, to be eligible for the CFC. If the Internal Revenue Service does not require the organization to file the Form 990 it must complete and submit a pro forma IRS Form 990 (see instructions below). **IRS Forms 990EZ, 990PF, and comparable forms will not be accepted.** Organizations that file these forms must submit a pro forma IRS Form 990.

Pro forma IRS Form 990 Instructions – The IRS Form 990 (long form) can be downloaded from the IRS website (www.irs.gov). The following sections must be completed: Part I (Summary and Part II, Signature Block), Part VII (Compensation sections A and B), Part VIII (Statement of Revenues), Part IX (Statement of Functional Expenses), and Part XI (Financial Statements and Report).

The audited financial statements and IRS Form 990 must be prepared using the accrual method of accounting and cover the same fiscal period ended not more than 18 months prior to January 2011 (i.e. ending on or after June 30, 2009).

Item 7 **Signature Required - Calculate and enter the organization's annual percentage for administrative and fundraising expenses.** This percentage is computed from the IRS Form 990 submitted with this application. Depending on which year's IRS Form 990 is submitted, the percentage will be calculated based on information contained on the:

Add the amount in Part IX (Statement of Functional Expenses), Line 25, Column C (Management and General Expenses) to the amount in Line 25, Column D (Fundraising Expenses), and divide the sum by Part VIII (Statement of Revenue), Line 12, Column A (Total Revenue).

No other methods may be used to calculate this percentage. All percentages must be listed to the tenth of a percent (example: 15.7%).

- Item 8 Self-explanatory - Signature Required
- Item 9 Self-explanatory - Signature Required
- Item 10 Self-explanatory - Signature Required
- Item 11 Self-explanatory - Signature Required

Item 12 **Signature Required** - Each federation and independent organization applying to participate in the CFC must, as a condition of participation, certify that it 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, and individuals subject to economic sanctions administered by the U.S. Department of the Treasury's Office of Foreign Assets Control (OFAC). The programs administered by OFAC restrict or prohibit U.S. persons from engaging in transactions and dealings with targeted countries, entities, and individuals. OFAC publishes a list of Specially Designated Nationals and Blocked Persons (SDN List). The persons on the SDN List are subject to economic sanctions. The SDN List and additional information relating to the economic sanctions programs that OFAC administers are available at <http://www.treas.gov/ofac>. A link to the SDN List is available on the CFC website (www.opm.gov/cfc). For further information, please see CFC Memo 2005-13.

Item 13 **Signature Required - Include as Attachment E, a statement in 25 words or less that describes the organization's program activities.** The statement should not repeat the organization's name. The organization must also provide 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 (EIN) regardless of whether or not they are operating under a "dba" ("doing business as"). The organization must also include a telephone number that can be reached from any location in the U.S. and the organization's administrative and fundraising rate. The legal name, telephone number, EIN, taxonomy codes (see below), and administrative and fundraising rate will NOT count as part of the 25-word statement. An Internet address where information on the organization can be obtained may be included and will not count toward the 25 words. OPM will not be responsible for incorrect Internet addresses. E-mail addresses are not accepted.

Taxonomy Codes - Each organization can identify up to three categories, in priority order, which most closely identify the type of mission, services, and activities provided. The corresponding letters will be printed in your organization's listing in the CFC brochure (see example below) to assist donors in identifying charities by type of service provided. Categories are derived from the National Taxonomy of Exempt Entities (NTEE) classification system developed by the National Center for Charitable Statistics. The 26 categories are:

- | | |
|--|--|
| A Arts, Culture, and Humanities | N Recreation, Sports, Leisure, Athletics |
| B Educational Institutions & Related Activities | O Youth Development |
| C Environmental Quality, Protection & Beautification | P Human Services – Multipurpose and Other |
| D Animal Related | Q International, Foreign Affairs, National Security |
| E Health – General and Rehabilitative | R Civil Rights, Social Action, Advocacy |
| F Mental Health, Crisis Intervention | S Community Improvement, Capacity Building |
| G Disease, Disorders, Medicinal Disciplines | T Philanthropy, Voluntarism & Foundations |
| H Medical Research | U Science & Technology Research Institutes, Services |
| I Crime, Legal Related | V Social Science Research Institutes, Services |
| J Employment, Job Related | W Public, Social Benefit: Multipurpose, Other |
| K Food, Agriculture, and Nutrition | X Religion Related, Spiritual Development |
| L Housing, Shelter | Y Mutual/Membership Benefit Orgs., Other |
| M Public Safety, Disaster Preparedness & Relief | Z Other |

Special design text used to draw attention to an organization title, 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 the LFCC.** Organizations will be listed by their legal IRS recognized name as it appears on the IRS determination letter only unless the appropriate legal documentation permitting otherwise is provided with the application. See Item 2. **The format as it will appear is as follows:**

- 00** **Name of Organization** (legal name of organization, if applicable) (202)555-1234 www.opm.gov/cfc 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% B,V,O

Certifying Official The certifying official is the individual who has the authority to affirm that all statements in the application are accurate.



Combined Federal Campaign

2011 APPLICATION FOR LOCAL INDEPENDENT CHARITIES

Organization: _____

Legal Name (if different) _____

Employer Identification Number (EIN): ____ - _____

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

Organizations Address: _____

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

Check this box if the above address is different from the address submitted with the 2010 CFC application

Service Address (if different) _____

Telephone: () _____

Contact Person: _____

Contact Title: _____

Contact Address: _____

(If different from the above address – Post Office Boxes are acceptable. All CFC correspondence will be sent to here.)

Contact Telephone: () _____ Fax: () _____

Contact E-Mail Address: _____

Website Address (required, if available): _____

Disbursement Address: _____

(This is the address where paper checks will be sent. PO Box is accepted.)

Electronic Funds Transfer (EFT) information (Optional, but encouraged):

Routing Number (9 digits): ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____ - ____

ACCT: _____

Financial Institution: _____

1) Place a check in the one appropriate box and sign.

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 as a staffed facility, office or portion of a residence dedicated exclusively to that organization, available to members of the public seeking its services or benefits. The facility must be open at least 15 hours a week and have a telephone dedicated exclusively to the organization.)* **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 2010 and how those programs, services, benefits, etc. affect human health and welfare of the target population.**

Service Office Address (if different from Organization Address on previous page):

Hours of Operation Per Each Day of the Week (Ex: Mon-Fri, 9AM-5PM; Sat. 10AM – 3PM; Sun, Closed):

Organization's Dedicated Phone Number: _____

County and State Where Office is Located: _____

-OR-

I certify that the applicant organization named in the application has a substantial **adjacent 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 2010 and how those programs, services, benefits, etc. affect human health and welfare of the target population.**

Service Office Address (if different from Organization Address on previous page):

Hours of Operation Per Each Day of the Week (Ex: Mon-Fri, 9AM-5PM; Sat. 10AM – 3PM; Sun, Closed):

Organization's Dedicated Phone Number: _____

County and State Where Office is Located: _____

-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 2010 and how those programs, services, benefits, etc. affect human health and welfare of the target population.**

Certifying Official's Signature

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(c)(2). **Include a copy of the most recent IRS determination letter as Attachment B.** If the name of the organization is different from the name which appears on the IRS Form 990, IRS determine letter, audited financial statements, or annual report, **official documentation authorizing the name change must accompany the application.** See instructions for additional information.

Certifying Official's Signature

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.

Certifying Official's Signature

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 that directly or indirectly affect, human health and welfare. **The services, benefits, assistance, or program activities affecting human health and welfare provided in 2010 are reflected in ATTACHMENT A.**

Certifying Official's Signature

5)

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 2011 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 January 2011.)**

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 2011 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).

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 prior to January 2011 and has controls in place to ensure funds are properly accounted for and that it can provide accurate timely financial information to interested parties.

Certifying Official's Signature

6) Place a check in the one appropriate box and sign:

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 not more than 18 months prior to January 2011, including signatures in the box marked "Signature of Officer" or in IRS Forms 8879-EO or 8453-EO. 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 for a period ending not more than 18 months prior to January 2011. If the organization is using the 2008 or more recent IRS Form 990 as its pro forma 990, then it must complete and provide page 1 (Part I, Summary and Part II, Signature Block), page 7 and 8 (Part VII, Compensation sections A and B); page 9 (Part VIII, Statement of Revenues), page 10 (Part IX, Statement of Functional Expenses), and page 11 (Part XI, Financial Statements and Report) OR page 12 Part XII. IRS Forms 990 EZ, 990PF, and comparable forms are not acceptable substitutes.)**

Certifying Official's Signature

7)

I certify that the administrative and fundraising rate for the organization named in this application is _____.%.
This percentage is computed from the IRS Form 990 submitted with this application.

2008 (or most recent) IRS Form 990 by adding the amount in Part IX (Statement of Functional Expenses), Line 25, Column C (Management and General Expenses) to the amount in Line 25, Column D (Fundraising Expenses), & dividing the sum by Part VIII (Statement of Revenue), Line 12, Column A (Total Revenue). No other methods may be used to calculate this percentage. All percentages must be listed to the tenth of a percent (10.0% or 15.5%).

Certifying Official's Signature

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.

Certifying Official's Signature

9)

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

Certifying Official's Signature

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.

Certifying Official's Signature

11)

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

Certifying Official's Signature

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.

Certifying Official's Signature

13)

Include as **ATTACHMENT E** a 25-word statement for listing in the campaign brochure. **(See Instructions Item 13 for additional required information and the new optional taxonomy codes.)**

CERTIFYING OFFICIAL

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

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

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 certification, the organization named in this application acknowledges and agrees to comply with that certification.

(Signature)

(Typed or Printed Name)

(Title)

Date Completed _____

NOTE: Applications will not be accepted if submitted electronically or by facsimile. The certifying official's signatures must be original. Automatic pens and/or signature stamps may not be used.

ATTACHMENT E

Twenty-five word statement. Use your twenty-five words very carefully. Do not repeat your agency name (however you must include your legal name if different) or the words "administrative / fund raising costs" in the description. Please limit your statement to a description of the real services and benefits your organization provides. Unjustified CAPITALIZATION, "quotations", *italicizing*, **bold statements**, underlining or other highlighted text will be removed by the CFC. If there is justification for altering any of the text in your statement (such as the title of a magazine or an acronym) be sure to let us know so an omission is not made. Your organization name, phone number, internet web page address (not your e-mail address), Legal name if applicable, Employee Identification Number, and administrative/fundraising cost percentage will automatically be included and DO NOT count towards the 25 word statement.

When writing your statement, keep in mind that this list is also available electronically to our donors. If they are having difficulty choosing an agency, we recommend that they do a "keyword" search describing the cause(s) they are interested in to locate agencies that included those keywords in their statements (i.e. search for cancer, homeless, conservation...).

DO NOT USE MORE THAN 25 WORDS, OR WE WILL REDUCE IT TO 25 WORDS FOR YOU.

NAME OF ORGANIZATION

Exactly as you wish it to appear in the brochure: (To use a name other than the legal incorporated name as it appears on the IRS Form 990 requires appropriate documentation - **see question 2 and Attachment B**)

LEGAL NAME (If different from above): _____

EMPLOYEE IDENTIFICATION NUMBER: _____

PREVIOUS 5 DIGIT CFC NUMBER: _____ (for this region's campaign)

PHONE NUMBER FOR LISTING:(_____) _____

INTERNET WEB PAGE ADDRESS: _____ E-mail not permitted

TWENTY-FIVE WORD STATEMENT: _____

Administrative / Fundraising costs as a percentage: _____%
(include the 1st decimal point, such as 10.7% - See question 8 for computation instructions)

Taxonomy: _____, _____, _____
Three categories, in priority order, which most closely identify the type of mission, services, and activities provided

2011 CFC APPLICATION ATTACHMENT CHECK LIST
(Created to assist to with application process, NOT MANDATORY)

One copy of each attachment is required.

REQUIRED ATTACHMENTS (failure to provide any of these documents may result in a denial)

- Attachment A** - Provide a separate statement and documentation which supports your substantial presence certification; **documentation of local presence, adjacent presence, or statewide presence**
- Organization Name
 - Organization's physical address that is available to the public
 - Organization's dedicated telephone number
 - Organization's hours of operation (must be open at least 15 hours a week)
 - **Description of the programs, services, benefits, etc. provided by the organization in calendar year 2010 and how those programs, services, benefits, etc. affect human health and welfare of the target population.**
- (See Instructions for specific requirements.)*

- Attachment B** - **Most recent IRS Determination Letter & IRS change of name letter if applicable along with a letter explaining reasons and length of time for DBA.** (See Item 2)

- Attachment C** - Agency's most recent audited financial statements, if agency revenue exceeds \$250,000. (See item 5)

- Attachment D** - Agency's most recent IRS Form 990- Even if the Internal Revenue Service does not require your organization to file the Form 990, you must complete a Pro Forma 990 and include it in your application to be eligible for the Combined Federal Campaign. **A 990EZ is only accepted from smaller organizations when accompanied by pages 1, 7, 8, 9, 10 & 11 or 12 of 990 Long Form**

NOTE: ATTACHMENTS C and D must cover the same time period. (See item 6)

- Attachment E** - 25 word statements including all required information. Information to include is the percentage of its total support and revenue that goes to administration and fund raising, a telephone number, legal name (if different), EIN, and web page address (if available) through which donors can receive further information and new taxonomy codes. (See item 13)

2011 CFC INDEPENDENT CHARITY - APPLICATION SELF- AUDIT FORM

Contained a Completed Application Form Contained All Affirming Original Signatures All Certifications Checked

ATTACHMENT A – 1 Description of substantial presence (*must meet all criteria in category*)

<input type="checkbox"/> LOCAL	<input type="checkbox"/> ADJACENT	<input type="checkbox"/> STATEWIDE
<input type="checkbox"/> Dedicated Address County: _____ State: _____ <input type="checkbox"/> Dedicated Phone Line <input type="checkbox"/> Open at least 15 Hours <input type="checkbox"/> List Hours of Operation: _____	Local Requirements plus : <input type="checkbox"/> Located in Adjacent Campaign or Adjacent County Campaign: _____ County: _____ _____	Local Requirements plus: <input type="checkbox"/> 30% Geographic (30 Counties) <input type="checkbox"/> Maps & <input type="checkbox"/> Service Records Or <input type="checkbox"/> 30% Target Eligible Population <input type="checkbox"/> # Target Population: _____ <input type="checkbox"/> # Affected Population: _____

ATTACHMENT A – 2 Description of human/health/welfare benefits provided in **2010**

Must Include <input type="checkbox"/> Detailed Description of Activities <input type="checkbox"/> Services Provided in 2010 <input type="checkbox"/> Who Benefits and How

ATTACHMENT B - IRS Determination Letter – 501(c)(3) – CHECK APPROPRIATE BOX BELOW

- IRS Determination Letter is for Applicant
- Official documentation authorizing name change (DBA) (*if applicable*)
- IRS Determination Letter is for Parent Organization (*Chapter or Group Exemption - see below*)
 - Group Exemption IRS Determination Letter (*if applicable; usually parent IRS letter*)
 - Group Exemption Subordinate List Documentation Provided (*if applicable & attached with Group Letter*)
 - Bona-Fide affiliate/chapter - Signed certification letter from National CEO from 2010 or current
 - Bona-Fide affiliate/chapter - Copy of national organization's 501(c)(3) Letter

** Religious organizations should provide IRS Letter, parent church organizations most recent "church directory" with applicants info; or a letter from parent church organization affirming applicants 501(c)(3) status.*

ATTACHMENT C - Copy of audit (Must include **June 30, 2009** or more current) Time Frame: _____

- N/A (*Not required if Charity is less than 24 months old OR with Revenue under \$250,000*)
- (*if applicable*) CEO signed certification states affiliate/chapter included on national organization's audit
- Name matches IRS Determination Letter or DBA Documentation
- CPA Report on company letterhead CPA Report signed by auditor GAAP/GAAS Yes No

ATTACHMENT D - IRS form 990 (Must include **June 30, 2009** or more current) Time Frame: _____

- Form 990 is for applicant Form 990 is for parent charity 990 pro forma provided
- Form 990, *includes signature of officer* **Accrual** Cash Other
- Form 990EZ or ProForma (Must have ProForma **pages 1, 7, 8, 9, 10 & 11 or 12**)
- Same fiscal period as audit
- Name and EIN match IRS Determination Letter or DBA
- Board including compensation listed
- Majority of Board is not compensated
- Number of Board members listed on pg 1, Line 3 is equal/less than the number of directors/trustees in Part VII
- Includes Schedule A & all supplemental statements

Administration/Fundraising Rate (AFR)

2008 or current IRS Form 990

Add Line 25, Column C (Management & General Expenses) to the amount in Line 25, Column D (Fundraising Expenses). (Part IX Statement of Functional Expenses) 25 C _____ + 25 D _____ = _____ Total
 Enter Line 12 (Column A - Total Revenue _____). Divide the total of lines 25C & 25D by line 12. **Overhead:** _____%.

ATTACHMENT E – Statement of 25 words or less

- Word Count: _____ Administrative % _____ Taxonomy _____



APPLICATION RECEIPT CONFIRMATION

If you would like verification that your application was received, fill out the following lines of this sheet, and return it with your application. It will be **faxed or emailed** to you upon receipt.

TO: _____ (agency name)

ATTN: _____ (contact)

PHONE: _____

EMAIL: _____

FAX: _____

Total # of Pages: 1

FROM: 3 Rivers/PA West CFC

As of _____, we are in receipt of an application from the
(date)
agency listed above seeking inclusion in the Fall 2011 3 Rivers/PA West CFC.

Best Wishes!