

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

Charity List Name: _____

IRS Master File Name (if different): _____

5-Digit CFC Number: _____

Correct Application:	<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**

Attachment A (Schedule of Services)	<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"/>

IRS Determination Letter (Only 1 is required) <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"/>

Audited Financial Statements (5 CFR §950.204(b)(2))	<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)

If pro forma, does it included Parts I, II, VII A, VIII, IX, and XII Yes No N/A

Same fiscal period as audit: (5 CFR §950.203(a)(3)) Yes No N/A

Signed by an officer on page 1:(5 CFR §950.203(a)(3)) Yes No N/A

Board Information in Part VII (including comp.) (5 CFR §950.203(a)(5)) Yes No N/A

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) Yes No

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).

Attachment E (25 word statement) Yes No

25 words or less (no special formatting) Yes No

Legal name of organization Yes No

Phone number Yes No

AFR Yes No

EIN Yes No

Taxonomy Code (up to 3) Yes No

Reviewer Name

Date

Date of Email Requesting Missing Information: _____ **Initials** _____

Comments:

Deadline for Submission of Missing Information: _____

Receipt of Missing Information: _____