



## **2012 CFC Application - Guidance for Required Local Attachment A:**

**Local Presence/Human Health & Welfare Services or Benefits** (*For local independent organizations or members of a federation*)

Applicants **must** include as ***Attachment A*** a detailed description of the real health & human welfare services, benefits, assistance, or program activities provided or conducted in the local, adjacent, or statewide campaign area between January 1, 2011 and Dec. 31, 2011, 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.***

For your convenience, a sample satisfactory ***Attachment A*** is included with this document, showing both a narrative and a table format option. These may be used as a template (recommended), or just to help demonstrate the type of information that should be included. You are **not** required to use a standardized format so long as the information is clear and organized, and allows the Local Federal Coordinating Committee (LFCC), the governing body making final local eligibility determinations, to accurately determine that real services, benefits, assistance, or program activities were provided or conducted in a local campaign area during the previous calendar year.

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** service was provided, **where** & **when**, **who** (or what population) was helped, and **how** they benefited.

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

Tips for completing your ***Attachment A***:

### **DO**

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- 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 2012 CFC must fall within the time period January 1, 2011 through December 31, 2011. Events that continue or recur should include frequency with which they were provided or conducted (e.g. Service X provided monthly from January – July 2011 and bi-monthly from August – November 2011.) **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.

**NEXT:** Sample Attachment A (may be used as a template)

## **Sample Attachment A for Local CFC Application**

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

**Organization Name:** Nonprofit, Inc.

**Substantial Local Presence:** Office is physically located in Xx County. Service area also covers A, B, C and D counties, which are covered by the Intermountain CFC.

**Physical Address of Organization's Office, Staffed Facility or Dedicated Portion of a Residence:**

1212 Main Street  
Boise, ID 83705

**Dedicated Phone Number:** 303-999-9999

**Hours of Operation** *(must be available to the public at least 15 hours per week):*

Monday – Thursday day from 8:00AM – 4:00PM, Friday 8:00AM to Noon (36 hours per wk.)

*(Please note: All information above must be included to document Local Presence. The Description of Services may be narrative, OR contained in a table- see examples below; however, the information may be presented in any way you prefer, so long as it is a clearly labeled separate schedule. Please be specific; try to limit Attachment A document to one page or less.)*

**Actual Services, Benefits, Assistance, or Program Activities AND how they Affect Human Health/ Welfare:**

Nonprofit, Inc. provides new clothing, furniture and general household items to individuals and families located in A, B, C and D counties. We also conduct donation drives for specific needs, i.e. school supplies or winter coats.

Our staff and volunteers pick up donated items from local homes and businesses. Items are temporarily stored in our warehouse, and sorted by volunteers. Items are then matched to the specific needs (bed, dishes, and clothing) of pre-identified low-income recipients, who are referred to us by various public agencies and are generally at or below 120% of the poverty level. Items are delivered to clients M-F during our business hours or other times as necessary.

Recipients of our services are then able to use their limited financial resources for basic human needs such as food, healthcare, rent & transportation, providing greater stability.

**Specific Services Delivered in Calendar Year 2011:**

- Our organization delivered clothing and furniture and household goods to 70 low-income families and individuals in the A, B, and C county areas throughout 2011.
- Between March and June 2011, we distributed over 3000 phone cards to U.S. soldiers and their families in X, Y and Z counties.
- In July of 2011, we delivered new school supplies for more than 1200 students of five local CITY elementary schools: NAME Elementary, NAME Elementary, NAME Elementary, etc..
- In November 2011, we collected and distributed more than 350 new coats to needy individuals (56 children, 295 adults) in X County as part of "Operation Warmcoat" clothing drive.

Sample Attachment A - Continued

*(Below is another option for documenting actual services provided- using a table or spreadsheet.)*

**Specific Services Delivered in Calendar Year 2011:**

<b>Location</b>	<b>Date(s) of Service</b>	<b>Description of Service, Benefit, Assistance, or Program Activity</b>
X County, Y County, Z County	Calendar 2011	Our organization delivered household goods and furniture to 72 low-income families and individuals throughout 2011. <ul style="list-style-type: none"><li>• Jan – March: 15 families served</li><li>• April – June: 20 families served</li><li>• July – Sept.: 17 families served</li><li>• Oct. – Dec: 18 families served</li></ul> Items provided included beds, blankets, tables, chairs, dishes, towels and other basic household goods as well as clothing. This service allowed our clients to put their limited resources toward other crucial needs such as health care, utilities and food.
X County	March 1-30, 2011	We gathered and delivered new school supplies for over 1200 students of five local elementary schools: NAME Elementary, NAME Elementary, NAME Elementary, etc..
A County B County C County	May 1- June 30, 2011	We distributed over 3000 phone cards to U.S. soldiers and their families
D County X City Y City Z City	November 1-30, 2011	We collected and distributed over 350 new warm winter coats to needy individuals throughout (X, Y Counties/Z Cities) as part of our annual “Operation Warmcoat” drive. 56 children and 295 adults were served.