

Cover Sheet for the 2010 California Gold Coast CFC Application

COMPLETE AND RETURN WITH YOUR APPLICATION

Agency Name _____

Address _____ Phone _____

Disbursement address if different from above _____

Statewide _____ Adjacent _____ Local _____

AGENCY 5 Digit Code (if known) _____ EIN _____ - _____

Contact name: _____ Phone _____

Email - _____

Check off list for attachments: (please check all that apply)

Certification statements checked: _____ Original Certifying Official's Signature _____

AFR% _____ (FILL IN %) Attachment **A** documentation _____

IRS Determination Letter _____ Audited Financial Statement _____

IRS FORM 990 _____ Taxonomy codes: _____

25 Word statement - (sample)-**THIS MUST ALSO BE EMAILED TO TERRI @ tbelkin@vcunitedway.org**
0000 Name of Organization (legal 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

FOR PCFO USE ONLY		aft. 6-30. 08		__Y__N__ Complete		Missing information _____	
15 hrs.	_____	Local	_____	Adjacent	_____	Statewide	_____
Group exemption _____		Bona Fide Chapter _____					
GAAS/GAAP	_____	Name matches IRS	_____	Audit year	_____	Accounting	A _____ C _____ Other _____
EIN matches	_____	990 Fiscal Year	_____	Board Listed	_____	Info Returned	_____