



# INDIANA, KENTUCKY & SOUTHWESTERN OHIO COMBINED FEDERAL CAMPAIGN

## 2016 Application Instructions for Members of Federations

### **BACKGROUND**

Enclosed is the approved application for use by local independent organizations applying to participate in the Indiana, Kentucky & Southwestern Ohio Combined Federal Campaign (CFC) and for use by local federation members to submit to the local federations to which they belong. The following instructions and form are intended to assist charitable organizations 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 at the website [www.opm.gov/cfc](http://www.opm.gov/cfc).

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.***

***Documents that did not exist at the time of the application deadline will not be accepted 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.

Additional copies of this application may be found on the CFC website at [www.givecfc.org](http://www.givecfc.org). **The CFC prefers that local charitable organizations complete this application over the OPM model application.**

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** - Name of the applicant organization, as it appears in the IRS Business Master File. If the name of the organization differs from the name that appears on the IRS determination letter, IRS Form 990, or audited financial statements, official documentation from the IRS or state government authorizing use of this name must accompany the application. The EIN must be included.

**Employer Identification Number (EIN)** - The nine-digit EIN that appears on the IRS determination letter and the IRS Form 990 submitted with this application.

**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.

**Organization Address** - A physical mailing address must be provided - Post Office Box addresses will not be accepted. This is the administrative office address that will be used to assign a 5-digit CFC code.

Check the box below the address to denote that it is different from the address submitted with the 2015 CFC application.

**Service Office Address** - The location where services are provided (if different from the Organization Address).

**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 Addresses** - 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. **While this is optional, the CFC strongly encourages applicants to complete this field. The CFC will begin disbursing contributions electronically in 2016. The bank and routing numbers provided will be used to disburse contributions for both the 2015 and 2016 campaigns.**

**INSTRUCTIONS**

For details regarding CFC eligibility requirements for local independent organizations and federation members, refer to CFC Guidance Memoranda on the CFC website at [www.opm.gov/cfc](http://www.opm.gov/cfc).

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

**Item 1**

**Include as Attachment A supporting statements and/or documentation demonstrating to the satisfaction of the LFCC that the organization has a substantial local presence in the geographical area covered by the local campaign.** *Attachment A* must also include a description of the actual services, benefits, assistance, or program activities provided by the organization in calendar year 2015 and how those programs, services, benefits, etc. affect human health and welfare of the target population (see Certification #4). Organizations are encouraged to list the number of beneficiaries of each service and/or the value of financial assistance provided in each location.

Substantial local presence is defined as a staffed facility, office or portion of a residence dedicated exclusively to that organization, available to members of the public seeking its services or benefits. The facility must be open at least 15 hours a week and have a telephone dedicated exclusively to the organization. The office may be staffed by volunteers. Substantial local presence cannot be met on the basis of services provided solely through an “800” telephone number or by disseminating information or publications via the U.S. Postal Service, the Internet, or a combination thereof. (Information on the geographic boundaries of local CFC Campaigns can be found on the CFC website at [www.opm.gov/cfc/Search/Locator.asp](http://www.opm.gov/cfc/Search/Locator.asp).)

If the office where the services are provided is different from the organization’s main address (as listed on page 8), enter the address of the location where the services are provided.

For your convenience, three sample satisfactory *Attachment As* are provided in narrative form on pages 8-13.

**Item 2**

**Include as Attachment B a copy of the organization’s most recent IRS determination letter.** If the name of the applicant organization differs on the IRS determination letter, the IRS Form 990, or audited financial statements, documentation from the IRS or state government authorizing this name change must accompany

the application.

Organizations that are part of an IRS group exemption must provide a copy of the IRS letter granting the group exemption, as well as the list of subordinates that are covered by the group exemption. The EIN on the applicant’s Form 990 must match the EIN on the current list of subordinates.

Bona-fide chapters or affiliates of a national organization that do not have an IRS determination letter for the local organization must provide a certification signed by either the Chief Executive Officer (CEO) or CEO equivalent of the national organization and dated on or after October 1, 2015, stating the local charitable organization operates as a bona-fide chapter or affiliate in good standing of the national organization and it is covered by the national organization’s 501(c)(3) tax-exemption, IRS Form 990 and audited financial statements. A copy of the national organization’s 501(c)(3) letter must accompany the CEO’s certification.

Please review CFC Memorandum 2009-4 for more information on this requirement and examples of supporting documentation ([www.opm.gov/cfc](http://www.opm.gov/cfc)).

Each applicant’s 501(c)(3) status will be verified with the IRS. Applicants whose current 501(c)(3) status cannot be confirmed by the IRS will be denied participation. OPM encourages organizations to verify their current tax-exempt status prior to submitting a CFC application. This can be done by contacting the IRS at (877) 829-5500.

**Item 3**

Check the appropriate box.

Listing of a national organization, as well as its local affiliate organization, is permitted. Each national or local organization must individually meet all of the eligibility criteria and submit independent documentation as required in 5 C.F.R. §950.202, §950.203 or §950.204 to be included in the Charity List, except that a local affiliate of a national organization that is not separately incorporated, in lieu of its own 26 USC 501(c)(3) tax exemption letter and, to the extent

required by §950.204(b)(2)(ii), audited financial statements, may submit the national organization's 26 USC 501(c)(3) tax exemption letter and audited financial statements, but must provide its own pro forma IRS Form 990 (see Item 6) for CFC purposes.

A national organization may waive its listing in the National/International or International parts of the Charity List in favor of its local affiliate by following the procedures set forth in 5 C.F.R. §950.201(c).

**Item 4**

Self-explanatory. Human health and welfare services provided in calendar year 2015 must be reflected in *Attachment A*.

**Item 5**

Check the appropriate box.

**Organizations with \$250,000 or more in annual revenue, as reported on the IRS Form 990, are required to submit an annual audit of fiscal operations by an independent certified public accountant in accordance with Generally Accepted Auditing Standards (GAAS).** The audited financial statements and IRS Form 990 must be prepared using the accrual method of accounting and cover the same fiscal period that ended not more than 18 months prior to January 2016 (i.e. ending on or after June 30, 2014).

**Include as Attachment C a copy of the auditor's report and the organization's complete audited annual financial statements.** The audited financial statements must include all statements and audit notes as required by GAAP. The Independent Auditor's Report must include the signature of the auditor or the auditing firm.

The organization must certify that it accounts for its funds 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 GAAS. Note that GAAP requires the use of the accrual method of accounting. No other basis of accounting is

acceptable under GAAP. The cash basis, modified cash basis, modified accrual, and any other methods are not acceptable.

OR

▪ **Organizations with total revenue of at least \$100,000 but less than \$250,000: the certifying official must certify that the organization accounts for its funds in accordance with GAAP and has an audit of its fiscal operations completed annually by an independent certified public accountant in accordance with GAAS.** The organization is not required to submit a copy of the audited financial statements with the CFC application. However, the information must be provided to OPM or the LFCC upon request. Note that GAAP requires the use of the accrual method of accounting. No other basis of accounting is acceptable under GAAP. The cash basis, modified cash basis, modified accrual, and any other methods are not acceptable.

OR

▪ **Organizations with total revenue of less than \$100,000: the certifying official must certify the organization has controls in place to ensure funds are properly accounted for and it can provide accurate timely financial information to interested parties.** It is not required to submit financial documentation with the CFC application or maintain its financial records in accordance with GAAP.

Bona-fide chapters or local affiliates of a national organization that are not separately incorporated whose pro forma IRS Form 990 reports revenues over \$250,000 and whose financial operations are covered by an audit of the national organization may submit the national organization's audited financial statements together with a certification from the national organization's Chief Executive Officer (CEO) or CEO equivalent stating that it operates as a bona-fide affiliate in good standing of the national organization and is covered by the national organization's 26 U.S.C. 501(c)(3) tax exemption, IRS Form 990 and audited financial statements. (See requirements under Item #2 for bona-fide chapters or local affiliates.)

Bona-fide chapters of a national organization that are not separately incorporated whose pro forma IRS Form 990 reports revenues of at least \$100,000 but less than \$250,000 and whose financial operations are covered by an audit of the national organization may certify it has an audit of its fiscal operations completed annually if it, at the time of the certification, is in good standing of the national organization and is covered by the national organization's 26 U.S.C. 501(c)(3) tax exemption, IRS Form 990 and audited financial statements. This organization is not required to submit with its application the national organization's audited financial statements. However, it must be able to supply this documentation to the LFCC or OPM upon request. (See requirements under Item #2 for bona-fide chapters or local affiliates.)

#### Item 6

Check the appropriate box. **Include as Attachment D a copy of the complete, signed IRS Form 990 for a period ended not more than 18 months prior to January 2016 (i.e. June 30, 2014).** The IRS Form 990 must include a signature in the block marked "Signature of officer"; the preparer's signature alone is not sufficient. Organizations that file the IRS Form 990 electronically may submit a signed copy of the IRS Form 8879-EO or IRS Form 8453-EO in lieu of a signature on the IRS Form 990.

The CFC will compare the number of voting members disclosed in Part I, Line 3 with the number of individuals that have the 'individual trustee or director' or 'institutional trustee' position selected in Part VII, Column C. If the number in Part I is more than the number in Part VII, the organization must provide an explanation for the difference. Failure to clarify the difference or to timely file an amended IRS Form 990 with the IRS may result in the denial of the application. Please review CFC Memoranda 2009-8 and 2010-5 for additional information on the IRS Form 990 requirements, including the presentation of the governing body and expenses.

A complete IRS Form 990 is required, including all supplemental statements and schedules, if applicable, to be eligible for the CFC. If the

Internal Revenue Service does not require the organization to file the Form 990 (long form) it must complete and submit a pro forma IRS Form 990 (see instructions below). IRS Forms 990EZ, 990PF, and comparable forms will not be accepted. Organizations that file these forms must submit a pro forma IRS Form 990.

**Pro forma IRS Form 990 Instructions** – The IRS Form 990 (long form) can be downloaded from the IRS website ([www.irs.gov](http://www.irs.gov)). The following sections must be completed: Page 1, Items A-M; Part I (Summary) lines 1-4 only; Part II (Signature Block); Part VII (Compensation section A only); Part VIII (Statement of Revenues); Part IX (Statement of Functional Expenses), and; Part XII (Financial Statements and Reporting).

The audited financial statements and IRS Form 990 must be prepared using the accrual method of accounting and cover the same fiscal period ended not more than 18 months prior to January 2016 (i.e. ending on or after June 30, 2014). Organizations with total revenue of less than \$100,000 are not required to use the accrual method of accounting.

#### Item 7

**Calculate and enter the organization's annual percentage for administrative and fundraising expenses.** This percentage is computed from the IRS Form 990 submitted with this application.

Add 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 divide 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 (e.g. 15.7%).

Charities which do not reflect administrative and fundraising expenses in the Statement of Functional Expenses of the IRS Form 990, resulting in a 0% rate, but show such expenses on the audited financial statement will be denied

unless the audited financial statements specifically state that these services were donated.

**Item 8**

The CFC uses Part VII of the IRS Form 990 to verify that a majority of the governing body served without compensation. The IRS Form 990 instructions define a director/trustee as member of the governing body with voting rights. These are the individuals that will be reviewed. Cases where 50% of the board received compensation and 50% of the board was not compensated will be denied, regardless of the amount of the compensation.

**Item 9**

Self-explanatory

**Item 10**

Self-explanatory

**Item 11**

Self-explanatory

**Item 12**

Each federation and independent organization 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](http://www.opm.gov/cfc)). For further information, please see CFC Memo 2005-13.

**Item 13**

**Include as Attachment E, 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. Email 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 Education
- C Environment
- D Animal Related
- E Health Care
- F Mental Health & Crisis Intervention
- G Voluntary Health Associations & Medical Disciplines
- H Medical Research
- I Crime & Legal Related
- J Employment
- K Food, Agriculture & Nutrition
- L Housing & Shelter
- M Public Safety, Disaster Preparedness &

- Relief
- N Recreation & Sports
- O Youth Development
- P Human Services
- Q International, Foreign Affairs & National Security
- R Civil Rights, Social Action & Advocacy
- S Community Improvement & Capacity Building
- T Philanthropy, Voluntarism & Grantmaking Foundations
- U Science & Technology
- V Social Science
- W Public & Societal Benefit
- X Religion-Related
- Y Mutual \$ Membership Benefit
- Z Unknow

Since this CFC covers a really large area (most of two states and part of a third) for the 2016 fundraising campaign, **it is strongly recommended that your 25-word description include a summary of the geographic area for which your organization provides services.**

Here are some examples:

- serving central Indiana,
- serving the Cincinnati metro area,
- serving western Kentucky,
- serving 12 counties surrounding Lexington
- serving 7 counties including Louisville

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:

**00000 Name of Organization** (IRS BMF name of organization, if applicable) (202)555-1234 www.opm.gov/cfc EIN#123456789 The description will contain no more than 25 words. It should be worded so the donor understands the program services provided. 4.2% B,V,O

**Certifying Official** - The certifying official is the individual who has the authority to affirm that all statements in the application are accurate.

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**REQUIRED ATTACHMENTS (failure to provide any of these documents may result in a denial)**

- ✓ **Attachment A – Documentation of local presence (See Certification #1)**
- ✓ **Attachment B – IRS determination letter (See Certification #2)**
- ✓ **Attachment C – Audited Financial Statements (if total revenues are \$250,000 or greater) (See Certification #5)**
- ✓ **Attachment D – IRS Form 990 (See Certification #6)**
- ✓ **Attachment E – 25-word statement (See Certification #13)**

## Guidance for Attachment A – Proof of Local Presence

*(For local independent organizations or members of a federation)*

Applicants **must** include as **Attachment A** a detailed description of the real human health & welfare services, benefits, assistance, or program activities provided or conducted in the local campaign area between **January 1, 2015 and December 31, 2015**, regardless of the fiscal year of other documents submitted (i.e. 990, audit). *Failure to include this attachment or include dates of service will result in a denial.*

Factors the LFCC will consider in determining whether an organization’s services, benefits, assistance or program activities meet CFC eligibility criteria include, but are not limited to: nature and extent of the service, benefit, assistance or activity; frequency, continuity, and duration; impact on, or benefit to, beneficiaries; number of beneficiaries.

**Attachment A** should address what services were provided, where & when, who (or what population) was helped, and how they benefited human health and welfare. (Animal-related organizations are welcome to apply— please just be sure to describe how your services benefit human health and welfare.)

Your **Attachment A** should be clearly labeled, and will preferably be **one page or less in length**.

Tips for completing your **Attachment A**:

### **DO**

- Specify the recipient(s) of the services or benefits. Indicate the number and type of individuals or organizations that received the services or benefits. In cases where recipients are difficult to quantify, describe the target population. **WHO?**
- Describe the services or benefits provided or conducted with detail and specificity. Include the quantity, value, scope, and impact of the services or benefits. **WHAT?**
- Indicate the city and county, or specific location(s) within the state where services or benefits were provided. For scholarships and grants, the location of the service or benefit is the beneficiary’s residence. For memorials, museums, and public recreation facilities, the location of the service or benefit is the location of the facility or its programs or activities- not the residence location of visitors to the site. **WHERE?**
- Provide the dates on which the services or benefits were provided or conducted within the year immediately prior to the application year. For example, the dates of service set forth for participation in the 2016 CFC must fall within the time period January 1, 2015 through December 31, 2015. Events that continue or recur should include the frequency with which they were provided or conducted (e.g. Service X provided monthly from January – July 2015 and bi-monthly from August – November 2015) **WHEN?**

**DON'T**

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- Generalize the nature of the activity. Generalized statements regarding the nature of the activity, standardized formats, repetitive text, and checklists can prevent the LFCC from determining what specific real services or benefits the applicant provided, and they detract from the credibility of the application.
- List services or benefits that were “offered.” Services and benefits are not considered provided or conducted unless they were received by the intended recipients or otherwise have an articulated impact.
- List services or benefits provided by affiliates or the recipient of the applicant’s services or benefits. For example, if organization A has provided a monetary grant to organization B, the LFCC will not accept services and benefits provided by organization B as a demonstration of organization A’s services or benefits.
- Claim dissemination of information and/or publications via the U.S. Postal Service, the Internet, or a combination thereof as the only source of services or benefits.
- Claim services or benefits that consist of mere distribution of standardized or mass-produced information to a passive audience, such as distribution of brochures, websites, or other publications when that is the only service or benefit.
- Claim fundraising activity as a service or benefit.
- Indicate that an activity was provided in “numerous areas.” The LFCC must be able to determine what specific services or benefits were provided in each particular service area.
- List the cities or counties in which organization members, board members, affiliated groups, or conference attendees are located as a substitute for the city or county in which the services or benefits were provided.

For your convenience, three sample satisfactory *Attachment As* are provided in narrative form in the following pages. The **highlighted sections** are most important to the CFC.

**Model Attachment A (#1)**  
**Food Finders Food Bank**  
**Proof of Local Presence – Attachment A**

Food Finders Food Bank is located in Lafayette, Indiana and is the only food bank that serves the 16-mid-north Indiana Counties; Newton, Jasper, Pulaski, Fulton, Benton, White, Cass, Miami, Carroll, Warren, Fountain, Tippecanoe, Montgomery, Clinton, Howard and Tipton. **In 2015, Food Finders distributed nearly 4,000,000 pounds for food or 3,125,000 meals.**

**Food Finders Current Programs**

Food Finders has three programs designed to deliver food to those in need.

- Food Distribution to Agencies
- The Backpack Program
- Mobile Pantry Outreach Program

**Food Distribution to Agencies**

Food Finders receives food from many services. We collect, sort, store and deliver this food to enable our partner agencies to provide it to those in need. The list at the bottom of this section details the sources of food and the approximate percentage of our total food that was derived from each source in 2011. Food is dispersed to our agencies from the shopping floor in our warehouse which is open Monday through Thursday from 8 am to 5 pm and Friday from 8 am to 12 pm. All of our products are also available for delivery.

Sources of Food

- Local Food Drives 8%
- USDA The Emergency Food Assistance Program 37%
- Feeding America (national food bank network) 8.5%
- Grocers and other retailers 17%
- Food Manufacturers 7%
- Donations of Salvage from brokers and retailers 20%

**The Backpack Program**

The Backpack Program provides packs of food to school children who receive free or reduced school lunches to ensure that they have food to eat that over the weekend. Food Finders began the Backpack Program in 2007. In August 2008 the program had 300 children enrolled and **in 2015, the program had more than 1800 students in 10 counties receive backpacks each month.**

**Mobile Pantry Outreach**

This new initiative began in January 2010. Food Finders partners with an agency in an area where the need for food is great but the existing services do not have the capacity to increase their food distribution. The partner agency provides volunteers, publicity and pays a nominal delivery fee. Food Finders provides the staff to organize the food to give away and a truckload of food (approximately 6500 pounds). This system enables Food Finders to distribute perishable products, which are not usually taken by food pantries because they require freezer space and have a short shelf life. **In 2015, Food Finders provided 10 truckloads of food to different member agencies.**

**The programs provided by Food Finders are all designed to eliminate hunger. Providing food enables those in need to use their very limited resources for housing or utilities. Providing food for children helps them to develop and stay healthy and remain in school. Until food needs are met, families and individuals are unable to address other issues such as housing, mental health or educational needs.** Food Finders benefits all of the human service agencies in our service area.

**Model Attachment A (#2)**  
**Joy's House**  
**Proof of Local Presence – Attachment A**

Joy's House provides adult day services to the greater Indianapolis area. Our "Guests" (clients) are over the age of 18 and are facing challenges with a diagnoses (Alzheimer's, Multiple Sclerosis, Parkinson's, etc.), a disability (mental or physical) or are within the aging community. We provide them with a safe, social environment on a daily basis, so that their loved ones may go to work or have a much needed day of respite. We also provide education and encouragement to the caregiver(s).

From January to December of 2015, we served over 60 families throughout the greater Indianapolis area and that number is expected to double in the next year, due to a major expansion we just completed. Due to the growing need for adult day services, Joy's House has tripled in size from a year ago and we can now serve close to 50 guests a day. The average age of a Joy's House guest is 69.

These families' lives are affected dramatically once they find Joy's House. We keep families together through our adult day services, so that they can continue living in their own homes versus moving to long-term care facilities. Not only are we giving our guests a safe environment but we can stimulate them through daily activities, which prolongs their health. A day at Joy's House may include animal assistance therapy, games, educational sessions, exercise classes, art or music therapy, coffee chat, time outside enjoying nature or gardening, personal care and time spent with new friends. While caring for their loved ones, the caregivers can go to work or have a day of respite. This also affects Indianapolis businesses. Family caregivers comprise 13% of the workforce, according to the Administration on Aging and American businesses can lose as much as \$34 billion each year due to employees' need to care for aging loved ones.

We hold educational programs for our caregivers to connect them with legal, medical and emotional support groups they need. We connect them to other organizations which specialize in helping families dealing with a specific diagnosis or disability. We also have special designated days throughout the year called a "Caregiver Day Out" where we care for their loved one on a Saturday, free of charge, while the caregivers have a day to themselves.

**Model Attachment A (#3)**  
**United Way of Bartholomew County**  
**Proof of Local Presence – Attachment A**

In 2015 United Way of Bartholomew County raised \$3.3 million to assist with funding 29 agencies and programs that provide health, human and welfare services to approximately 2500 individuals in Bartholomew County.

United Way dollars for agency/program funding are directed in four focus areas:

**Developing Children and Youth**

Mentoring, quality child care, after school activities, camping, athletic, scouting, family life education, and early childhood education. Agencies and programs providing these services in 2012 were: Children Inc., Family School Partners, Head Start, Foundation for Youth, Boy Scouts, Girl Scouts and Young Mothers Educational Development Program.

Head Start is an example of how one of these agencies uses United Way funding to serve the community. Head Start is a comprehensive preschool program free to low income families. The goal is to make sure children from at risk families are prepared and ready to enter school successfully. Not just educationally, but also socially and emotionally. In 2015, 147 Bartholomew County families were served.

**Strengthening Families**

Parenting education, family and child counseling services, transportation, neighborhood activities, child abuse deterrent programs, homeless shelter and case management, low cost clothing/household items, information and referral. Agencies and programs providing these services in 2012 were: Advocates for Children, Childhood Connections, Eastside Community Center, Hope Community Center, Lincoln Central Neighborhood Family Center, Family Services, First Call for Help, Sans Souci, Su Casa Columbus and Volunteer Action Center.

Childhood Connections is an example of how one of these agencies uses United Way funding to serve the community. Childhood Connections is a local child care resource that provides individualized referrals and education for parents seeking quality child care or preschool options. Childhood Connections also provided training to childcare providers in Bartholomew County. The receive training on state laws and regulations, licensing, best practices and support early childhood education. In 2015, 520 families received child care referrals and 94 child care providers receive education and training.

**Providing Emergency Services**

Help during disasters, bereavement programs, shelter for abused victims, advocacy for abused/neglected children and legal referral/assistance. Agencies and programs providing these services in 2012 were: American Red Cross, Bartholomew Area Legal Aid, Child Abuse Prevention Council, Hospice of South Central Indiana, Turning Point Domestic Violence Shelter and United Services Organization (USO).

Turning Point Domestic Violence Shelter is an example of how one of these agencies uses United Way funding to serve the community. Turning Point Domestic Violence Shelter provides

shelter for victims of domestic violence, provides crisis intervention and supportive services to women, children and men who are victims of domestic violence. **In 2015, the agency received 4106 calls, provided outreach services to 427 individuals and served 71 adults in the shelter and 74 children.**

### **Serving Seniors and those with Special Needs**

Adult Day Care, medical equipment loans, health maintenance programs, social development services, meals, outpatient medical care. Agencies and programs providing these services in 2012 were: Medication Assistance Program, Christole, Developmental Services, Easter Seals of Bartholomew County, Epilepsy Foundation, Senior Center Services, and United Cerebral Palsy Association of Greater Indiana.

Senior Center Services is an example of how one of these agencies uses United Way funding to serve the community. Senior Center Services provides programs and services which meet the needs and improve the quality of life for older persons in Bartholomew County. The center offers social activities, health and fitness programs, educational programs, community and intergenerational services. The center also operates a Meals on Wheels Program for qualifying seniors. **In 2015, 744 seniors received services and/or participated in programming through the center.**

**INDIANA, KENTUCKY & SOUTHWESTERN OHIO  
COMBINED FEDERAL CAMPAIGN**

[WWW.GIVECFC.ORG](http://WWW.GIVECFC.ORG)

**2016 APPLICATION FOR  
Members of Federations**

Organization: \_\_\_\_\_

Employer Identification Number (EIN)(9-digit number): \_\_\_\_\_

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

*(You may leave this field blank if you do not know the number or if you are applying for first time. A blank field will not affect the status of the organization's eligibility.)*

Organization Address: \_\_\_\_\_

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

Check this box if the above address is different from the address submitted with the 2015 CFC Application:

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(es): \_\_\_\_\_

Website Address (required, if available): \_\_\_\_\_

Disbursement Address: \_\_\_\_\_

*(This is the address where disbursement paper checks will be sent - if EFT information is not provided.)*

Electronic Funds Transfer (EFT) information  
(Optional – But strongly encouraged – See instructions):

Routing Number (9 digits): \_\_\_\_\_

ACCT: \_\_\_\_\_

Financial Institution: \_\_\_\_\_

- 1)  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, a description of the programs, services, benefits, etc. provided by the organization in calendar year 2015 and how those programs, services, benefits, etc. affect human health and welfare of the target population.**

**Service Office Address (if different from Organization Address on previous page):**

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

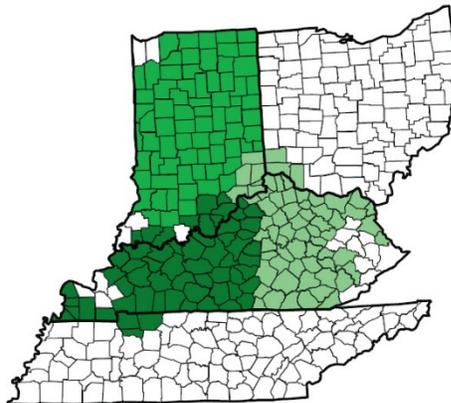
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**Organization’s Dedicated Phone Number:** \_\_\_\_\_

**County and State Where Office is Located:** \_\_\_\_\_

**Important Note:** Only organizations that are physically located within the shaded counties in the map below which comprise the Indiana, Kentucky & Southwestern Ohio CFC can qualify as a “substantial local presence”. Organizations which are physically located outside this area would need to apply for participation in the CFC in their local area.



**Complete submissions for Attachment A must include the following:**

- Attachment A includes a description of the organization’s programs and services, including facts and figures specific to calendar year 2015 – more specifically the number of people served in calendar year 2015 by your programs and services. **See pages 8-13 for model Attachments A.** Attachment A is not looking for facts and figures related to the organization’s fiscal year, especially if the fiscal year differs from the calendar year. Attachment A is not looking for a history of the organization. The ideal Attachment A is no longer than 2 pages in length.
- Attachment A describes two things; 1) how the organization’s programs and services affects the target population, and 2) how are those people who received services better as a result of the organization’s programs and services.

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:

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

- OR -

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

 **Organizations that are part of an IRS Group Exemption must provide a copy of the IRS letter granting the group exemption (usually included in the 501(c)(3) letter), AND the current list of subordinates that are covered by the group exemption. The EIN on the applicant's Form 990 must match the EIN on the current list of subordinates.**

- OR -

C) 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.

 **Organizations that are a bona-fide chapter or affiliate must provide the 501(c)(3) letter for the organization's national headquarters (Attachment B), AND a letter from your organization's national headquarters, signed by the CEO or equivalent officer, certifying that your local organization (explicitly named in the letter) operates as a bona-fide chapter or affiliate in good standing of the national organization and it is covered by the national organization's 501(c)(3) tax-exemption, IRS Form 990 and audited financial statements. A copy of the national organization's 501(c)(3) letter must accompany the CEO's certification as part of Attachment B. This letter signed by the CEI must be dated on or after October 1, 2015.**

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 2015 are reflected in **ATTACHMENT A.**

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

- A) 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 2016 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 auditor’s report and the complete audited financial statements for a fiscal period ending not more than 18 months prior to January 2016.)**



**Important:** The oldest acceptable audit period would have a date ending June 30, 2014. Please ensure that the dates of your audited financial statements (Attachment C) and IRS Form 990 or Pro Forma 990 (Attachment D) match. For example, you may not submit an audit with fiscal period ending June 30, 2014 if your IRS Form 990 covers the fiscal period ending June 30, 2015.

- OR -

- B) 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 2016 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 -

- C) 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 2016 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:

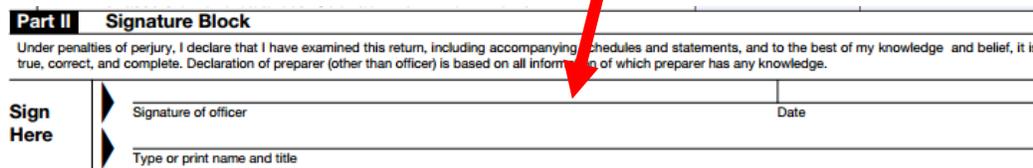
**A)** I certify that the organization named in this application prepares and submits to the IRS a complete copy of the organization’s IRS Form 990. **(Include as ATTACHMENT D a copy of the complete IRS Form 990 for a period ending not more than 18 months prior to January 2016, including signatures in the box marked “Signature of Officer” or in IRS Forms 8879-EO or 8453-EO. The preparer’s signature alone is not sufficient. IRS Forms 990EZ, 990PF, and comparable forms are not acceptable substitutes.)**

- OR -

**B)** 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 for a period ending not more than 18 months prior to January 2016. See application instructions for pro forma IRS Form 990 requirements. IRS Forms 990 EZ, 990PF, and comparable forms are not acceptable substitutes.)**

**Several Important Tips for the IRS Form 990:**

 **Intermountain CFC Note:** Please make sure page 1 of your Attachment D (990 or Pro Forma 990) *contains the signature of an officer* of your organization. *The preparer’s signature alone is not sufficient!*



**Part II Signature Block**  
 Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

<b>Sign Here</b>	Signature of officer	Date
	Type or print name and title	

 **How to prepare a Pro Forma 990 (only if you checked the second option above, 6B):**

- Using the regular IRS 990 long form complete ONLY the following sections.
- Part I (Page 1 - Summary) - make sure you have the correct number of board members listed on line 3
  - Part II (Page 1 - Signature Block) - make sure an officer of the organization (not a volunteer or third party accountant) signs the 990
  - Part VII (Page 7 - Compensation sections A and B)
  - Part VIII (Page 9 - Statement of Revenues),
  - Part IX (Page 10 - Statement of Functional Expenses)
  - Part XII (Page 12 - Financial Statements and Reporting).

You may download an IRS 990 long form at <https://www.irs.gov/pub/irs-pdf/f990.pdf>:

**More Important tips for the IRS Form 990:**

- 
**On your IRS Form 990 or Pro Forma 990 (Attachment D), please ensure that the number of trustees or institutional trustees listed in Section VII (page 7) matches or exceeds the number listed on page 1, line 3 (number of voting members of the board). If not, you must provide an explanation acceptable to the Eligibility Committee to justify the discrepancy.**
  
- 
**Voting members of the governing body identified in Part 7 are constituted by a check mark in column C-1 (Individual Trustee) or C-2 (Institutional Trustee).**

Form 990 (2015) Page 7

**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

Check if Schedule O contains a response or note to any line in this Part VII

**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. ← Check box if true.

Be sure the number of people listed below and marked as "Individual Trustee or Director" or "Institutional Trustee" matches or exceeds the number from page 1, line 3.

(A) Name and Title	(B) Average hours per week (for any hours for related organizations before dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual Trustee	Institutional Trustee	Officer	Key employee	Highest compensated employee			
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									

In other words, the number of people checked in one of these two columns must equal or exceed the number indicated on page 1, line 3.

Do NOT leave columns D, E, and F blank. Fill in the actual \$ figure or mark with 0 (zero) in each column. A majority must NOT be compensated in order to qualify.

- 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.

The administrative and fundraising rate (or percentage) will be calculated based on information contained on the 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 CFC Operations immediately.
- 13) Complete **ATTACHMENT E** on the following page or attach it separately at the end of your supporting documents. **ATTACHMENT E** is a 25-word statement for listing in the campaign charity list. (See **Instructions Item 13 for additional required information on the taxonomy codes.**)

**Attachment E – 25 Word Statement**

The required information below is how the applicant will appear in the 2016 Campaign Directory, which will identify all of the eligible charitable organizations to which Federal employee may contribute through the 2016 Indiana, Kentucky & Southwestern Ohio CFC. See the instructions on pages six and seven (Item 13) for additional guidance and recommendations.

Organization Name (or DBA): \_\_\_\_\_

Legal Name (if applicable): \_\_\_\_\_

Telephone Number (including area code): \_\_\_\_\_

Can be an 800 number if preferred.

Website Address: \_\_\_\_\_

EIN # (9-digit number): \_\_\_\_\_

25 Word Statement (Per Instructions, do not repeat organization's name):

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Administrative % (Rounded to the nearest tenth of a percent): \_\_\_\_\_

Taxonomy (NTEE) Codes (in priority order): 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

See instructions for a list of taxonomy codes.

**Disclaimer: This form will be returned to applicant if not fully completed.**

**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 \_\_\_\_\_

**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), CFC Operations (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.