



DATED INFORMATION ENCLOSED

2008

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

**Application For
LOCAL FEDERATIONS**

**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 LOCAL FEDERATIONS**

**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.
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Federation: _____

Employer Identification Number (EIN): ___ - _____

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

Mailing Address: _____

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

Telephone Number () _____

Contact Person: _____

Contact Address: _____

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

Contact Telephone: () _____ Fax: () _____

Contact E-Mail Address: _____

Federation Website Address (required, if available): _____

Disbursement Address: _____

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

Electronic Funds Transfer (EFT) information (Optional):

RTN (9 digits): _____ ACCT: _____

Financial Institution: _____

- 1) I certify that the federation named in the application has 15 or more member organizations that individually meet all local eligibility criteria of 5 CFR §§ 950.202, 950.203, 950.204, and 950.401(i) for participation in this campaign by having either a substantial local presence in the geographic area served by the local campaign, a substantial local presence in

the geographic area served by an adjacent local campaign, or a substantial statewide presence. **Include as ATTACHMENT A a list of all member organizations that meet this requirement.** The list must include each organization (with its legal name in parentheses if using a “dba”), Employer Identification Number (EIN), administrative and fundraising rate, and the local presence category under which it is eligible for participation in the local campaign (e.g. Local, Adjacent, or Statewide).

- 2) I certify that the Internal Revenue Service recognizes the federation 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) I certify that the federation named in this application is a human health and welfare federation and either it or its member organizations provide services, benefits, or assistance to, or conduct activities that directly or indirectly affect, human health and welfare. The services, benefits, assistance, or program activities affecting human health and welfare were provided in 2007.
- 4) Place a check in the **one** appropriate box:
- I certify that the federation named in the application 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). **(Include as ATTACHMENT C a copy of the audited financial statement for a fiscal period ending not more than 18 months prior to January 2008** which verifies that the federation is honoring designations made to each member organization by distributing a proportionate share of receipts based on donor designations to each member.)

- OR -

- I certify that the federation named in the application accounts for its funds on an accrual basis in accordance with generally accepted accounting principles (GAAP), but has been operating for less than one year and therefore is not required to submit audited financial statements.
- 5) Place a check in the **one** appropriate box:
- I certify that the federation named in this application prepares and submits to the IRS a complete copy of the federation’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 federation 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.)

- 6) I certify that the administrative and fundraising rate for the federation named in this application is ___ . __%. This percentage is computed only from information on the 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). 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%).
- 7) 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 federation named in this application. (Include as **ATTACHMENT E** a list of the federation's board of directors with the beginning and ending date of each board member's current term of office. **ATTACHMENT E** must also list the board's meeting dates and locations for calendar year 2007.)
- 8) I certify that the federation named in this application prohibits the sale or lease of CFC contributor lists.
- 9) I certify that the federation named in this application conducts publicity and promotional activities based upon its actual programs and operations, and that these activities are truthful and non-deceptive, include all material facts, and make no exaggerated or misleading claims.
- 10) I certify that the federation named in this application effectively uses the funds contributed for its announced purposes.
- 11) I certify that the federation named in this application does not employ, in its CFC operations, the services of private consultants, consulting firms, advertising agencies or similar business organizations to perform the policy-making or decision-making functions in the CFC.
- 12) I certify that the federation named in this application prepares and makes available to the public an annual report that includes a full description of the federation's activities and supporting services, member fees and/or service charges, and identifies its directors/governing body and chief administrative personnel. **Include as ATTACHMENT F a copy of the most recently completed annual report.** See Instructions Item 12 for additional information.
- 13) 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

- 14) **Include as ATTACHMENT G the 25-word statement for listing the federation in the campaign charity list. Also include with ATTACHMENT G a 25-word statement for each member organization. See Instructions Item 14 for additional 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 Federation certification)

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 federation named in this application acknowledges and agrees to comply with that certification.

(Signature)

(Title)

(Typed or Printed Name)

(Date Completed)

NOTE:
Applications will not be accepted if submitted electronically or by facsimile. The certifying official's signature in the federation application must be original. Federations are permitted to provide photocopies of the certifying official's signatures of its members if it has the original on file. The LFCC reserves the right to request a copy of the original signature. 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 Central & Northern New Mexico CFC Application Completeness Review Local Federations

Charity List Name: _____

Legal Name (if different): _____

2007 CFC Number: _____

Correct Application:	Yes	No	N/A
(2008 Local Federation Application)	<input type="checkbox"/>	<input type="checkbox"/>	
All certifications checked	<input type="checkbox"/>	<input type="checkbox"/>	
Sanctions Compliance Certification Checked (#13)	<input type="checkbox"/>	<input type="checkbox"/>	
Signature on Final Certification	<input type="checkbox"/>	<input type="checkbox"/>	
Attachment A (<i>List of 15 or more members with CFC Nos., Legal Names, EINs, AFRs, and Local Presence Categories</i>)	<input type="checkbox"/>	<input type="checkbox"/>	
IRS Determination Letter	<input type="checkbox"/>	<input type="checkbox"/>	
DBA Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			Fed in oper- ation <1 yr
	Yes	No	
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"/>
IRS Form 990			
Matches Audit Fiscal Period	<input type="checkbox"/>	<input type="checkbox"/>	
AFR (calculated by LFCC):			_____ %
Matches AFR in Certification #6:	<input type="checkbox"/>	<input type="checkbox"/>	
Board Information in Part V (including comp.)	<input type="checkbox"/>	<input type="checkbox"/>	
Signed by an officer	<input type="checkbox"/>	<input type="checkbox"/>	
Schedule A	<input type="checkbox"/>	<input type="checkbox"/>	
Board Information			
Individual terms of office (beginning/end dates)	<input type="checkbox"/>	<input type="checkbox"/>	
2007 Meeting dates/locations	<input type="checkbox"/>	<input type="checkbox"/>	
Annual Report (period ending on/after 6/30/06)	<input type="checkbox"/>	<input type="checkbox"/>	

Reviewer Name	Date
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Date of Email Requesting Missing Information: _____

Deadline for Submission of Missing Information: _____

Receipt of Missing Information: _____

IRS Form 990:

Method of Accounting: *Accrual* *Cash* *Other*

Name and EIN match IRS determination letter or DBA: Yes No

Same fiscal period as audit:

Board is listed in Part V:

Majority of Board is not compensated:

*Demonstrates that Board members are not compensated
as staff members or contractors:*

Comments:

Board Information:

*Each board member's term of office (beginning
and ending date):* Yes No

2007 Board meeting dates:

2007 Board meeting locations:

Comments:

Annual Report:

Covers a fiscal period that ended June 30, 2006 or later: Yes No

Identifies Board:

Identifies chief administrative personnel:

Describes organization's activities during year or report:

Describes federation's dues/fees structure:

Comments: