

**2016 CFC APPLICATION REVIEW
LOCAL INDEPENDENT ORGANIZATIONS AND FEDERATION MEMBERS**

Applicant: _____

IRS Master File Name (if different from above): _____

CFC Number: _____ EIN: _____ AFR: _____%

REVIEWER RECOMMENDATION:	<input type="checkbox"/> ADMIT	<input type="checkbox"/> DENY
Comments:		
Reviewer Name:	Date:	
FINAL LFCC DECISION:	<input type="checkbox"/> ADMIT	<input type="checkbox"/> DENY
Comments:		
Name:	Date:	

All Certification Statements Checked:	<i>Yes</i>	<i>No</i>	<i>N/A</i>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Certifying Official's Original Signature:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>(Note: federations may submit photocopies of the signature as long as it has the original signature on file in its office.)</i>			

Has the charity's 501(c)(3) status been verified through and updated in the OPM Charity Registry System? Yes No

Organization is Open a Minimum of 15 Hours per Week: Yes No
(5 CFR §950.204(b)(1))

Attachment A Documents a Substantial Presence in the Local Campaign Area: Yes No
(5 CFR §950.204(b)(1))
If applicant did not meet any of the above three categories, describe the deficiencies:

Attachment A Describes a Human Health and Welfare Benefit In Calendar Year 2015:
Yes No *(5 CFR §950.203(a)(1))*

Web-Based Services - if applicable (see CFC Memo 2004-11 for more details)			
	<i>Yes</i>	<i>No</i>	
<i>Provided service log or other record indicating the geographic distribution of users in each state:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Demonstrated scope of services received by users:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
Check the appropriate box(es). Two of the three following items must be included in the application in order for the applicant to be eligible.			
<input type="checkbox"/>	<i>Evidence that recipients have registered for use of the website</i>		
<input type="checkbox"/>	<i>Summary reports documenting a customer feedback mechanism</i>		
<input type="checkbox"/>	<i>Evidence that recipients of web-based services paid a fee</i>		

IRS Determination Letter (Only 1 is required) (5 CFR §950.202(b)) *Yes No N/A*

IRS Letter is for Applicant: (5 CFR §950.202(b))

If no, DBA Documentation provided:

Group Exemption Letter: (CFC Memorandum 2006-22)

Bona-Fide Chapter/Affiliate Documentation:

(5 CFR §950.401(i))

Comments:

Audited Financial Statements (5 CFR §950.204(b)(2)) *Yes No Revenues <\$250k per IRS Form 990*

GAAS/GAAP Audit and Financial Statements: (5 CFR §950.203(a)(2))

Name matches IRS determination letter or DBA:

(Instructions Item 2)

Fiscal Year ended June 30, 2014 or later: (5 CFR §950.203(a)(2))

Audit report on letterhead with signature: (CFC Memo 2008-10)

Comments:

IRS Form 990: *Yes No*

Name and EIN match IRS determination letter or DBA:

(Application Instructions Item 2) *Audit not required*

Same fiscal period as audit: (5 CFR §950.203(a)(3))

Signed by an officer:

Board, including comp, is listed: (5 CFR §950.203(a)(5))

Number of voting members on Page 1, Line 3 is equal to or less than the number listed as director/trustees in Part VII:

Majority of Board is not compensated:

5 CFR §950.203(a)(5))

Administrative and Fundraising Rate Calculated by Local Campaign: _____%

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).

Method of Accounting: (5 CFR §950.203(a)(2)) Accrual Cash Other

Can be found on 990 Part XII, Line 1.

(Note: Only organizations with \$100,000 or more in total revenue are required to use the accrual method of accounting.)

Comments:

LFCC Assessment: No findings

AFR calculated by LFCC is different from AFR in Certification #7

Missing information submitted

Did not provide the following information requested by LFCC (list):