

2010 CFC APPLICATION REVIEW CHECKLIST

The instructions provided with the application are very thorough and should help you in the completion of the application. We have listed a few areas that we feel are critical to qualification. These are only intended to be used as a check once you have completed your application.

Applying Organization _____

Federation member of _____ OR Local Independent Organization

ALL INFORMATION MUST BE ON LOCAL CHAPTER, NOT REGIONAL OR NATIONAL MATERIALS

___ Contains completed **current** application form (*Faxed/emailed copies of applications are not acceptable*)

___ Affirming **original** signatures ___ **All certifications checked** ___ Federation must include **all** member applications

___ **ATTACHMENT A – 1** Documentation of substantial presence (*must meet all criteria in category*)

Local	Adjacent	Statewide
<input type="checkbox"/> Dedicated address <input type="checkbox"/> Dedicated phone line <input type="checkbox"/> Open 15 hours or more	<input type="checkbox"/> Dedicated address <input type="checkbox"/> Dedicated phone line <input type="checkbox"/> Open 15 hours or more <input type="checkbox"/> Physically located within geographic boundaries of an adjacent campaign. _____ Campaign _____ County	<input type="checkbox"/> 30% Geographic boundaries <input type="checkbox"/> Service records/supporting documentation OR <input type="checkbox"/> 30% affected population <input type="checkbox"/> Number affected population _____ <input type="checkbox"/> Number served of affected population _____

___ **ATTACHMENT A – 2** Description of human health and welfare benefits provided **in calendar year 2009**. Includes:

___ Detailed description of activities ___ Services provided ___ Who benefits and how

___ **ATTACHMENT B** – IRS determination letter – 501(c)(3)

___ Official documentation authorizing name change (DBA) (*if applicable*) ___ Confirm EIN matches on 990 & application

___ IRS determination letter is for Applicant OR

___ IRS determination letter is a Group Exemption Letter ___ Required documentation provided OR

___ Applicant is bona-fide chapter or affiliate ___ Required documentation provided

___ **ATTACHMENT C** – Copy of audit (*dated NLT 18 months from Jan. of 2010*)

Time Frame: _____

___ N/A (*see Instructions for requirements*)

GAAP ___ Yes ___ No

GAAS ___ Yes ___ No

___ Name matches IRS Determination Letter or DBA Documentation

___ **ATTACHMENT D** – IRS form 990 (*dated NLT 18 months from Jan. of 2010*) **Audit & 990** – Dates Match ___ Yes ___ No

___ Form 990, includes signature of officer **Time Frame:** _____ ___ Accrual ___ Cash ___ Other

Includes: ___ All supplemental statements ___ Schedule A ___ Board information in Part V

___ Pro forma IRS Form 990 (*if not required to file a Form 990 with IRS*) If using the 2007 IRS Form 990 as pro forma 990, page 1 and part V only. If using the revised 2008 IRS Form 990 as pro forma 990, page 1 (Part I, Summary and Part II, Signature Block); pages 7 & 8 (Part VII, Compensation sections A and B); page 9 (Part VIII, Statement of Revenues); page 10 (Part IX, Statement of Functional Expenses); and page 11 (Part XI, Financial Statements and Report).

___ Form 990EZ or Form 990PF **Must** include appropriate pro forma pages as described above depending on 990 Form used.

___ Name and EIN match IRS Determination Letter or DBA

___ Administrative/Fundraising Expense: Percentage is computed from the IRS Form 990 submitted with application. Depending on which year's IRS Form 990 is submitted, percentage is calculated based on information contained on the:

2007 IRS Form 990 by adding the amount spent on "management and general" (line 14) to "fundraising" (line 15) and dividing the resulting total by "total revenue" (line 12);

2008 Revised IRS Form 990 by adding 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 dividing the sum by Part VIII (Statement of Revenue), Line 12, Column A (Total Revenue). NO other methods may be used.

___ **ATTACHMENT E** – 25 Word Statement (Name of charity and below information not counted in 25 word limit)

___ Five-digit CFC code previously assigned to applicant if participant in this CFC (Leave blank if new applicant)

___ Name of organization ___ Legal Name, if applicable

___ Phone number ___ Website ___ EIN #

___ Administrative/Fundraising Rate (Calculated to one decimal place)

___ National Taxonomy of Exempt Entities classification codes (*NMT 3 letter codes*)