

## Completeness Review Checklists

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**Please note: OPM does not conduct courtesy reviews of applications. OPM staff cannot review any parts of the application before it is submitted for an eligibility decision. Charities are encouraged to utilize the Completeness Review Checklist to ensure that the application meets CFC eligibility requirements. Do not submit the checklist to OPM.**

**Appendix B: CFC Application Completeness Review Checklist  
for FSYA/FSYP/MWR Organizations**

<b>CFC Eligibility Requirement</b>	<b>Completeness Check</b>	<b>Deficiencies</b>
<p><b>Step 1: Charity Contact Information</b></p>	<p><input type="checkbox"/> Current charity contact information provided.</p>	<p><input type="checkbox"/> Contact information <b>not</b> provided.  <input type="checkbox"/> <b>Outdated</b> information provided.  <input type="checkbox"/> One email address provided.  <i>Will not result in an application that is not approved, however, OPM sends eligibility decision and other time sensitive communication to the email address(es) on file. At least one email address is required, however, applicants are highly encouraged to provide more than one email address to ensure that communication is received by the organization.</i></p>
<p><b>Step 2: Application Type</b>  <i>If your organization is recognized as a 501(c)(3) organization by the Internal Revenue Service, you should submit an Independent and Member Organization application for a charity that is not an FSYA/FSYP/MWR.</i></p>	<p><input type="checkbox"/> Correct organization type selected (i.e., Local, International or National/International).  <input type="checkbox"/> Organization’s affiliation provided (i.e., part of a federation or independent).  <input type="checkbox"/> If part of a federation (member), the parent federation code is provided.  <input type="checkbox"/> Military base location provided.</p>	<p><input type="checkbox"/> <b>Incorrect</b> organization type selected.  <input type="checkbox"/> Organization’s affiliation <b>not</b> provided.  <input type="checkbox"/> Parent federation code <b>not</b> provided (if a member organization).  <input type="checkbox"/> Military base location <b>not</b> provided.</p>
<p><b>Step 2a: Installation Commander Letter</b></p>	<p><input type="checkbox"/> Installation Commander Letter submitted.  <input type="checkbox"/> Signed by an Installation Commander, or equivalent.  <input type="checkbox"/> Dated on or after January 1 of the campaign year (2025) to which the organization is applying.</p>	<p><input type="checkbox"/> Installation Commander Letter <b>not</b> submitted.  <input type="checkbox"/> <b>Not</b> signed by an Installation Commander, or equivalent.  <input type="checkbox"/> <b>Not</b> dated on or after January 1, 2025.</p>

	<p>The letter states that the applicant:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is a nonprofit, tax-exempt organization that provides family service programs or youth activity programs to personnel in the Command.</li> <li><input type="checkbox"/> Is a Non-Appropriated Fund Instrumentality that supports the installation's MWR/FSYA/FSYP program.</li> <li><input type="checkbox"/> Does not receive a majority of its financial support from appropriated funds.</li> <li><input type="checkbox"/> Has a high degree of integrity and responsibility in the conduct of its affairs.</li> <li><input type="checkbox"/> Effectively uses contributions for its announced purposes.</li> <li><input type="checkbox"/> Is directed by the base Non-Appropriated Fund Council or an active voluntary board of directors which serves without compensation and holds regular meetings.</li> <li><input type="checkbox"/> Conducts its fiscal operations in accordance with a detailed annual budget, prepared and approved at the beginning of the fiscal year and any significant variations from the approved budget must have prior authorization from the Non Appropriated Fund Council or the directors.</li> <li><input type="checkbox"/> Has accounting procedures acceptable to an installation auditor and the Inspector General.</li> <li><input type="checkbox"/> Prepares an annual report which includes a full description of the organization's activities and accomplishments. These reports must be made available to the public upon request</li> </ul>	<p>The letter does <b>not</b> state that the applicant:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Is a nonprofit, tax-exempt organization that provides family service programs or youth activity programs to personnel in the Command.</li> <li><input type="checkbox"/> Is a Non-Appropriated Fund Instrumentality that supports the installation's MWR/FSYA/FSYP program.</li> <li><input type="checkbox"/> Does not receive a majority of its financial support from appropriated funds.</li> <li><input type="checkbox"/> Has a high degree of integrity and responsibility in the conduct of its affairs.</li> <li><input type="checkbox"/> Effectively uses contributions for its announced purposes.</li> <li><input type="checkbox"/> Is directed by the base Non-Appropriated Fund Council or an active voluntary board of directors which serves without compensation and holds regular meetings.</li> <li><input type="checkbox"/> Conducts its fiscal operations in accordance with a detailed annual budget, prepared and approved at the beginning of the fiscal year and any significant variations from the approved budget must have prior authorization from the Non Appropriated Fund Council or the directors.</li> <li><input type="checkbox"/> Has accounting procedures acceptable to an installation auditor and the Inspector General.</li> <li><input type="checkbox"/> Prepares an annual report which includes a full description of the organization's activities and accomplishments. These reports must be made available to the public upon request</li> </ul>
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CFC Eligibility Requirement	Completeness Check	Deficiencies
	Has a policy and practice of nondiscrimination on the following basis of persons served by the organization: <ul style="list-style-type: none"> <li><input type="checkbox"/> Race</li> <li><input type="checkbox"/> Color</li> <li><input type="checkbox"/> Religion</li> <li><input type="checkbox"/> Sex</li> <li><input type="checkbox"/> Sexual orientation</li> <li><input type="checkbox"/> Gender identity</li> <li><input type="checkbox"/> National origin</li> </ul>	Nondiscrimination policy does <b>not</b> include the following basis: <ul style="list-style-type: none"> <li><input type="checkbox"/> Race</li> <li><input type="checkbox"/> Color</li> <li><input type="checkbox"/> Religion</li> <li><input type="checkbox"/> Sex</li> <li><input type="checkbox"/> Sexual orientation</li> <li><input type="checkbox"/> Gender identity</li> <li><input type="checkbox"/> National origin</li> </ul>

**Below is a sample letter to be submitted required for FSYA/FSYP/MWR applications:**

I certify that the XX Youth Program in this application meets eligibility criteria in

CFR § 950.202(a)(4). The organization is a Non-Appropriated Fund Instrumentality that supports the installation MWR/FSY program. The organization is a nonprofit, tax-exempt organization that provides family service programs or Youth activity programs to personnel in the Command and does not receive a majority of its financial support from appropriated funds.

The organization has a high degree of integrity and responsibility in the conduct of its affairs. Contributions received are used effectively for the announced purposes of the organization. The organization is directed by the base Non-Appropriated Fund Council or an active voluntary board of directors which serves without compensation and holds regular meetings.

The organization conducts its fiscal operations in accordance with a detailed annual budget, prepared and approved at the beginning of the fiscal year and any significant variations from the approved budget must have prior authorization from the Non-Appropriated Fund Council or the directors. I certify that this organization also has accounting procedures acceptable to an installation auditor and the Inspector General.

The organization has a policy and practice of nondiscrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or national origin applicable to persons served by the organization. The organization prepares an annual report which includes a full description of the organization’s activities and accomplishments. These reports are made available to the public upon request.

I certify that I have read all the certifications above and that my signature below signifies that I acknowledge and agree with such certifications.

Signed by

Installation Commander, or

equivalent as specified in OPM policy guidance