

**MAIL LUAF To:**  
LICA APPLICATION SERVICES  
1100 LARKSPUR LANDING  
CIRCLE, SUITE 340  
LARKSPUR, CA 94939

**2010 LOCAL ORGANIZATION  
UNIVERSAL APPLICATION FORM**

**FOR INCLUSION IN CFC, CORPORATE  
AND LOCAL CAMPAIGNS**

**PLEASE NO STAPLES  
OR BINDING**

**FOR ASSISTANCE  
CALL: 800-876-0413**

**EMAIL ATTACHMENTS TO:  
LUAF@LIC.ORG**

**OR**

**FAX ATTACHMENTS TO:  
415-925-1832**

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

Employer Identification Number (EIN): \_\_\_\_\_

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

Physical Address: \_\_\_\_\_

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

Physical City, State, Zip Code: \_\_\_\_\_

Local, Dedicated Phone Number: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

*(If different from the above physical address – Post Office Boxes are acceptable for Contact Address)*

Mailing City, State, Zip Code: \_\_\_\_\_

Contact Name, Title: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

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

Public Email: \_\_\_\_\_

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

**Hours of Operation Per Each Day of the Week**

(Example: Monday – Friday, 9:00 a.m. – 5:00 p.m.; Saturday, 10:00 a.m. – 3:00 p.m.; Closed Sunday)

\_\_\_\_\_

\_\_\_\_\_

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

1) Place a check in the **one** appropriate box:  
(Check first or third item for primary application purposes)

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 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.) **Include as ATTACHMENT A supporting statements and/or documentation of substantial local presence and a description of the programs, services, benefits, etc. provided by the organization in calendar year 2009 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 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.) **Include as ATTACHMENT A supporting statements and/or documentation of substantial presence in an adjacent campaign and a description of the programs, services, benefits, etc. provided by the organization in the calendar year 2009 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 as providing or conducting real services, benefits, assistance or program activities in the previous year (calendar year 2009) covering 30 percent of the state’s geographic boundaries **OR** providing or conducting real services, benefits, assistance or program activities affecting 30 percent of a state’s target population.) **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 2009 and how those programs, services, benefits, etc. affect human health and welfare of the target population.**

**Organization Name:** \_\_\_\_\_

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.)**

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 2009 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 2010 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 no later than 18 months prior to January 2010.)**

- 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 2010 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 2010 and has controls in place to ensure funds are properly accounted for and that it can provide accurate timely financial information to interested parties.

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

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 no later than 18 months prior to January 2010**, 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 no later than 18 months prior to January 2010 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 has been computed from information on 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 which serve 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.

**Organization Name:** \_\_\_\_\_

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 sanction program can be found at <http://www.treas.gov/offices/enforcement/ofac/sanctions/>. If the organization named in this application becomes noncompliant at any time subsequent to completing this certification, it will notify the OPM Office of CFC Operations immediately.


13)  
 Include as *ATTACHMENT E* a 25-word statement for listing in the campaign brochure.

**CERTIFYING OFFICIAL**

I, \_\_\_\_\_, am the duly appointed representative of  
(Print Name)

\_\_\_\_\_ authorized to certify and affirm all  
(Print Organization Name)

statements 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 (Required)

\_\_\_\_\_  
Typed or Printed Name

\_\_\_\_\_  
Date Completed

\_\_\_\_\_  
Title

**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.**

**Attachment A: Local Presence Documentation  
(Geographic Presence)**

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

Our organization has certified in this application that it has a substantial local presence as required by the CFC through an office or portion of a residence that is open to members of the public seeking its services at least 15 hours a week and a local, dedicated phone. Specific information about our organization is below:

Our office located in \_\_\_\_\_ County \_\_\_\_\_ State

Our days and hours of operation are:

\_\_\_\_\_  
\_\_\_\_\_

Our local, dedicated phone number is: \_\_\_\_\_

Our physical location is: \_\_\_\_\_

\_\_\_\_\_

## ATTACHMENT A: INSTRUCTIONS

Please provide *detailed* information that outlines the services provided by your organization during calendar year 2009. If you provided multiple service programs please complete a box for each service. Please show a range of services for the full calendar year 2009 - if you provided them or will provide those services in 2009. **You can also submit with your application additional pages that outline services provided in 2009, as needed.**

We recommend this information include, at a minimum, the following:

- 1) **WHERE:** Indicate the city, county and state, or specific location(s) where services or benefits were provided.
- 2) **WHEN:** Provide the dates the services or benefits were provided or conducted within the 1-year period immediately preceding the application year. For the 2010 application, you must list services provided during the 2009 calendar year.
- 3) **WHO:** 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.
- 4) **WHAT:** Describe the services or benefits provided or conducted with detail and specificity. Include the quantity, value, scope and impact of the services or benefits.

IN COMPLETING THIS SECTION PLEASE OBSERVE SOME THINGS **NOT** TO DO:

- Don't generalize the nature of the activities.
- Don't list services that were offered. Do list services that were provided.
- Don't claim fundraising activity as a service or benefit.
- Don't indicate that services or activities were provided in "numerous" locations. Be specific.
- Don't claim dissemination of information and/or publications as the only source of services or benefits.

### EXAMPLE OF QUALIFYING SERVICES OR BENEFITS IN ATTACHMENT A:

Location(s)	Date(s) of Service	Description of Service Benefit, Assistance or Program Activity with number of beneficiaries
<p><i>Example: Houston (Metropolitan Area), TX</i></p> <p><b>(Include County or Counties served if you have it.)</b></p>	<p><i>January 1 2009 – December 31, 2009</i></p> <p><i>(Services provided daily Monday – Friday)</i></p>	<p><i>After school program provided to students from low-income households. This program provided arts, education, and athletic activities to 525 elementary children in the greater Houston Metropolitan Area.</i></p> <p><i>Programs provided to the students include:</i></p> <ol style="list-style-type: none"> <li><i>1. Art education – an enriching art education program that includes painting, drawing, crafts, etc. to 200 students.</i></li> <li><i>2. Computer lab – available to all students for homework and research activities, utilized by 150 students daily.</i></li> <li><i>3. Music lessons – provided by a local musician. Piano and guitar lessons were provided this year to 25 students</i></li> <li><i>4. Tutoring was provided as needed – served 356 students in 2009.</i></li> </ol>

## Attachment A (continued): Human Health and Welfare Statement

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

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2009 CALENDAR YEAR DESCRIPTION OF SERVICES (Please list all services provided in your service area and attach additional pages and supplemental data as needed.)

<b>Location(s)</b>	<b>Date(s) of Service</b>	<b>Description of Service Benefit, Assistance or Program Activity with number of beneficiaries (be specific)</b>

<b>Location(s)</b>	<b>Date(s) of Service</b>	<b>Description of Service Benefit, Assistance or Program Activity with number of beneficiaries (be specific)</b>



**Attachment A (continued): Human Health and Welfare Statement**

**Organization Name:** \_\_\_\_\_

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2009 CALENDAR YEAR DESCRIPTION OF SERVICES (Please list all services provided in your service area and attach additional pages and supplemental data as needed.)

<b>Location(s)</b>	<b>Date(s) of Service</b>	<b>Description of Service Benefit, Assistance or Program Activity with number of beneficiaries (be specific)</b>

<b>Location(s)</b>	<b>Date(s) of Service</b>	<b>Description of Service Benefit, Assistance or Program Activity with number of beneficiaries (be specific)</b>

**Attachment A: Statewide Presence Documentation  
(If Applicable)**

- Refer to Page 2, Option 3 of Certification One -

**IMPORTANT: Only Complete This Section If You Chose The Third Check  
Box On Certification One**

Your agency may qualify for Combined Federal Campaigns throughout the state where your main office is located; that means more access to potential donors. To qualify for a statewide exemption, you must prove that you provide real services to at least **30% of the counties** or **30% of the state's target population**. If you do not provide this information, we will still apply to campaigns in your local area for you.

*If your organization qualifies* for statewide presence, please provide the information on a separate document and include it with your LICA application or show documentation in your attachment A services that demonstrates that you are serving a statewide area (more than 30% of the counties in your state). This document will guide you through the statewide presence documentation process.

In your description of statewide services, be sure to explain actual services provided in each geographic area (i.e., county). If you are basing your exemption on target population, you must define your target population in detail. Total population statistics by county or claims that services are *available* to individuals in these counties are NOT adequate evidence of service.

**County Breakdown**

*(If your state is not located below, that's because LICA already applies to all the major CFC's for you).*

<b>State</b> .....	<b>Total Counties</b> .....	<b>30 Percent</b>
California.....	58 .....	18
Connecticut.....	8 .....	3
Florida .....	67 .....	21
Georgia.....	159 .....	48
Illinois .....	102 .....	31
Missouri.....	114 .....	35
North Carolina.....	100 .....	30
Pennsylvania.....	67 .....	21
Texas .....	254 .....	77
Virginia.....	95 .....	29
Washington .....	39 .....	12

**Attach a detailed description of your statewide services to qualify for statewide presence.**

**TIPS:**

In the case of the 30% geographic area test, you must provide service records or other evidence (i.e. visitor statistics, client or membership statistics, project results or outlined maps) that clearly show what portion of the geographic area has been covered relative to the total state geographic area or clearly show how you have served 30% of the state's total target population.

## Attachment E: Campaign Brochure Information

Include as Attachment E a statement of 25 words or less describing the program of the voluntary organization. Also, provide a telephone number that can be reached from any location in the U.S. The 25-word statement should describe real services, benefits or program activities the organization provides. The statement provided by the organization should not include the organization's name, but can include a former name that will count as part of the 25-word statement. An Internet web page address where information on the organization can be obtained may be included and will not count toward the 25 words. Email addresses are not permissible.

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**Organization Name:** \_\_\_\_\_

**Organization Legal Name (if different):**

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**EIN #:** \_\_\_\_\_

**25-word Statement:**

**Request Staff Review:**  Yes

**Public Phone #:** \_\_\_\_\_

**Web Site Address:** \_\_\_\_\_

**Categories – (Pick three in order of importance. Enter 1, 2, and 3 in the space next to appropriate letter.)**

- |                                                     |                                                          |
|-----------------------------------------------------|----------------------------------------------------------|
| ___ A Arts, Culture, and Humanities                 | ___ N Recreation, Sports, Leisure, Athletics             |
| ___ B Educational Institutions & Related Activities | ___ O Youth Development                                  |
| ___ C Envir. Quality, Protection & Beautification   | ___ P Human Services – Multipurpose and Other            |
| ___ D Animal Related                                | ___ Q International, Foreign Affairs, National Security  |
| ___ E Health – General and Rehabilitative           | ___ R Civil Rights, Social Action, Advocacy              |
| ___ F Mental Health, Crisis Intervention            | ___ S Community Improvement, Capacity Building           |
| ___ G Disease, Disorders, Medicinal Disciplines     | ___ T Philanthropy, Voluntarism & Foundations            |
| ___ H Medical Research                              | ___ U Science & Technology Research Institutes, Services |
| ___ I Crime, Legal Related                          | ___ V Social Science Research Institutes, Services       |
| ___ J Employment, Job Related                       | ___ W Public, Social Benefit: Multipurpose, Other        |
| ___ K Food, Agriculture, and Nutrition              | ___ X Religion Related, Spiritual Development            |
| ___ L Housing, Shelter                              | ___ Y Mutual/Membership Benefit Orgs., Other             |
| ___ M Public Safety, Disaster Preparedness & Relief | ___ Z Other                                              |

# 2010 Petition & Appointment

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

I hereby petition Local Independent Charities of America (LICA), and, alternatively, Children's Charitable Alliance (CCAL), Local Animal Charities of America (LACA) and Independent Charities of America (ICA) (herein "these federations"), to accept this organization as a member. If accepted, I hereby appoint these federations to act as this organization's exclusive federated representative, business agent, and fiscal agent in any charitable fundraising programs or activities organized or conducted in 2010 in which these federations, or any one of them, may participate, and for which this organization has been approved for inclusion, specifically and irrevocably empowering these federations to receive, account for, and distribute all gifts and pledges made to this organization in these programs or activities and through their subsequent donation collection periods.

I certify I have the authority to make this petition and appointment, that this organization agrees to abide by the rules, regulations, and bylaws governing these federations or any fundraising programs or activities in which they represent this organization, and that the representations made in this application are, to the best of my knowledge, truthful and accurate.

\_\_\_\_\_  
(Organization's Name)

\_\_\_\_\_  
(Authorizing Official's Name and Title)



\_\_\_\_\_  
(Authorizing Official's Signature)

\_\_\_\_\_  
(Date Completed)

# 2010 Local Universal Application Form CHECKLIST

## **BEFORE mailing your Local Universal Application Form (LUAF):**

- \_\_\_ 1. Are the certifications page and the petition & appointment page signed? Are the Date and Title blocks completed on each signature page?
- \_\_\_ 2. **DO NOT STAPLE OR BIND PAGES and NO DOUBLE SIDED COPIES – FOR BOTH APPLICATION AND THE ATTACHMENTS!**

**IMPORTANT** – The hard copy of LUAF application pages with original signatures **MUST** be submitted by United States Postal Services or overnight mail to:

**LICA APPLICATION SERVICES, 1100 Larkspur Landing Circle, Suite 340, Larkspur, CA 94939**

Your hard copy **LUAF application pages with signatures** is not marked “Received” until it arrives in the office. Original signatures are required. Your LUAF may not pass a federal compliance audit if your signature pages are faxed or emailed. We recommend using a mail service that can track and confirm delivery of your LUAF to our offices.

## **BEFORE uploading or emailing your complete audit and IRS Form 990 (the preferred way to send us your attachments) please review items below:**

- \_\_\_ 3. Is your EIN# included on ALL attachments? (If not possible, make sure to include EIN# in email subject line.)

### **For Attachment A (Local Presence/Human Health and Welfare Statement for calendar year 2009):**

- \_\_\_ 4. Is your attachment A complete? This will be printed as a part of your 2010 Local Universal Application Form. Your Attachment A should be sent via USPS mail or overnight mail along with your signature pages.

### **For Attachment A – Statewide (Statewide Presence Documentation if applying for Statewide Status):**

- \_\_\_ 5. If you are applying for statewide status you should include this with your application when you send via USPS or overnight mail. You may add additional documentation as statewide proof through the online upload process.

### **For Attachment B (Current IRS 501 (c) (3) Determination Letter):**

- \_\_\_ 6. Not required for returning members – your current letter is on file. New members should submit your most current letter. If you have an updated IRS determination letter, you may upload that document or send a copy in the mail with your signed application. IRS determination letters should always be kept up-to-date with current, accurate address information.

### **For Attachment C (The Complete Audited Financial Statement for Fiscal Year Ending (FYE) on or after 6/30/08) – Not required for charities with annual revenue under 100k.**

\_\_\_ 7. Is the Auditor's opinion page signed and on CPA letterhead? Have you submitted a complete audit with all pages attached.

## **LUAF – CHECKLIST – Page 2**

\_\_\_ 8. Does the opinion page include language confirming accordance to generally accepted auditing standards "in the United States of America" and generally accepted accounting principles "in the United States of America?" This language is required for certification for Combined Federal Campaigns.

### **For Attachment D (IRS Form 990 for Fiscal Year Ending on or after 6/30/08):**

**SPECIAL NOTE:** If your organization filed an IRS Form 990 EZ or is not required to file a Form 990 with the IRS (for example you are a religious organization or your annual revenue is under 25k), you must submit a Pro Forma 990 for Combined Federal Campaigns. A Pro Forma 990 is Page 1 and Part V of a regular IRS Form 990 if you are submitting a 990 completed on the IRS 2007 Form. If you are submitting a 990 on the new IRS 2009 990 form, you must submit a Pro Forma 990 that includes 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). Call us if you need assistance as to how to complete a Pro Forma 990. If you filed an IRS Form 990 EZ you must send us that along with the required Pro Forma 990. **(See Pro Forma Guidance Attached)**

\_\_\_ 9. Has "accrual basis" accounting been used (See Form 990 Box F)? Required if annual revenue is over 100k.

\_\_\_ 10. Does the IRS Form 990 cover the same fiscal period as the submitted audit?

\_\_\_ 11. Does the IRS Form 990 include signatures of both an officer AND paid preparer (if any) where indicated? PLEASE NOTE: If you filed your IRS Form 990 electronically, you must submit a copy of IRS Form 8453 EO (Exempt Organizations Declaration and Signature for Electronic Filing) or provide a copy with signatures.

\_\_\_ 12. Is Schedule A of the IRS Form 990 included?

\_\_\_ 13. Is the 990 section related to Officers, Directors, Trustees, and Key Employees completed and does it include any attached schedule or statement pages as noted on the form?

\_\_\_ 14. Are compensation amounts included for all board members even if the dollar amount is zero (\$0.00), as required by the IRS?

\_\_\_ 15. Have you written "PRO FORMA" on page one if submitting pro forma Form 990?

### **For Attachment E (25 word brochure statement).**

\_\_\_ 16. Is Attachment E complete AND is your brochure statement 25 words or less? This attachment is included with your printed application and should be mailed along with that document.

**You may upload LUAF attachments (audit and/or IRS Form 990) via the application process or email to [LUAF@lic.org](mailto:LUAF@lic.org) or fax to (415) 925-1832. Electronic submission of your current audit and IRS Form 990 provides for faster and more efficient application processing. If not available electronically, you may send the LUAF attachments as hard copy to the postal address above. **PLEASE DO NOT STAPLE OR BIND PAGES. Have Questions? Need help? Call 800/876-0413 for assistance.****