



SAN ANTONIO AREA COMBINED FEDERAL CAMPAIGN

2010 Application Instructions for Family Support and Youth Activities

BACKGROUND

Enclosed is the model application for use Family Support and Youth Activities (FSYA), also known as Morale, Welfare and Recreation (MWR) organizations, applying to participate in the Combined Federal Campaign (CFC). An FSYA is an organization that operates on a military base for the benefit of the members of the military who work or live on that installation or day-care centers that are located in a Federal facility. The following instructions and form are intended to assist an FSYA in applying for participation in the CFC. All aspects of the CFC, including eligibility for participation, are strictly governed by Federal regulation. The current CFC regulations can be viewed on our website at www.opm.gov/cfc. Additional copies of the application can also be downloaded from www.CFCsanantonio.org.

All required documents and attachments must be complete and submitted before the application deadline each year. ***The CFC will not accept late applications. It is the applicant's responsibility to submit its application and information by the scheduled deadline. Requests for consideration after the deadline will not be considered.***

Applicants whose applications do not contain required documents or who submit incomplete or out-of-date documents will not be permitted to correct their applications during the appeals process. Organizations that apply for local eligibility and are found ineligible will have an opportunity to appeal to the Local Federal Coordinating Committee (LFCC) for reconsideration. If found ineligible on appeal by the LFCC, the organization may appeal the LFCC's decision to the Director of the Office of Personnel Management (OPM). The Director's decision is final for administrative purposes. Appellants should ensure that their appeals are complete and responsive to the actual reasons for

the LFCC denial decision.

Each LFCC determines the application deadline for organizations seeking local eligibility. Since local dates will vary, please check with the local CFC for local application deadlines and filing information. Local campaign contact information can be found on the CFC website at www.opm.gov/cfc/Search/Locator.asp.

If a local application form is available, OPM suggests that organizations use the local application provided when applying to the CFC.

The CFC will not accept application forms with modifications to any of the certification statements.

In order to determine whether an organization may participate in the campaign, the LFCC may request evidence of corrective action regarding any prior violation of regulation or directive, sanction, or penalty, as appropriate. The LFCC will decide whether the organization has demonstrated, to the LFCC's satisfaction, that the organization has taken appropriate corrective action. Failure to demonstrate satisfactory corrective action or to respond to the LFCC's request for information within 10 business days of the date of the request may result in a recommendation to OPM that the organization will not be included in the Charity List. The Director's decision will be communicated in writing to the organization.

**FAXES OR ELECTRONIC SUBMISSIONS
OF APPLICATIONS ARE NOT ACCEPTED**

DEFINITIONS

Organization Legal name of the applicant organization.

Employer Identification Number (EIN) The nine-digit EIN that appears on the IRS determination letter, if applicable. An FSYA that

has not been assigned an EIN may leave this field blank.

5 Digit CFC Number The 5 digit number assigned to the organization by the CFC. Organizations that did not previously participate in the CFC should leave this field blank.

Mailing Address A physical mailing address must be provided - Post Office Box addresses will not be accepted.

Telephone Organization's telephone number.

Contact Person The contact person is the individual to whom the CFC will direct communications. This may be any individual in the organization.

Contact Title Self-explanatory

Contact Address Contact person's physical mailing address if different than the organization's address. Post Office Boxes may be used. Participation decision letters and other CFC communications will be sent to the contact person at this address.

Contact Telephone Contact person's telephone number, if different than the organization's telephone number.

Fax Contact person's fax number.

Contact E-Mail Contact person's electronic mail address. Applicants are encouraged to provide more than one email address.

Website Address List the complete Internet address of the applicant organization (no e-mail addresses). This information is required, if the organization has an Internet address.

Disbursement Address List the address where paper checks will be sent, if different from mailing address. Post office boxes may be used for the disbursement address.

Electronic Funds Transfer (EFT) Information List the Routing and Account numbers, along with the name of the financial institution, where funds should be disbursed. This is an optional method for receipt of CFC contributions. NOTE: Some

campaigns may elect not to disburse funds electronically.

Certifying Official The certifying official is the individual who has the authority to affirm that all statements in the application are accurate. For FSYAs, the certifying official must be commander of the military installation or the head of the Federal facility where the organization is located.

INSTRUCTIONS

For details regarding CFC eligibility requirements for FSYAs, refer to CFC regulations at 5 CFR § 950.204(c) on the CFC website at www.opm.gov/cfc.

Applicants must check the box next to certification statement #1 to demonstrate agreement to comply with the statement and to certify that it meets the requirement. Failure to provide a check mark for the statements will be considered a refusal to certify and will result in the denial of the application.

Item 1

Each FSYA applying to participate in the CFC must, as a condition of participation, certify that it is in compliance with all statutes, Executive Orders, and regulations restricting or prohibiting U.S. persons from engaging in transactions and dealings with countries, entities, and individuals subject to economic sanctions administered by the U.S. Department of the Treasury's Office of Foreign Assets Control (OFAC). The programs administered by OFAC restrict or prohibit U.S. persons from engaging in transactions and dealings with targeted countries, entities, and individuals. OFAC publishes a list of Specially Designated Nationals and Blocked Persons (SDN List). The persons on the SDN List are subject to economic sanctions. The SDN List and additional information relating to the economic sanctions programs that OFAC administers are available at <http://www.treas.gov/ofac>. A link to the SDN List is available on the CFC website (www.opm.gov/cfc).

For further information, please see CFC Memo 2005-13.

Item 2

Include as Attachment A a copy of the letter from the commanding officer of the military installation or the head of the Federal agency where the day-care facility is located certifying that the organization meets the criteria in 5 C.F.R. §950.204(d).

This certification letter must be completed annually and dated on or after January 1 of the campaign year to which the organization is applying. The letter must certify that the organization meets the following criteria:

- The organization is a nonprofit, tax-exempt organization that provides family service programs or youth activity programs to personnel in the Command or in the Federal facility where the organization is located. The activity does not receive a majority of its financial support from appropriated funds.
- The organization has a high degree of integrity and responsibility in the conduct of its affairs. Contributions received are used effectively for the announced purposes of the organization.
- The organization is directed by the base Non-Appropriated Fund Council or an active voluntary board of directors which serves without compensation and holds regular meetings.
- The organization conducts its fiscal operations in accordance with a detailed annual budget, prepared and approved at the beginning of the fiscal year. Any significant variations from the approved budget must have prior authorization from the Non-Appropriated Fund Council or the directors. The family support and youth activities must have accounting procedures available to an installation auditor and the inspector general.
- The organization has a policy and practice of nondiscrimination on the basis of race, color, religion, sex or national origin applicable to persons served by the organization.
- The organization prepares an annual report which includes a full description of the organization's activities and accomplishments. These reports are made available to the public upon request.

Item 3

Include as Attachment B, a statement in 25 words or less that describes the organization's program activities. The statement should not repeat the organization's name. The organization must also provide the legal name as registered with the IRS if the organization does business under a different name. All organizations must include their IRS Employee Identification Number (EIN) regardless of whether or not they are operating under a "dba" ("doing business as"). The organization must also include a telephone number that can be reached from any location in the U.S. and the organization's administrative and fundraising rate. The legal name, telephone number, EIN, taxonomy codes (see below), and administrative and fundraising rate will NOT count as part of the 25-word statement. An Internet address where information on the organization can be obtained may be included and will not count toward the 25 words. OPM will not be responsible for incorrect Internet addresses. E-mail addresses are not accepted.

Taxonomy Codes Each organization can identify up to three categories, in priority order, which most closely identify the type of mission, services, and activities provided. The corresponding letters will be printed in your organization's listing in the CFC charity list (see example below) to assist donors in identifying charities by type of service provided. Categories are derived from the National Taxonomy of Exempt Entities (NTEE) classification system developed by the National Center for Charitable Statistics. The 26 categories are:

- A Arts, Culture, and Humanities
- B Educational Institutions & Related Activities
- C Envir. Quality, Protection & Beautification
- D Animal Related
- E Health – General and Rehabilitative
- F Mental Health, Crisis Intervention
- G Disease, Disorders, Medicinal Disciplines
- H Medical Research
- I Crime, Legal Related
- J Employment, Job Related
- K Food, Agriculture, and Nutrition
- L Housing, Shelter
- M Public Safety, Disaster Preparedness & Relief
- N Recreation, Sports, Leisure, Athletics
- O Youth Development
- P Human Services – Multipurpose and Other
- Q International, Foreign Affairs, National Security
- R Civil Rights, Social Action, Advocacy

S Community Improvement, Capacity Building
T Philanthropy, Voluntarism & Foundations
U Science & Technology Research Institutes,
Services
V Social Science Research Institutes, Services
W Public, Social Benefit: Multipurpose, Other
X Religion Related, Spiritual Development
Y Mutual/Membership Benefit Orgs., Other
Z Other

Special design text used to draw attention to an organization title, such as special fonts, capitalization, quotations, and underlining, are not accepted.

Any statement that uses special features, or exceeds 25 words will be edited by the LFCC.

Organizations will be listed by their legal IRS recognized name as it appears on the IRS

determination letter only unless the appropriate legal documentation permitting otherwise is provided with the application. See Item 2. The format is as follows:

0000 Name of Organization (legal name of organization, if applicable) (202) 555-1234 www.opm.gov/cfc EIN#12-3456789 The description will contain no more than 25 words. It should be worded so the donor understands the program services provided. 0.0% B,V,O

Local CFC applications must be sent to the San Antonio Area – Combined Federal Campaign office (700 South Alamo, P.O. Box 898, San Antonio Texas 78293-0898) Do not send applications to the Office of Personnel Management.



**SAN ANTONIO AREA
COMBINED FEDERAL CAMPAIGN
2010 APPLICATION FOR
FAMILY SUPPORT AND YOUTH ACTIVITIES**

Organization: _____

Employer Identification Number (EIN): ___ - _____

5 Digit CFC Number (If a previous participant in the CFC): _____

Organization Address: _____

(Post Office Box addresses are not accepted and may result in automatic disqualification.)

Telephone: (_____) _____

Contact Person: _____

Contact Title: _____

Contact Address:
(If different from the above address – Post Office Boxes are acceptable for the Contact Address. All CFC correspondence will be sent to this address.)

Contact Telephone: (_____) _____ Fax: (_____) _____

Contact E-Mail Address: _____

Website Address (required, if available): _____

Disbursement Address: _____

(This is the address where paper checks will be sent.)

Electronic Funds Transfer (EFT) information (Optional):

Routing Number (9 digits): ___ - _____

ACCT: _____

Financial Institution: _____

- 1) Include as **ATTACHMENT A** - the San Antonio Area – CFC Check list completed by the commander of the military installation or the head of the Federal facility where the organization is located certifying that the organization meets the eligibility criteria as outlined in 5 C.F.R. §950.204(d).
- 2) Include as **ATTACHMENT B** a 25-word statement for listing in the campaign charity list. (See Instructions Item 3 for additional required information on the optional taxonomy codes.)

ATTACHMENT - A

**SAN ANTONIO AREA - COMBINED FEDERAL CAMPAIGN
FAMILY SUPPORT/MWR/YOUTH ACTIVITIES
APPLICATION FOR ADMISSION
2010**

Read each of the following statements pertaining to the organization listed above. The Installation/base commander/commanding officer or an authorized representative must sign the certification. If you are unable to certify any of the statements please explain on a separate sheet of paper.

- 1) I certify that the organization named in this application is in compliance with all statutes, Executive orders, and regulations restricting or prohibiting U.S. persons from engaging in transactions and dealings with countries, entities, or individuals subject to economic sanctions administered by the U.S. Department of the Treasury's Office of Foreign Assets Control. The organization named in this application is aware that a list of countries subject to such sanctions, a list of Specially Designated Nationals and Blocked Persons subject to such sanctions, and overviews and guidelines for each such sanctions program can be found at <http://www.treas.gov/ofac>. Should any change in circumstances pertaining to this certification occur at any time, the organization will notify OPM's Office of CFC Operations immediately?
- 2) I certify that the organization is a non-profit, tax-exempt organization that provides family service programs or youth activity programs to personnel served by the Command and does not receive a majority of its financial support from appropriated funds.
- 3) I certify that this organization has a high degree of integrity and responsibility in the conduct of its affairs and that contributions received will be used effectively for the announced purposes of the organization.
- 4) I certify that a Non-Appropriated Fund Council or an active voluntary board of directors that serves without compensation and holds regular meetings directs the organization named in this application.
- 5) I certify that the organization named in this application conducts fiscal operations in accordance with a detailed annual budget, prepared and approved at the beginning of the fiscal year; that any significant variations from the approved budget have prior authorization from the Non-Appropriated Fund Council or the directors; and that the organization has accounting procedures acceptable to an installation auditor and the inspector general.
- 6) I certify that this organization named in the application has a policy and practice of nondiscrimination on the basis of race, color, religion, sex or national origin applicable to persons served by the organization.

7) I certify that the organization named in this application prepares an annual report, which includes a full description of the organization's activities and accomplishments; and that the annual report is made available to the public upon request. (Recent newsletters may be used as long as they contain all required information.) Include as Attachment A a copy of the annual report.

8) 25-Word Statement for listing in the campaign brochure. Complete Attachment B (25-Word Statement) by inserting no more than one word in each of the 25 blocks provided. The 25-word statement provided by the organization need not include the organization's name, but can include a former name, which will count as part of the 25-word statement. In addition, organizations must provide a telephone number, dedicated solely for the organization's use through which the donors may receive information about the organization. This information will be included in the campaign agency listing.

I certify that I have read all the certifications set forth in this document and affirm their accuracy. In addition, by checking the box next to the statement, I acknowledge and agree to comply with that certification.

CERTIFYING OFFICIAL

I, _____, am the duly appointed representative
(Print Name)

of _____ authorized to certify and affirm all statements enclosed
(Print Organization Name)

in this application. I certify that I have read all the certifications set forth in this document and affirm their accuracy. In addition, by checking the box next to the certification, the organization named in this application acknowledges and agrees to comply with that certification.

(Signature)

(Typed or Printed Name)

Date Completed _____
(Title)

NOTE: Applications will not be accepted if submitted electronically or by facsimile. The certifying official's signature must be original. Automatic pens and/or signature stamps may not be used.

Public Burden Statement
We think this form takes an average of 3 hours to complete, including the time for getting the needed data and reviewing both the instructions and completing the form. Send comments regarding our estimate or any other aspects of this form, including for reducing completion time to Office of Personnel Management (OPM), CFC Operations (3206-0131), and Washington, DC 20415-7900. The OMB number 3206-0131 is currently valid. OPM may not collect this information, and you are not required to respond, unless this number is displayed.

ATTACHMENT - B

25-Word Statement Template

AGENCY NAME: _____

AGENCY LEGAL NAME: _____
(If operating under a "dba")

FIVE DIGIT CFC NUMBER _____
(If a participant in 2007 CFC)

PHONE NUMBER TO APPEAR ON LIST: _____

WEB SITE ADDRESS TO APPEAR ON LIST: _____

TAXONOMY/PROGRAM AREA CODES TO APPEAR ON LIST _____
(Identify up to three in priority order)

Include below a statement of 25 words or less, no more than one word in each block below that describes real services, benefits or program activities the organization provides. The statement should not repeat the organization's name, but if it does, the name will count toward the 25-word maximum. The legal name listed above, registered with the IRS if the organization does business under a different name, will be included. Your IRS Employer Identification Number (EIN) regardless of whether or not you are operating under a "dba" will also be included in your listing. The legal name listing and EIN will not count as part of your 25-word statement. Marketing tactics to draw attention to an organization, such as capitalization, quotations, and underlining, will not be permitted. Any statement provided by the applicant that uses these tactics or exceeds 25 words will be edited by the CFC's board of directors.

NOTE: See Instructions for Program Area Codes information