



COMBINED FEDERAL CAMPAIGN OF THE NATIONAL CAPITAL AREA

2010 APPLICATION CHECKLIST For Local Independent Organizations

- Completed and signed application.
- Attachment A**, certifying local, adjacent, or statewide presence, describing services, including location of facilities and hours of operation. **NOTE: Follow new OPM guidelines for preparing this. Statements from prior years are not sufficient.**
- Attachment B**, a copy of your IRS determination letter, including Employer Identification Number (EIN)
 - If IRS letter is a group exemption, include a letter from the CEO of the group verifying your organization's bona-fide chapter status and financial reporting.
 - If using something other than a legal name, DBA paperwork in your home state or jurisdiction is required.
 - Verify that your EIN is valid (not expired) and that it is in the IRS database or Publication 78.
- Attachment C**, a copy of audited annual financial statements **REQUIRED** for organizations with \$250,000 or more in revenue for a period ended not more than 18 months prior to January 2009.
- Attachment D**, a copy of a complete signed IRS Form 990 for a period ended not more than 18 months prior to January 2009. **MUST** be the **SAME** period covered in the audit.
- Attachment E**, a 25-word statement for listing in the campaign brochure and optional taxonomy codes.
- Signatures on application form.
- All certifications checked appropriately.
- All attachments submitted with signed application.

UPON COMPLETION, PLEASE SEND THE PRINTED APPLICATION AND ALL ATTACHMENTS TO:
CFCNCA - 750 17TH STREET, NW - SUITE 200 - WASHINGTON, DC 20006



COMBINED FEDERAL CAMPAIGN OF THE NATIONAL CAPITAL AREA

2010 APPLICATION FOR LOCAL INDEPENDENT ORGANIZATIONS

Application - Page 1

DBA Name: My Chosen Cause

EIN: 12-3456789

Group Exemption EIN: Cause and Affect, Inc

CFC Number: 12345 (in 2009)

Mailing Address: 12345 Main Street Suite 1234 - Washington, DC 20001

Phone: (202)202-2002x10

Contact Name: John Doe

Contact Address: 12345 Main Street Suite 123 - Washington, DC 20001

Contact Phone: W: (202)202-2002x10

Contact Mobile: M: (202)202-2001

Contact Fax: (202)202-2003

Contact Email: john.doe@chosencause.org

Website: www.chosencause.org

Keywords: online shopping cart

Disbursement Address: 12345 Main Street Suite 123 - Washington, DC 20001



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1) 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 2009 and how those programs, services, benefits, etc. affect human health and welfare of the target population.

Hours of Operation: Mon-Fri 9:30-5:00, Sat 9:30-4:00, Closed Sunday

County and State Where Office is Located: District of Columbia

-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 2009 and how those programs, services, benefits, etc. affect human health and welfare of the target population.

Hours of Operation:

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 2009 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). Include as ATTACHMENT B a copy of the most recent IRS determination letter. See instructions for additional information.



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2010 APPLICATION FOR LOCAL INDEPENDENT ORGANIZATIONS

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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 calendar year 2009 are reflected in 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 2010 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 auditor's report and the complete audited financial statements for a fiscal period ending not more than 18 months prior to January 2010.)

- 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 2010 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).



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- 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 prior to January 2010 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 not more than 18 months prior to January 2010, 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 2010. See application instructions for pro forma IRS Form 990 requirements. 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 11.0%. 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:

(A) 2007 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 -

(B) 2008 (or more 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), and 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 (i.e. 10.0% or 15.5%).

8) 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, 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.



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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 charity list. (See Instructions Item 13 for additional required information on the optional taxonomy codes.)

CERTIFYING OFFICIAL

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

of _____ (Print Organization Name) 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 certification, the organization named in this application acknowledges and agrees to comply with that certification.

_____ (Signature)

_____ (Typed or Printed Name)

_____ (Title)

_____ (Date Completed)



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2010 APPLICATION FOR LOCAL INDEPENDENT ORGANIZATIONS

Supplemental Worksheet

My Chosen Cause

We provide new ways for people to give to the charities of their choice.

EIN: 12-3456789

2009 CFC Code: 12345

Phone Number: (202)202-2002x10

Website URL: www.chosencause.org

Taxonomy: W T Z

Overhead: 11.0%

IRS 990 Total Revenue: \$20,000.00

IRS 990 Management Expenses: \$2,000.00

IRS 990 Fundraising Expenses: \$200.00

Audit Total Revenue: \$20,000.00

Audit Total Expenses: \$2,200.00

This is how your listing will appear in the printed catalog:

12345 My Chosen Cause (Chosen Cause, LLC) (202)202-2002x10
www.chosencause.org EIN#12-3456789 We provide new ways for people
to give to the charities of their choice. 11.0% W,T,Z