



DATED INFORMATION ENCLOSED

2008

**Central & Northern New Mexico
Combined Federal Campaign**

**Application For
LOCAL INDEPENDENT ORGANIZATIONS AND FEDERATION MEMBERS**

**APPLICATION DEADLINE:
April 10, 2008**

*Application must be POSTMARKED
by this deadline.*

*All organizations must apply every year to be eligible to receive
donations.*

**No FAXES OR ELECTRONICS SUBMISSIONS of applications will be
accepted**

CENTRAL & NORTHERN NEW MEXICO COMBINED FEDERAL CAMPAIGN
1224 PENNSYLVANIA NE, STE. C
ALBUQUERQUE, NM 87110
PHONE: (505) 245-1730

**DATED INFORMATION ENCLOSED
CENTRAL & NORTHERN NEW MEXICO**

COMBINED FEDERAL CAMPAIGN
2008 APPLICATION FOR INDEPENDENT ORGANIZATIONS AND
FEDERATION MEMBERS

OMB APPROVED
NO. 3206-0131

THE CENTRAL & NORTHERN NEW MEXICO COMBINED FEDERAL CAMPAIGN INCLUDES THE FOLLOWING COUNTIES: BERNALILLO, CIBOLA, LOS ALAMOS, MCKINLEY, RIO ARRIBA, SANDOVAL, SAN MIGUEL, SANTA FE, SOCORRO, TAOS AND VALENCIA.

Organization Name *Doing Business As Name (DBA)*

Employer Identification Number (EIN): ___ - _____

5 Digit CFC Number (If a participant in the last year's CFC): _____

Organization Address: _____

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

Telephone: (____) _____

Contact Person: _____

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) **Hours of Operation Per Each Day of the Week (Example: Monday-Friday, 9AM-5PM; Saturday, 10AM – 3PM; Sunday, Closed):**

County and State Where Office is Located: _____

Place a check in the *one* appropriate box:

- I certify that the organization named in the application has a substantial local presence in the geographical area covered by the local campaign. (*Substantial local presence is defined in the Instructions as Item 1.*) **Include as ATTACHMENT A supporting statements and/or documentation of substantial local presence in the geographical area covered by the local campaign and a description of the programs, services, benefits, etc. provided by the organization in calendar year 2007 and how those programs, services, benefits, etc. affect human health and welfare of the target population.**

-OR-

- I certify that the applicant organization named in the application has a substantial local presence in the geographical area covered by an adjacent local campaign. (*Substantial adjacent presence is defined in the Instructions as Item 1.*) **Include as ATTACHMENT A supporting statements and/or documentation of substantial presence in the geographical area covered by an adjacent campaign and a description of the programs, services, benefits, etc. provided by the organization in calendar year 2007 and how those programs, services, benefits, etc. affect human health and welfare of the target population.**

-OR-

- I certify that the organization named in the application has a substantial statewide presence. (*Substantial statewide presence is defined in the Instructions as Item 1.*) **Include as ATTACHMENT A supporting statements and/or documentation of substantial statewide presence and a description of the programs, services, benefits, etc. provided by the organization in calendar year 2007 and how those programs, services, benefits, etc. affect human health and welfare of the target population.**

- 2) I certify that the Internal Revenue Service (IRS) recognizes the organization named in this application as tax-exempt under 26 U.S.C. 501(c)(3) and to which contributions are tax deductible pursuant to 26 U.S.C. 170(c)(2). **Include as ATTACHMENT B a copy of the most recent IRS determination letter.** See instructions for additional information.

- 3) Place a check in the *one* appropriate box:

- I certify that the organization named in this application is not part of a group exemption.

- OR -

- I certify that the organization named in this application is part of a group exemption.

- OR -

- I certify that the organization named in this application is a bona-fide chapter or affiliate that operates under a national organization's single corporation tax-exemption.

- 4) I certify that the organization named in this application is a human health and welfare

organization providing services, benefits, or assistance to, or conducting activities affecting human health and welfare. The services, benefits, assistance, or program activities affecting human health and welfare provided in 2007 are reflected in **ATTACHMENT A**.

5) Place a check in the **one** appropriate box:

- I certify that the organization named in this application reports total revenue of \$250,000 or more on its IRS Form 990 (or pro forma IRS Form 990) covering a period ending not more than 18 months prior to January 2008 and meets *both* of the following two conditions:
- accounts for its funds on the accrual basis in accordance with generally accepted accounting principles (GAAP); and,
 - has an audit of its fiscal operations completed annually by an independent certified public accountant in accordance with generally accepted auditing standards (GAAS). (**Include as ATTACHMENT C a copy of the organization's most recent audited financial statements for a fiscal period ending not more than 18 months prior to January 2008.**)

- OR -

- I certify that the organization named in this application reports total revenue of at least \$100,000 but less than \$250,000 on its IRS Form 990 (or pro forma IRS Form 990) covering a period ending not more than 18 months prior to January 2008 and meets *both* of the following two conditions:
- accounts for its funds on an accrual basis in accordance with generally accepted accounting principles (GAAP); and,
 - has an audit of its fiscal operations completed annually by an independent certified public accountant in accordance with generally accepted auditing standards (GAAS).

- OR -

- I certify that the organization named in this application reports total revenue of less than \$100,000 on its IRS Form 990 (or pro forma IRS Form 990) covering a period ending not more than 18 months prior to January 2008 and has controls in place to ensure funds are properly accounted for and that it can provide accurate timely financial information to interested parties.

6) Check the **one** appropriate box:

- I certify that the organization named in this application prepares and submits to the IRS a complete copy of the organization's IRS Form 990. (**Include as ATTACHMENT D a copy of the complete IRS Form 990 for a period ending not more than 18 months prior to January 2008**, including signatures in the box marked "Signature of Officer". The preparer's signature alone is not sufficient. IRS Forms 990EZ, 990PF, and comparable forms are not acceptable substitutes.)

- OR -

- I certify that the organization named in this application is not required to prepare and submit an IRS Form 990 to the IRS. (**Include as ATTACHMENT D a pro forma IRS Form 990**

page 1 and Part V only for a period ending not more than 18 months prior to January 2008. IRS Forms 990 EZ, 990PF, and comparable forms are not acceptable substitutes.)

- 7) I certify that the administrative and fundraising rate for the organization named in this application is __ __. __%. This percentage has been computed from information on the IRS Form 990 submitted with this application by adding the amount spent on "management and general" (line 14) to "fund-raising" (line 15) and dividing the resulting total by "total revenue" (line 12). No other method may be used to calculate this percentage. All percentages must be listed to the tenth of a percent (i.e. 10.0% or 15.5%).
- 8) I certify that an active and responsible governing body, whose members have no material conflict of interest and a majority of whom serves without compensation, directs the organization named in this application.
- 9) I certify that the organization named in this application prohibits the sale or lease of CFC contributor lists.
- 10) I certify that the organization named in this application conducts publicity and promotional activities based upon its actual program and operations, and that these activities are truthful and non-deceptive, include all material facts, and make no exaggerated or misleading claims.
- 11) I certify that the organization named in this application effectively uses the funds contributed for its announced purposes.
- 12) 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.
- 13) Include as **ATTACHMENT E** a 25-word statement for listing in the campaign charity list. (See **Instructions Item 13 for additional required information on the optional taxonomy codes.**)

CERTIFYING OFFICIAL

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

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

enclosed 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)

(Title)

Date Completed _____

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 suggestions for reducing completion time to Office of Personnel Management (OPM), OPM Forms Officer, Paperwork Reduction Project (3206-0131), 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.

2008 CFC Application Check-Off List

Local Independent Organizations and Federation Members

Charity List Name: _____

Legal Name (if different): _____

2007 CFC Number: _____ Local Adjacent Statewide

| | Yes | No | N/A |
|---|--------------------------|--------------------------|--|
| Correct Application: | | | |
| (2008 Local Independent Application) | <input type="checkbox"/> | <input type="checkbox"/> | |
| All certifications checked | <input type="checkbox"/> | <input type="checkbox"/> | |
| Sanctions Compliance Certification Checked (#12) | <input type="checkbox"/> | <input type="checkbox"/> | |
| Signature on Final Certification | <input type="checkbox"/> | <input type="checkbox"/> | |
| All Attachments tabbed | <input type="checkbox"/> | <input type="checkbox"/> | |
| Authorization for Direct Deposit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | |
| Attachment A – Schedule of Services | | | |
| Hours of Operation | <input type="checkbox"/> | <input type="checkbox"/> | |
| County and State Where Office is Located | <input type="checkbox"/> | <input type="checkbox"/> | |
| Schedule of Services | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | |
| Attachment B - IRS Determination Letter | <input type="checkbox"/> | <input type="checkbox"/> | |
| DBA Documentation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | |
| | Yes | No | Audit not required (total revenues under \$250,000) |
| Attachment C - Audited Financial Statements | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Fiscal period ending on or after 6/30/06 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | |
| Attachment D - IRS Form 990 | | | |
| Matches Audit Fiscal Period | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| AFR (calculated by LFCC) | | | _____ % |
| Matches AFR in Certification #7 | <input type="checkbox"/> | <input type="checkbox"/> | |
| Board Information in Part V | <input type="checkbox"/> | <input type="checkbox"/> | |
| Signed by an officer | <input type="checkbox"/> | <input type="checkbox"/> | |
| Schedule A | <input type="checkbox"/> | <input type="checkbox"/> | |
| | | | |
| Attachment E – 25-word statement | Yes | No | |
| | <input type="checkbox"/> | <input type="checkbox"/> | |