

CENTRAL & NORTHERN NEW MEXICO CFC
2009 APPLICATION FOR
LOCAL INDEPENDENT ORGANIZATIONS AND
MEMBERS OF FEDERATIONS

THE CENTRAL & NORTHERN NEW MEXICO COMBINED FEDERAL CAMPAIGN INCLUDES THE FOLLOWING COUNTIES: BERNALILLO, CATRON, CIBOLA, COLFAX, DE BACA, GUADALUPE, HARDING, LOS ALAMOS, MORA, MCKINLEY, QUAY, RIO ARRIBA, SANDOVAL, SAN MIGUEL, SANTA FE, SIERRA, SOCORRO, TAOS, UNION, AND VALENCIA.

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 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 2008 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 2008 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 2008 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 calendar year 2008 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 2009 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 2009.**)

- 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 2009 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 2009 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 2009, 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 2009 if the organization is using the 2007 IRS Form 990. If the organization is using the revised 2008 IRS Form 990 as its pro forma 990, then it must complete and provide page 1 (Part I, Summary and Part II, Signature Block); pages 7 and 8 (Part VII, Compensation sections A and B); page 9 (Part VIII, Statement of Revenues); and page 10 (Part IX, Statement of Functional Expenses). 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 is computed from the IRS Form 990 submitted with this application. Depending on which year's IRS Form 990 is submitted, the percentage will be calculated based on information contained on the:

(A) **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);

OR

(B) **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 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.

ATTACHMENT E

Organization's Legal Name: _____

Telephone number: () _____

Website (if applicable): _____

IRS Employee Identification Number: _____

Administrative & Fundraising Rate (same as Item #7 in application): _____ . _____ %

Taxonomy Codes (up to three): _____ _____ _____

25-word Statement:
