2016 Miami Valley CFC Application Review & Eligibility
Local Independent Organizations and Federation Members

IRS Master File Name _____ **5-digit CFC Code** __ __ __ __ __

Charity DBA _____ **EIN** __ __ - ___ ___ ___ ___ ___ ___ ___

	Yes	No	N/A
Application & Attachment A			
✓ Certification 1:			
o Days and hours of operation; open minimum of 15 hours/week *(5 CFR §950.204(b)(1))*	☐	☐	
o Office location: County & State *(5 CFR §950.204(b)(1))*	☐	☐	
o Service office address and telephone number *(5 CFR §950.204(b)(1))*	☐	☐	
✓ Certification 3: Group Exemption ☐ Chapter or Affiliate ☐			☐
✓ Certification 5: Total Revenue: > $250,000 ☐ $100,000 -- $250,000 ☐ < $100,000 ☐			
✓ Certification 7: AFR ___ ___ . ___%			☐
✓ All 12 applicable certifications checked *(5 CFR §950.203(b))*	☐	☐	
If "no," list one(s) not checked ____ ____ ___			
✓ Final certification includes *(5 CFR §950.203(b))*			
* Signature (does not have to be original)	☐	☐	
* Date	☐	☐	
✓ Attachment A:			
o Description of programs/services provided in calendar year 2015 *(5 CFR §950.204(b)(1))*	☐	☐	
o Description of health and human welfare benefit in calendar year 2015 (Note: year 2015 included somewhere in the description) *(5 CFR §950.203(a)(1))*	☐	☐	
Attachment B / IRS Letter			
✓ IRS letter included is for applicant; ***confirms*** 501(c)(3) status *(5 CFR §950.202(b))*	☐	☐	☐
✓ Does organization name match IRS designated name on letter?	☐	☐	☐
✓ Does 9-digit EIN match number at top of review sheet?	☐	☐	
✓ DBA documentation included, if applicable	☐	☐	☐
✓ *Is group exemption documentation included? (CFC Memo 2006-22)*	☐	☐	☐
o *If "No," list what is needed on reverse side (bottom left).*			
✓ *Is documentation included certifying charity is a bona-fide chapter or affiliate of an organization? (5 CFR §950.401(i))*	☐	☐	☐
o *If "No," list what is needed on reverse side.*			
Attachment C / Financial Report			
✓ Reported revenue > $250,000 *(5 CFR §950.204(b)(2))*	☐	☐	☐
✓ Name matches IRS-designated name or "DBA"	☐	☐	
✓ Fiscal period ending on or after June 30, 2014 *(5 CFR §950.203(a)(2))*	☐	☐	
✓ Audit matches IRS 990 filing period (Attachment D: IRS 990 Page 1, Section A) *(5 CFR §950.203(a)(2))*	☐	☐	
✓ Audit report on letterhead with signature *(CFC Memo 2008-10)*	☐	☐	
✓ Fiscal period on or after June 30, 2014 is annotated in letter	☐	☐	
* Was audit report letter dated **after** June 30, 2014?	☐	☐	
✓ Wording in report letter must reference the following: *(5 CFR §950.203(a)(2))*			
* Organization accounts for funds in accordance with Generally Accepted Accounting Procedures (GAAP) ***and*** was audited in accordance with Generally Accepted Auditing Standards (GAAS)	☐	☐	
* "Except for…" was not used in report letter?	☐	☐	
* "Compiled" or "reviewed" were not used in report letter?	☐	☐	

SAMPLE

IRS Master File Name _____ **5-digit CFC Code** __ __ __ __ __

Charity DBA _____ **EIN** __ __ - ___ ___ ___ ___ ___ ___ ___

	Yes	No	N/A
Attachment D / IRS Form 990 **Full** ☐ *or* **Pro forma** ☐			
2013 ☐ **2014** ☐ **2015** ☐			
✓ Organization name and EIN same as shown at top of review sheet	☐	☐	
✓ IRS Form 990 matches same fiscal period as audit (where required) *(5 CFR §950.203(a)(3))*	☐	☐	☐
✓ Number of **Voting** members indicated on Page 1, Part I, Line 3 _____			
Number of **Trustees/Directors** identified on Pages 7-8, Part VII, Sections A and C _____			
Number of compensated Trustees/Directors identified on Part VII, Sections A and D-F _____			
✓ Number of **Voting** members (Page 1, Part I, Line 3) is equal to or less than the number of **Trustees/Directors** identified (Pages 7-8, Part VII, Sections A and C) *(CFC Memo 2010-5)*	☐	☐	
✓ Majority of Trustees/Directors are not compensated *(5 CFR §950.203(a)(5))*	☐	☐	
○ 0 appears in Sections D-F if compensation/benefits not indicated *or* box above Section A-F headers is checked	☐	☐	
✓ Signed by an officer (Page 1, Part II) *or* filed electronically and signed IRS Form 8879-EO/IRS Form 8453-EO provided? *(5 CFR §950.203(a)(3))*	☐	☐	
✓ Is correct accounting method identified (Page 12, Part XII, Line 1) *(5 CFR §950.203(a)(2))*	☐	☐	
Cash ☐ Accrual ☐ Other ☐			
Only organizations with $100,000 or more in total revenue are required to use accrual method			
Attachment E / 2016 Charity List entry			
(a) IRS-designated name	☐		
(b) "dba" (documentation required)	☐		☐
(c) Area code and telephone number	☐		
(d) Website address	☐		☐
(e) 9-digit Employee Identification Number (EIN; must be same as shown above)	☐		
(f) 25-word description (number of words: _____; edit if more than 25 words)	☐		
(g) NTEE code(s); list up to 3 *(optional)*	☐		

(h) Calculate Administrative and Fundraising % (AFR%)

***IRS Form 990* (Attachment D)**

Page 10, Part IX (Statement of Functional Expenses), Line 25, Column C (Management and general expenses) **$** _____

Page 10, Part IX (Statement of Functional Expenses), Line 25, Column D (Fundraising expenses) + **$** _____

Page 9, Part VIII (Statement of Revenue), Line 12, Column A (Total Revenue) ÷ **$** _____

x 100 =

All percentages must be listed to the tenth of a percent (e.g. 15.7%) **AFR** ___ ___. ___%

AFR % provided in Certification 7: ___ ___ . ___% (*update when necessary*)

Items/clarifications required:

_____

_____

_____

_____

SAMPLE