



HONOLULU-PACIFIC FEDERAL EXECUTIVE BOARD

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February 26, 2004

To: Charitable Federations

From: FEB Executive Director

Subj: 2004 Hawaii-Pacific Area Combined Federal Campaign

Attached is the federation application to participate in the 2004 Hawaii-Pacific Area Combined Federal Campaign (CFC). Federations must apply annually to participate in the CFC. The application is also on the FEB web site at www.honolulu-pacific.feb.gov.

The 2004 application is similar to last year's application. The only major change is a new requirement that federations must certify they do not knowingly employ individuals or contribute funds to organizations found on certain terrorist related lists.

The CFC is the annual six-week fund-raising drive conducted during the fall of the year and is the only authorized solicitation of employees in the federal workplace on behalf of charitable organizations. All aspects of the CFC are strictly governed by federal regulations that are available on the Office of Personnel Management's (OPM) web site at www.opm.gov/cfc.

Federations that apply and are eligible will be listed in the CFC brochure and will receive funds designated to the federation, as well as a percentage of undesignated funds contributed by federal employees.

To be eligible, the federation must meet all the criteria in the application and also have a minimum of 15 member organizations eligible to participate in the CFC. Please read the following information carefully to determine which option applies to your federation:

1. Applying as Federation and Granted Federation Status in Previous Year

- You may review and certify your member organizations as eligible to participate in the CFC. The 2004 Local Unaffiliated and Federation Members Application and MWR Application are on the FEB web site.
- Direct your member organizations to complete the local unaffiliated application and return the application to you for review and certification.
- You do not need to forward the applications of your member organizations with your federation application.
- However, if your federation expands its membership and includes new organizations, you must include the full applications of new member organizations with your federation application.
- Include with your federation application a list of your member organizations eligible to participate in the CFC.

2. **First Time Applying as Federation or Federation Applied in a Previous Year But Was Not Eligible**

- You may NOT certify your organizations as eligible.
- Direct your member organizations to complete the local unaffiliated application and return the application and back-up documents to you.
- Forward your federation application, your member organizations' applications and all back-up documents to the FEB for review and certification.

3. **Not Applying as Federation or Not Eligible as a Federation**

- You may NOT certify your member organizations as eligible.
- Direct your member organizations to return their applications and back-up documents directly to the FEB for review and certification.

By applying for inclusion in the CFC, a federation consents to allow the LFCC and OPM complete access to it and its member organizations' records and back-up documentation. Federations must keep the application and back-up documents for all member organizations on record for three years.

For federations that certify the eligibility of their member organizations, the LFCC will ask for a number of applications to review in order to verify that the federation is correctly certifying the organizations. The LFCC will notify the federation which organizations will be reviewed. After receiving notification, the federation must promptly provide a copy of the applications and all back-up documents to the LFCC. False certifications are presumed to be deliberate, and a federation may be decertified for up to one campaign year.

The federation will be notified by mail of the eligibility decision for it and its member organizations. The federation is responsible for notifying its member organizations of eligibility decisions in a timely manner to meet deadline dates.

Mail or deliver the completed federation application and back-up documents to the Federal Executive Board, 300 Ala Moana Boulevard, Room 8-125, Box 50268, Honolulu, Hawaii 96850 by **5:00 p.m. Hawaii Standard Time on FRIDAY, APRIL 9, 2004**. Applications postmarked by April 9 but received in the office after that date are late and will not be considered.

Missing documents will NOT be accepted after the deadline date or during the appeals process, and out of date documentation will NOT be considered. Faxes or electronic submission of applications will NOT be accepted.

If you have any questions about the CFC or application process, please call the FEB at (808) 541-2637.



L. A. Burke

Attachments

**2004 HAWAII-PACIFIC AREA COMBINED FEDERAL CAMPAIGN
APPLICATION FOR LOCAL FEDERATIONS**

This application is to be used for **FEDERATIONS** only. A federation is defined as a group of voluntary charitable human health and welfare agencies organized for purposes of supplying common fund-raising, administrative and management services to its constituent members. To qualify, a federation must meet the criteria and have a **minimum of 15 member organizations** eligible to participate in the CFC and meet the eligibility criteria in Parts 950.202, 203 and 204.

NAME OF FEDERATION:

- If the name of the federation is different from the name that appears on the IRS Form 990, include IRS or state issued documentation authorizing legal name change.*

ADDRESS: *Post office box addresses are NOT accepted. Only neighbor islands may list PO boxes.*

TELEPHONE NUMBER:

NAME OF CONTACT PERSON:

ADDRESS OF CONTACT PERSON: *(If different from above address.) The LFCC will mail all correspondence to the contact person at this address. Post office box addresses are NOT accepted. Only neighbor islands may list PO boxes.*

TELEPHONE NUMBER OF CONTACT PERSON:

E-MAIL:

FEDERATION'S INTERNET HOME PAGE ADDRESS:

Certifying Official: *(Individual in the organization that has authority to affirm that all statements in application are accurate and true.)*

I, _____, am the duly appointed
(Name)

representative of _____
(Federation)

authorized to certify and affirm all statements enclosed in this application.

(Signature) (Typed/Printed Name)

(Title) (Date Completed)

Please read the application carefully and sign only if your federation fully meets the criteria. For certifications with more than one choice, check the appropriate box. Some of the certifications require back-up documents be enclosed with this application. All information must be specific for the applicant organization. Regional and/or national material will not be accepted for local chapters.

1. Place a check in the one appropriate box:

- I certify that the federation named in this application has a substantial local presence in the geographic area covered by the local campaign either itself or through its member organizations. **Include supporting statements and documentation of local presence that includes address of federation, specific days and hours of operation, telephone number of federation, etc.**

Substantial local presence is defined as all of the following:

- 1. Staffed facility, office or portion of a residence dedicated exclusively to that federation, available to members of the public seeking its services or benefits.*
- 2. Facility must be open at least 15 hours a week.*
- 3. Telephone line dedicated exclusively to the federation.*

OR

- I certify that the federation named in this application has a substantial statewide presence either itself or through its member organizations. **Include detailed description of the services and activities provided to 30% of the target population in state OR a detailed description of the activities covering 30% of the state's geographic boundaries either directly or indirectly through their member organizations.**

Substantial statewide presence is defined as follows:

- Providing or conducting real services, benefits, assistance or program activities covering 30% of the state's geographic boundaries OR*
- Providing or conducting real services, benefits, assistance or program activities affecting 30% of the target population in a given state.*
- Requirement cannot be met solely on the basis of services provided through an "800" telephone number or the U.S. Postal Service.*
- Sending or mailing information or literature, such as home study material, books and other publications does NOT meet the requirement of providing or conducting real services, benefits, assistance or program activities.*
- Federations that provide web-based services must comply with standards of public accountability defined in 5 CFR 990; submit supporting information in proof of services; document any service fees associated with the delivery of web-based services; and provide evidence of a mechanism with feedback capability.*

Certifying Official's Signature: _____ **Date:** _____

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. **Include a copy of the federation's most recent IRS 501(c)(3) determination letter.**

- *If federation's name on IRS determination letter is different from the name that appears on the IRS Form 990, include IRS or state issued documentation authorizing legal name change.*
- *Federal Tax ID number must be included.*
- *Local federations affiliated with national federations cannot use the national organization's IRS determination letter unless the letter states it is a group exemption that includes subordinate organizations. A list of the subordinate organizations the exemption covers must also be attached.*
- *Interim 501(c)(3) letters with expiration dates beyond December 31 will be accepted only with verification from IRS that the federation will continue with a 501(c)(3) ruling.*

Certifying Official's Signature: _____ **Date:** _____

3. Place a check in the one appropriate box:

- I certify that the expenses of the federation named in this application connected with lobbying and all attempts to influence voting or legislation at the local, state or federal level would classify it as a tax-exempt agency under 26 U.S.C. 501(h);
- OR**
- I certify that the federation named in this application does not engage in lobbying nor attempt to influence voting or legislation at the local, state or federal level.

Certifying Official's Signature: _____ **Date:** _____

4. I certify that the federation named in this application is a human health and welfare federation providing services, benefits, or assistance to, or conducting activities that directly or indirectly affect human health and welfare. If a federation claims direct services, it must include supporting information that describes the human and welfare benefits provided within the previous years.

Include a detailed statement that includes the following:

1. **Description of the programs, services, benefits, etc. provided by the federation or its member organizations**
2. **How those programs, services, benefits, etc. affect the health and/or welfare of the target population**

Certifying Official's Signature: _____ **Date:** _____

5. I certify that the federation named in the application accounts for its funds in accordance with generally accepted accounting principles (GAAP).

- *Federations with total revenue over \$100,000 (line 12 on IRS Form 990) must use accrual method of accounting. **A cash based accounting method is NOT acceptable and will result in denial.***
- *For federations with total revenue over \$100,000, IRS Form 990, block "F" must indicate federation uses accrual method.*
- *Small federations with annual revenues less than \$100,000 may use cash or modified cash method of accounting.*

Certifying Official's Signature: _____ **Date:** _____

6. Place a check in the one appropriate box:

- I certify that the federation named in this application was audited in accordance with generally accepted auditing standards (GAAS) by an independent certified public accountant. **Include a copy of the federation's audit that covers a fiscal period ending on or after June 30, 2002;**

OR

- I certify that the federation named in the application is a newly created federation (less than 24 months old) and is therefore exempt from submitting an audit in accordance with generally accepted auditing principles by an independent certified public accountant. **Include unaudited financial statements for previous year of the federation's operation.**

- *Regional or national audits are NOT accepted on a local basis because they do not break out individual figures for the applicant federation.*
- *Combined and consolidated audits are not accepted unless the applicant's financial information is reflected in a separate audited combining or consolidating schedule.*
- *IRS Form 990 and audit must cover the same fiscal period. Fiscal period must end on or after June 30, 2002.*
- *If revenue and expense figures on the two documents differ, these amounts must be reconciled either on IRS Form 990, Parts IV-A and IV-B or by the independent certified public accountant that completed the audit in an accompanying signed statement.*
- *For reconciliation, filling out IRS Form 990 Parts IV-A and IV-B (page 4) is preferred.*
- *The LFCC will NOT do calculations to reconcile information that must be complete on submission.*
- *Federations that use cash basis accounting for IRS Form 990 and accrual basis accounting for their audit may be able to reconcile the differences, but two different methods of accounting will NOT be accepted.*

Certifying Official's Signature: _____ **Date:** _____

7. **Include with this application a complete copy of IRS Form 990 including signature and completed Schedule A.**

- *Complete IRS Form 990 includes all supplemental statements including a completed Schedule A.*
- *An officer or representative of the organization must sign the IRS Form 990 on page 6 in block marked "signature of officer." The preparer's signature alone is NOT sufficient.*
- *A completed IRS Form 990 is required to be eligible for the CFC even if the IRS does not require your federation to file Form 990.*
- *IRS Form 990EZ, 990PF, and comparable forms are NOT acceptable. However, smaller federations that file Form 990EZ may submit it with completed pages 1 and 2 of the Form 990 attached.*
- *IRS Form 990 and audit must cover the same fiscal period ending on or after June 30, 2002.*
- *If revenue and expense figures on the two documents differ, these amounts must be reconciled either on IRS Form 990, Parts IV-A and IV-B or by the independent certified public accountant that completed the audit in an accompanying signed statement. For reconciliation, filling out IRS Form 990, Parts IV-A and IV-B (page 4) is preferred.*
- *The LFCC will NOT do calculations to reconcile information that must be complete on submission.*
- *Federations that use cash basis accounting for their Form 990 and accrual basis accounting for their audit may be able to reconcile the differences, but two different methods of accounting will NOT be accepted.*
- *If the name of the federation is different from the name that appears on the IRS Form 990, IRS or other state documentation authorizing name change must accompany the application.*
- *Federal Tax ID Number must be included on IRS Form 990.*

Certifying Official's Signature: _____ **Date:** _____

8. Please check in the one appropriate box:

I certify that the federation named in this application has spent 25 percent or less of its total support and revenue on administrative and fund-raising expenses. The actual percentage of administrative and fund-raising expenses is _____ percent (*fill in blank*);

OR

I certify that the federation named in this application has spent in excess of 25 percent of its total support and revenue on administrative and fund-raising expenses. The actual percentage of administrative and fund-raising expenses is _____ percent (*fill in blank*) and this percentage is reasonable under the circumstances. **If percentage is greater than 25.04%, include the following:**

1. Detailed justification of the federation's management, general administrative and fund-raising expenses
2. Formal plan to reduce expenses to 25% or less

Failure to submit an acceptable justification AND a plan for reducing expenses may result in a denial.

Percentages must be computed from information on the IRS Form 990 by adding the amount spent on "management and general" (line 14) to "fundraising" (line 15) and then dividing the total by "total revenue" (line 12).

Certifying Official's Signature: _____ **Date:** _____

9. I certify that the federation named in the application is directed by an active and responsible governing body whose members have no material conflict of interest and a majority of which serve without compensation.

Certifying Official's Signature: _____ **Date:** _____

10. I certify that the federation named in this application prohibits the sale or lease of CFC contributor lists.

Certifying Official's Signature: _____ **Date:** _____

11. I certify that the federation named in this application conducts publicity and promotional activities based upon its actual programs and operations, that these publicity and promotional activities are truthful and non-deceptive, include all material facts, and make no exaggerated or misleading claims.

Certifying Official's Signature: _____ **Date:** _____

12. I certify that the federation named in this application effectively uses the funds contributed by federal personnel for its announced purposes.

Certifying Official's Signature: _____ **Date:** _____

13. I certify that the federation named in this application is chartered/incorporated under a governmental entity. This entity or state is _____ (*fill in blank*).

Certifying Official's Signature: _____ **Date:** _____

14. I certify that the federation named in this application has received no more than 80% of its total support and revenue from government sources.

- *Revenue from government sources must be computed from IRS Form 990 by dividing line 1c by line 12.*
- *Medicare and Medicaid do **NOT** apply. Subtract any funds listed on IRS Form 990 line 93f from line 1c. Divide this figure by line 12 (total revenue) to determine percentage.*
- *Federations receiving over 80% from government sources are not eligible to participate in the CFC. However, federations over 80% may request a waiver. In the request, explain reason for the rate and information on whether it will be reduced in future years.*

Certifying Official's Signature: _____ **Date:** _____

15. I certify that all listed member organizations of the federation meet all eligibility criteria of 5 CFR 950.203 and 950.204 to be included on the local list. To qualify, a federation must have a minimum of 15 member organizations eligible to participate in the CFC. **Attach a list of the member organizations that meet the criteria and are eligible to participate in the CFC.**

Certifying Official's Signature: _____ **Date:** _____

16. I certify that the federation named in this application prepares and makes available to the public an annual report. **Include a copy of the federation's annual report that covers a period ending on or after June 30, 2002.**

The annual report should include all of the following:

1. Full description of the federation's activities and supporting services
 2. Identifies its directors/governing body and chief administrative personnel
 3. Provides information about the terms of office for the federation's governing board's officers and members
 4. Lists the dates, times and places of their meetings for that year.
 5. Includes details of the membership dues and/or service charges received by the federation from the charitable organizations participating as members. The information should be clearly presented to allow the general public to understand the amounts raised, the source of contributions, the costs of fundraising, and how costs are recovered from donations.
- *A more frequently published document, such as a quarterly newsletter, may be used to meet this requirement provided it is available to the general public upon request and includes all the required information.*
 - *To meet requirements, all information must be attached to or included as part of the annual report.*
 - *Organizations may be denied eligibility if the annual report is missing information.*
 - *Regional or national annual reports are NOT acceptable.*

Certifying Official's Signature: _____ **Date:** _____

NOTE: This is a new requirement effective with the 2004 Combined Federal Campaign.

17. I certify that, as of _____ *(fill in blank with date)* the federation named in this application does not knowingly employ individuals or contribute funds to organizations found on the following terrorist related lists promulgated by the U.S. Government, the United Nations, or the European Union. Presently, these lists include the Department of Treasury's Office of Foreign Assets Control Specially Designated Nationals List, the Department of Justice's Terrorist Exclusion List, and the list annexed to Executive Order 13224. Should any change in circumstances occur during the year, OPM will be notified within 15 days of such change.

Certifying Official's Signature: _____ **Date:** _____

18. 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 as required by 5 CFR 950.303 (e)(3).

Federation may contract with entities or individuals, such as banks, accountants, lawyers and other vendors of goods and/or services to assist in accomplishing its administrative tasks.

Certifying Official's Signature: _____ **Date:** _____

19. **Include on the attached form a statement of 25 words or less that describes real services, benefits or programs the federation provides. Also include a statement of 25 words or less for each of the member organizations that meet the eligibility criteria of Sections 950.202, 203 and 204.**

- *Statement should describe real services, benefits or program activities the federation provides*
- *Include percentage of total support and revenue that goes to administration and fund-raising expenses in parenthesis at the end of the statement (percentage will not count towards 25-word limit)*
- *Include telephone number that can be reached from any location in the United States (telephone number will not count towards 25-word limit)*
- *Statement should not repeat the federation's name but must include the legal name as registered with the IRS if the federation does business under a different name (legal name will not count towards 25-word limit)*
- *All federations must include their IRS Employee Identification Number regardless of whether or not they are operating under a "dba" (EIN will not count towards 25-word limit)*
- *Federations will be listed by their legal IRS recognized name as it appears on the IRS Form 990 unless the appropriate legal documentation from the IRS or state permitting otherwise is provided with the application*
- *If applicable, include Internet web page address where information on the federation can be obtained (web page address will not count towards 25-word limit)*
- *LFCC will not be responsible for incorrect web page addresses*
- *E-mail addresses are not accepted*
- *Special design text used to draw attention to a federation, such as special fonts, capitalization, quotations, and underlining are not allowed*
- *Any statement that uses special features or exceeds 25 words will be edited by the LFCC*

See sample 25-word statement below:

0000 Name of Federation 202-123-4567 www.opm.gov/cfc ("Legal Name of Federation, if applicable") IRS EIN #123456789 – The description should contain no more than 25 words. It should be worded so the donor understands the program services provided. (4.2%)

General Information:

- All application information, such as IRS 501(c)(3) determination letter; annual report, IRS Form 990, audit, etc. must be specific to the applicant federation.
- Regional and/or national materials will NOT be accepted for local federations.
- If eligible, both national federations and their local affiliates may be listed in the CFC brochure. A national federation may waive its place on the national list in favor of its local affiliate. In this case, the local affiliate must include with this application a copy of the current letter from the national federation waiving its national listing.
- Signatures of the certifying official must be original. NO automatic pens or signature stamps may be used.
- Federations must keep the applications of their member organizations on record for three years. The LFCC or OPM may request the full application of a member organization at any time.
- All required documents and attachments must be complete and submitted before the application deadline date. Applicants will NOT be permitted to correct or complete applications during the appeals process.
- Mail or deliver the completed application and all back-up documents to the Federal Executive Board, 300 Ala Moana Boulevard, Room 8-125, Box 50268, Honolulu, Hawaii 96850 by **5:00 p.m. (Hawaii Standard Time) on FRIDAY, APRIL 9, 2004**. Applications postmarked by April 9 but received in the FEB office after that date are considered late.
- Faxes or electronic submission of applications will NOT be accepted.
- If you have any questions, please call the FEB at (808) 541-2637.

2004 DONOR BROCHURE INFORMATION SHEET

Please provide the following information for the donor brochure:

Legal Name of Federation:

DBA (if applicable):

Address of Federation:

Telephone Number of Federation:

Web Site Address of Federation (if applicable):

IRS EIN #:

Percentage of Overhead and Fundraising:

Twenty-Five Word Statement:

2004 FEDERATION APPLICATION CHECKOFF SHEET

Federation:				
#1-18	Y / N	All certifications (#1-#18) signed		
#1	Y / N	Include description of "substantial local or statewide presence"		
#2	Y / N	Include IRS determination letter granting 501(c)(3) status		
#2	Y / N	If name of federation on IRS Form 990 differs from name on determination letter, include state or IRS documentation that grants legal name change.		
#4	Y / N	Include statement describing human health and welfare services provided.		
#5	Y / N	Accounts for funds in accordance with GAAP (Federations with annual revenue over \$100,000 must use accrual method of accounting. IRS Form 990 Block "F" must indicate accrual method. Smaller federations that have annual revenues less than \$100,000 may use cash or modified cash method of accounting.)		
#6	Y / N	If revenue more than \$100,000 a year (See line 12 of IRS Form 990)		
		Y / N Audit included		
		Y / N Audit done by an independent CPA		
		Y / N Audit done in accordance with generally accepted auditing principles		
#6	Y / N	Y / N Audit covers fiscal period ending on or after June 30, 2002		
		If revenue less than \$100,000 a year or federation is newly created, no audit needed (See line 12 of IRS Form 990). If newly created, include unaudited financial statement for the previous year of the federation's operation.		
		#7	Y / N	Include IRS Form 990 (If IRS Form 990EZ, 990PF and comparable forms are used, attach completed pages 1 and 2 of IRS Form 990)
		Y / N Form signed by officer or representative of federation on page 6 in block marked "signature of officer." Tax preparer's signature is not sufficient.		
Y / N Form is complete and includes completed Schedule A, and all supplemental/ supporting statements.				
Y / N Form 990 covers same fiscal period as audit				
Y / N Revenue/expense figures (lines 12 and 17) on Form 990 <u>identical</u> to audit revenue/expense figures. (The LFCC will not do any computations to reconcile information)				
Y / N If revenue/expense figures on audit and Form 990 differ, amounts reconciled on IRS Form 990, Parts IV-A and IV-B or in an accompanying signed statement by independent certified public accountant that completed the audit.				
#8	Y / N	Percentage of overhead filled in on application _____ %		
		Y / N Form 990 supports figure (Add lines 14 & 15 and divide total by line 12 on 990)		
		Y / N If over 25.04%, include written justification <u>and</u> plan to reduce to 25% or less		
#13	Y / N	Blank for entity or state filled in		
#14	Y / N	Received no more than 80% of total support and revenue from government sources (Divide line 1c by line 12 on IRS Form 990)		
		Y / N If over 80%, include request for waiver that explains rate and whether it will be reduced in future years.		
#15	Y / N	Include list of member organizations eligible to participate in the CFC		
#15	Y / N	Federation has minimum of 15 member organizations eligible to participate in the CFC		
#16	Y / N	Include copy of annual report or newsletters to the general public that meets the following criteria:		
		Y / N Covers period ending on or after June 30, 2002		
		Y / N Includes full description of federation's activities and supporting services		
		Y / N Lists directors and chief administrative personnel		
		Y / N Includes terms of office for the federation's governing board's officers and members		
		Y / N Includes dates, times and places of their meetings		
Y / N Includes details of the membership dues and/or service charges received by the federation from the charitable organizations participating as members				
#17	Y / N	Blank for date filled in		
#19	Y / N	Include completed Donor Brochure Information Sheet		
#19	Y / N	Include completed Donor Brochure Information Sheets for all eligible member organizations		