

**COMBINED FEDERAL CAMPAIGN  
Inventory of Information Collection for the**

**2017 Application for Family Support and Youth Activities/Programs**

**KEY**

- Manual entry
- Informational; no corresponding data entry
- Document upload
- Certification statement  
*(Populated from other entries)*

**CFC Application System Account Registration**

- Name
- Email Address

**CFC Charity Application**

- Organization Name – variable character, limit 100 characters
  - UPLOAD: DBA documentation
- Employer Identification Number (EIN)
- CFC Code (if a previous participant in the CFC)
- Phone number
- Website Address – If available; variable character, limit 100 characters
- Organization Address (physical address; PO Box addresses and addresses at USPS-recognized Commercial Mail Receiving Agencies are not accepted and may result in automatic disqualification.)
  - Address 1
  - Address 2
  - City
  - State
  - ZIP Code
- Contact Person
- Contact Title
- Contact Address (if different from the organization Address above; PO Box addresses are acceptable for the Contact Address; all OPM correspondence will be sent to this address.)
  - Address 1
  - Address 2
  - City
  - State
  - ZIP Code
- Contact Phone
- Contact Fax
- Contact Email Address(es)

**Disbursement & Electronic Fund Transfer (EFT)**

**NOT AN APPLICATION—PLEASE SUBMIT APPLICATION THROUGH THE CFC APPLICATION SYSTEM**

- Disbursement Address (authorized by OMB for collection, but is not collected; EFT disbursement is required)
  - Electronic Fund Transfer (EFT)
  - Financial Institution
  - Routing Number (nine digits)
  - Account Number

**CFC Auto-Response Element (CARE) Statement** (*pending*)

- Auto-Response Statement – pending; anticipated variable character, limit 1,000 characters

**Schedule of Services (Attachment A)**

For each service provided:

- State or Foreign Country
- Service Description (including who provided the service; variable character, limit 256 characters)
- Number of Beneficiaries (numeric)
- Monetary Value of Benefit (currency)

**Certifications**

- 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 immediately notify OPM's Office of CFC.
- 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 CFR §950.202(a)(4) (see application instructions for a list of the eligibility criteria).
  - UPLOAD: Audited Financial Statements

**Certifying Official's Statement**

I, (*name of representative*), am the duly appointed representative of (*name of federation*) authorized to certify and affirm all statements included 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.

- Name of representative
- Title
- Date Completed (automatically populated)
- Signature (requires entry of full name and initials and acknowledgement of signature with checkbox)

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**Warning Regarding False Response**

APPLICANTS SHOULD BE AWARE THAT A FALSE RESPONSE TO ANY CERTIFICATION IN THIS APPLICATION MAY BE GROUNDS FOR DENIAL OF THE APPLICATION AND MAY BE PUNISHABLE BY FINE OR IMPRISONMENT (18 U.S.C. 1001). ALL STATEMENTS AND INFORMATION PROVIDED ARE SUBJECT TO INVESTIGATION, INCLUDING CONFIRMATION THROUGH THIRD PARTIES AND OTHER GOVERNMENT AGENCIES.

**FOIA Statement**

Any information in your application may be subject to public disclosure under the Freedom of Information Act (FOIA). If your application is the subject of a FOIA request, you will be notified and given the opportunity to identify each item in the application that you believe is exempt from disclosure under the FOIA, specify which exemption you believe applies to that item, in accord with 5 U.S.C. Section 552, and give full justification for your belief that the justification(s) applies. In making our decision on the disclosure, we will consider your justification for nondisclosure. If we decide that an item of information that you believe is exempt is not exempt from disclosure, we will so inform you before it is disclosed.

**Public Burden Statement**

We think this form takes an average of one 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 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.