

**COMBINED FEDERAL CAMPAIGN  
Inventory of Information Collection for the  
2017 Application for Federations**

**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**

- Federation Name – legal name as shown on IRS Business Master File (BMF) **OR** DBA name with DBA documentation; 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
- Federation 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)**

- 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) Place a check in the one appropriate box:

Local Part

I certify that the federation named in this application has (number of member organizations) member organizations that individually meet the eligibility criteria for local organizations in 5 CFR § 950.202 and §950.203. Include as ATTACHMENT A, a list of all member organizations that meet this requirement. The list must include each organization with its five-digit CFC code (if applicable), legal name in parentheses (if using a “dba”), Employer Identification Number (EIN), administrative and fundraising rate, and physical address.

- Number of member organizations

National/International Part

I certify that the federation named in this application has (number of member organizations) member organizations that individually meet the eligibility criteria for national/international organizations in 5 CFR §950.202 and §950.203. Include as ATTACHMENT A, a list of all member organizations that meet this requirement. The list must include each organization with its five digit CFC code (if applicable), legal name in parentheses (if using a “dba”), Employer Identification Number (EIN), administrative and fundraising rate, and physical address.

- Number of member organizations

International Part

I certify that the federation named in this application has (number of member organizations) member organizations that individually meet the eligibility criteria for international organizations in 5 CFR § 950.202 and §950.203 by providing real services, benefits, assistance, or program activities in at least one foreign country over the previous three years. Include as ATTACHMENT A, a list of all member organizations that meet this requirement. The list must

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include each organization (with its legal name in parentheses if using a “dba”), Employer Identification Number (EIN), administrative and fundraising rate, and physical address.

- Number of member organizations
- 2)  I certify that the Internal Revenue Service (IRS) recognizes the federation named in this application as tax-exempt under 26 U.S.C. 501(c)(3) to which contributions are tax deductible pursuant to 26 U.S.C. 170(c)(2).
- 3)  I certify that the federation named in this application is a human health and welfare federation and either it or its member organizations provide services, benefits, or assistance to, or conduct activities affecting, human health and welfare. Services, benefits, assistance, or program activities affecting human health and welfare were provided in calendar year 2016.
- 4) Place a check in the one appropriate box:
- I certify that the federation named in the application 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). (Include as ATTACH-MENT B 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 2017 which verifies that the federation is honoring designations made to each member organization by distributing a proportionate share of receipts based on donor designations to each member.)
    - UPLOAD: Audited Financial Statements
  - I certify that the federation named in this application accounts for its funds on an accrual basis in accordance with generally accepted accounting principles (GAAP), but has been operating for less than two years from the date of the IRS tax exemption letter to the closing date of the CFC application period and therefore is not required to submit audited financial statements.
- 5) Place a check in the one appropriate box:
- I certify that the federation named in this application prepares and submits to the IRS a complete copy of the federation’s IRS Form 990. (Include as ATTACHMENT C a copy of the complete IRS Form 990 for a period ending not more than 18 months prior to January 2017, including signatures in the box marked “Signature of Officer” or in either IRS Form 8879-EO or IRS Form 8453-EO. The preparer’s signature alone is not sufficient. IRS Forms 990EZ, 990PF, and comparable forms are not acceptable substitutes.)
    - UPLOAD: IRS Form 990 as submitted to IRS
  - I certify that the federation named in this application is not required to prepare and submit an IRS Form 990 to the IRS. (Include as ATTACHMENT C a pro forma IRS Form 990 for a period ending not more than 18 months prior to January 2017. See application instructions for pro forma IRS Form 990 requirements. IRS Forms 990 EZ, 990PF, and comparable forms are not acceptable substitutes.)

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- UPLOAD: *pro forma* IRS Form 990 specific to the applicant entity
- 6)  I certify that the administrative and fundraising rate (AFR) for the federation named in this application is (*AFR calculated from entries below*)%. This percentage is computed only from information on the IRS Form 990 submitted with this application. See the instructions for more information on how to calculate the AFR.

**AFR Calculation**

- Total management and general expenses (from IRS Form 990, page 10, line 25, column C)
  - Total fundraising expenses (from IRS Form 990, page 10, line 25, column D)
  - Total revenue (from IRS Form 990, page 9, line 12, column A)
- 7)  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 federation named in this application. Include as ATTACHMENT D a complete list of the federation's board of directors with the beginning and end date of each board member's current term of office and the board's meeting dates and locations for calendar year 2016.
- 8)  I certify that the federation named in this application prohibits the sale or lease of CFC contributor lists.
- 9)  I certify that the federation 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.
- 10)  I certify that the federation named in this application effectively uses the funds contributed for its announced purposes.
- 11)  I certify that the federation named in this application does not employ, in its CFC operations, the services of private consultants, consulting firms, advertising agencies or similar business organizations to perform its policy-making or decision-making functions in the CFC.
- 12)  I certify that the federation 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.

**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 boxes

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next to the certification statements above, the federation named in this application acknowledges and agrees to comply with that certification, Federal regulations pertaining to the CFC, and the directions of the Director of the Office of Personnel Management.

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

**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 two 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.