2016 CFC Application Completeness Review
Family Support and Youth Activities (FSYA)

Charity List Name: _____

5-Digit CFC Number: _____

Correct Application:	*Yes*	*No*
(2016 FSYA Application)	☐	☐
Certification #1 checked (5 CFR §950.203(b))	☐	☐
Certifying Official Signature (5 CFR §950.203(b))	☐	☐
Documents a Substantial Presence in the Local Campaign Area (5 CFR §950.204(b)(1))	☐	☐

Attachment A Signed Letter from Commander)	*Yes*	*No*
	☐	☐

Has the charity's 501(c)(3) status been verified through and updated in the OPM Charity Registry System? ☐ ☐

Attachment B *(25 word statement)*	*Yes*	*No*
25 words or less (no special formatting)	☐	☐
Legal name of organization	☐	☐
Phone number	☐	☐
AFR	☐	☐
EIN	☐	☐
Taxonomy Code (up to 3)	☐	☐

_____ _____
Reviewer Name **Date**

Initials

Date of Email Requesting Missing Information: _____ _____

Comments:

Deadline for Submission of Missing Information: _____ _____

Receipt of Missing Information: _____ _____