

2012 APPLICATION CHECKLIST for Local FSYP Organizations

- Official Application** with an original signature by an official with your organization.
- Attachment A**, a letter signed by the Base Commander. Copies, stamped or facsimiled signatures are not acceptable. The letter must certify that the organization is a ‘non-appropriated fund instrumentality that supports the installation MWR/FSYA Programs.’
- Attachment B**, a 25-word statement for listing in the campaign brochure and supplemental information.
- 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

Application - Page 1

DBA Name: _

EIN: _

Group Exemption EIN: _

CFC Number: (in)

Mailing Address: _____ - , _____

Phone: _

Contact Name: ____

Contact Address: _____ - , _____

Contact Phone: _

Contact Mobile: _

Contact Fax: _

Contact Email: _

Website: _

Disbursement Address: _____ - , _____

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1) 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.

2) Include as **ATTACHMENT A** the letter from the commander of the military installation or the head of the Federal facility where the organization is located certifying that the organization meets the eligibility criteria outlined in 5 C.F.R. 950.204(d) (see application instructions for a list of the eligibility criteria).

3) Include as **ATTACHMENT B** a 25-word statement for listing in the campaign charity list. (See Instructions Item 3 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)

Supplemental Worksheet

EIN:

CFC Code:

Phone Number:

Website URL:

Taxonomy:

Overhead: 0.0%

IRS 990 Total Revenue: \$0.00

IRS 990 Management Expenses: \$0.00

IRS 990 Fundraising Expenses: \$0.00

Audit Total Revenue: \$0.00

Audit Total Expenses: \$0.00

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

EIN# %