

**2016 CFC Application Completeness Review  
Local Independent Organizations and Federation Members**

**Charity List Name:** \_\_\_\_\_

**IRS Master File Name (if different):** \_\_\_\_\_

**5-Digit CFC Number:** \_\_\_\_\_

<b>Correct Application:</b>	<i>Yes</i>	<i>No</i>	
<i>(2016 Local Independent Application)</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>All certifications checked (5 CFR §950.203(b))</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Signature on Final Certification (5 CFR §950.203(b))</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>AFR in Application (Certification #7):</i>			____.____%

**Has the charity's 501(c)(3) status been verified through and updated in the OPM Charity Registry System? (5 CFR §950.303(c))**      **Yes**     **No**

<b>Attachment A (Schedule of Services)</b>	<i>Yes</i>	<i>No</i>	<i>N/A (if Statewide)</i>
<i>Hours of Operation (5 CFR §950.204(b)(1))</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Open a Minimum of 15 Hours per Week (5 CFR §950.204(b)(1))</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>County/State of Office Location (5 CFR §950.204(b)(1))</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Documents a Substantial Presence in the Local Campaign Area (5 CFR §950.204(b)(1))</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Schedule of 2015 Services (5 CFR §950.204(b)(1))</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Describes a Human Health and Welfare Benefit In Calendar Year 2015 (5 CFR §950.203(a)(1))</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>IRS Determination Letter (Only 1 is required)</b> <i>(5 CFR §950.202(b))</i>	<i>Yes</i>	<i>No</i>	<i>N/A</i>
<i>IRS Letter is for Applicant: (5 CFR §950.202(b))</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If no, DBA Documentation provided:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Group Exemption Letter: (CFC Memorandum 2006-22)</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Bona-Fide Chapter/Affiliate Documentation: (5 CFR §950.401(i))</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<b>Audited Financial Statements (5 CFR §950.204(b)(2))</b>	<i>Yes</i>	<i>No</i>	<i>N/A (Audit not required (total revenues under \$250,000))</i>
<i>Name matches Legal Name or DBA:</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Fiscal period ending on or after 6/30/14 (5 CFR §950.203(a)(2))</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Audit Report on letterhead w/signature (CFC Memo 2008-10)</i>	<input type="checkbox"/>	<input type="checkbox"/>	

**IRS Form 990**

Full Version

Pro forma version  (see Statement 6 of the application)

<i>If pro forma, does it included Parts I, II, VII A, VIII, IX, and XII</i>	Yes	No	N/A
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Same fiscal period as audit: (5 CFR §950.203(a)(3))</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Signed by an officer on page 1:(5 CFR §950.203(a)(3))</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Board Information in Part VII (including comp.) (5 CFR §950.203(a)(5))</i>	<input type="checkbox"/>	<input type="checkbox"/>	
<i>Number of voting members on Page 1, Line 3 is equal to or less than the number of directors/trustees in Part VII: (CFC Memo 2010-5)</i>	<input type="checkbox"/>	<input type="checkbox"/>	

*The number of voting members on Page 1, Line 3 is \_\_\_\_\_*

*The number of director/trustees in Part VII is \_\_\_\_\_*

Method of Accounting:  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.)*

**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).

<b>Attachment E</b> (25 word statement)	Yes	No
<i>25 words or less (no special formatting)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Legal name of organization</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Phone number</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>AFR</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>EIN</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>Taxonomy Code (up to 3)</i>	<input type="checkbox"/>	<input type="checkbox"/>

\_\_\_\_\_  
**Reviewer Name**

\_\_\_\_\_  
**Date**

**Date of Email Requesting Missing Information:** \_\_\_\_\_ **Initials** \_\_\_\_\_

**Comments:**

**Deadline for Submission of Missing Information:** \_\_\_\_\_

**Receipt of Missing Information:** \_\_\_\_\_