

**Indiana, Kentucky & Southwestern Ohio
Combined Federal Campaign
Checklist for Members of Federation**

Applicant Name: _____

Federation Affiliation: _____

Legal Name (if applicable): _____

2015 CFC Number: _____

EIN Number: _____ - _____

AFR %: _____ (round to nearest tenth, ie 12.6%)

Is Application Complete Yes No

Correct Application:	Yes	No	NA
2016 Federation Member Agency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Certifications Checked	<input type="checkbox"/>	<input type="checkbox"/>	
Final Certification complete (including signature)	<input type="checkbox"/>	<input type="checkbox"/>	

Attachment A and Certification #1

	Yes	No		
#1) Hours of Operation are 15 hours or more	<input type="checkbox"/>	<input type="checkbox"/>		
#1) County and State Where Office is Located	<input type="checkbox"/>	<input type="checkbox"/>		
Does organization have local presence within the merged boundaries?			<input type="checkbox"/>	<input type="checkbox"/>
Local Presence			Yes	No
Lists Human Health & Welfare Services in Calendar Year 2015			<input type="checkbox"/>	<input type="checkbox"/>
Lists how those programs/services affect target population			<input type="checkbox"/>	<input type="checkbox"/>

Attachment B – IRS Determination Letter	Yes	No	NA
Final Ruling or Acceptable Advance Ruling	<input type="checkbox"/>	<input type="checkbox"/>	
IRS Letter is for Applicant	<input type="checkbox"/>	<input type="checkbox"/>	
If no, DBA Documentation (Doing Business As) provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Group Exemption Letter (second option under cert. #3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bona-Fide Chapter/Affiliate Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(third option under cert. #3 – letter must be since Oct 1, 2015)			

(See Reverse)

