

Application Instructions for African Community Bridge Foundation Affiliation Members

BACKGROUND

Enclosed is the model application for use by national/international independent organizations to apply as an African Community Bridge Foundation Affiliate, (“ACBFA”). The following instructions and form are intended to assist charitable organizations in applying for participation as an ACBFA. All aspects of an ACBFA, including eligibility for participation, are strictly governed by Federal regulation.

Completed applications must be received at the following address:

African Community Bridge Foundation
17B Kwame Nkrumah Crescent
Asokoro, Abuja
Nigeria

All required documents and attachments must be complete and submitted with the application.

In order to determine whether an organization may participate as an affiliate, ACBF may request evidence of corrective action regarding any prior violation of regulation or directive, sanction, or penalty, as appropriate. African Community Bridge Foundation will decide whether the organization has demonstrated, to ACBF’s satisfaction, that the organization has taken appropriate corrective action. Failure to demonstrate satisfactory corrective action or to respond to ACBF’s request for information within 10 business days of the date of the request may result in a determination that the organization will not be included in the Charity List.

Organization’s Program Description and Taxonomy Codes

The organization will be given a Personal

Identification Number and be directed to a secure website to register and verify the organization’s information on file with ACBF. All approved organizations, regardless of past participation, must register each year. During the registration process applicants will be asked to verify contact information on file with ACBF and enter the 25-word statement that will appear in the ACBFA charity list.

In addition, the organization will be asked to identify up to three program categories, in priority order, which most closely identify the type of mission, services, and activities provided. The corresponding letters will be printed with your organization’s listing in the ACBFA charity list to assist donors in identifying charities by type of service provided. Categories are derived from the National Taxonomy of Exempt Entities (NTEE) classification system developed by the National Center for Charitable Statistics. The 26 categories are:

- A Arts, Culture, and Humanities
- B Education
- C Environment
- D Animal Related
- E Health Care
- F Mental Health & Crisis Intervention
- G Voluntary Health Associations & Medical Disciplines
- H Medical Research
- I Crime & Legal Related
- J Employment
- K Food, Agriculture & Nutrition
- L Housing & Shelter
- M Public Safety, Disaster Preparedness & Relief
- N Recreation & Sports
- O Youth Development
- P Human Services
- Q International, Foreign Affairs & National Security
- R Civil Rights, Social Action & Advocacy
- S Community Improvement & Capacity Building
- T Philanthropy, Voluntarism & Grantmaking Foundations

U Science & Technology
V Social Science
W Public & Societal Benefit
X Religion-Related
Y Mutual & Membership Benefit
Z Unknown

DEFINITIONS

Organization Name of the applicant organization as it appears on the Corporate Affairs Commission Master File. If the name of the applicant organization differs from the name that appears on the CAC Certificate of Incorporation or audited financial statements, documentation from the Nigerian government authorizing use of this name must accompany the application.

5 Digit ACBFF Number The 5-digit number assigned to the organization by ACBF. Organizations that did not previously participate in the ACBFA should leave this field blank.

Telephone Organization's telephone number.

Website Address List the complete Internet address of the applicant organization (no e-mail addresses). This information is required, if the organization has an Internet address.

Organization Address The physical street address of the organization. Post Office Boxes may not be used.

Contact Person The individual to whom ACBFF will direct communications regarding the application. This may be any individual in the organization.

Contact Title Self-explanatory

Contact Address Contact person's mailing address. Post Office Boxes may be used. Participation decision letters and other ACBFF communications will be sent to the Contact Person at this address.

Contact Telephone Contact person's telephone number, if different than the organization's telephone number.

Fax Contact person's fax number.

Contact E-Mail Address(es) Contact person's electronic mail address. Applicants are encouraged to provide more than one email address.

INSTRUCTIONS

Applicants must check the box next to each certification statement to demonstrate agreement to comply with the statement and to certify that it meets the requirement. Failure to provide a check mark for each of the statements will be considered as a refusal to certify and will result in the denial of the application.

Item 1

Check the one appropriate box. **Include Attachment A.** ACBFF eligibility requirements mandate that a national/international organization demonstrate it provided services in at least 15 different states or one foreign country over the three year period immediately preceding the start of the application year. A schedule listing a detailed description of the services in each state (minimum 15) or foreign country (minimum 1), including the year of service, must be included with the application. The schedule must make a clear showing of national and/or international presence. Simply providing a list of states or countries where an organization conducts or provides real services, benefits or program activities is not sufficient. An organization must provide a detailed description of the services and activities it provided, and the year in which those services were provided, in each state or foreign country. Applicants must document the dollar amounts of financial assistance (if applicable) and the number of beneficiaries of each service it lists in Attachment A.

A sample Attachment A format is included in these instructions. ACBFF encourages applicants to use this format, but it is not a requirement.

This requirement cannot be met on the sole basis of services provided through an "800" telephone number or by disseminating information and publications via the Postal Service, the Internet, services and identical repetitive narratives will

not be accepted at the sole discretion of ACBFA if they do not allow ACBFA to adequately determine that real services were provided or to accurately determine the individuals or entities who benefited. Providing listings of affiliated groups does not sufficiently demonstrate provision of real services by the applicant. Location of residence of organization members or location of residence of visitors to a facility does not substantiate provision of services in the lor fellowships must indicate the state in which the recipient resides, not the state of the school or place of fellowship. Mere dissemination of information does not demonstrate provision of real services.

While it is not expected that an organization maintain an office in each state or foreign country, a clear showing must be made of the actual services, benefits, assistance or program activities provided in each state or foreign country. De minimis services, benefits, assistance, or other program activities in any state or foreign country will not be accepted as a basis for qualification as a national or international organization.

Item 2

Include as Attachment B a copy of the organization’s most recent CAC Certificate of Incorporation. If the name of the applicant organization differs on the CAC Certificate of Incorporation or audited financial statements, documentation from the Nigerian government authorizing this name change must accompany the application.

Bona-fide chapters or affiliates of a national organization that do not have a CAC Certificate of Incorporation for the local organization must provide a certification signed by either the Chief Executive Officer (CEO) or CEO equivalent of the national organization, dated on or after October 1, 2012, stating the local charitable organization operates as a bona-fide chapter or affiliate in good standing of the national organization and it is covered by the CAC Certificate of Incorporation and audited financial statements. A copy of the national organization’s CAC Certificate must be accompanied with the letter.

Item 3

Self-explanatory. Human health and welfare services provided in the previous calendar year must be reflected in *Attachment A*.

Item 4

The certifying official must certify that the organization 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 by an independent certified public accountant annually in accordance with Generally Accepted Auditing Standards (GAAS). No other basis of accounting is acceptable under GAAP. The cash basis, modified cash basis, modified accrual basis, and any other methods are not acceptable.

Include as Attachment C a copy of the auditor’s report and the organization’s complete audited annual financial statements.

The audited financial statements must be prepared using the accrual method of accounting and cover the same fiscal period that ended not more than 18 months prior to the application submission date.

The audited financial statements must include all statements and audit notes as required by GAAP. The Independent Auditor’s Report must include the signature of the auditor or the auditing firm.

Item 5

Calculate and enter the organization’s annual percentage for administrative and fundraising expenses.

Item 6

Self-explanatory

Item 7

Self-explanatory

Item 8

Self-explanatory

Item 9

Self-explanatory

Item 10

Each federation and independent organization applying to participate in the ACBFA must, as a condition of participation, certify that it is in compliance with all Nigerian statutes and regulations restricting or prohibiting persons from engaging in transactions and dealings with countries, entities, and individuals subject to economic sanctions administered by the Federal Republic of Nigeria.

Certifying Official The certifying official is the individual who has the authority to affirm that all statements in the application are accurate. This role cannot be delegated to the federation of which the organization is a member.

IF THE ORGANIZATION IS DENIED

If your organization's application is denied, it will receive a certified letter stating the reason(s) for the denial. If the organization wishes to appeal the decision to the President of ACBF, the appeal must be received by ACBF within ten business days of the receipt of the letter. The appeal should be complete and respond to the reason(s) for the original denial decision.

Additional information or a revision to a submitted document will only be accepted if it existed prior to the application deadline. ACBF will not accept documents that did not exist or were not set forth in final form prior to the application deadline.

REQUIRED ATTACHMENTS (failure to provide any of these documents may result in a denial)

- ✓ **Attachment A – Schedule of services by year and state and/or foreign country (See Items 1 & 3)**
- ✓ **Attachment B – CAC Certificate of Incorporation (See Item 2)**
- ✓ **Attachment C – Audited financial statements (See Item 4)**
- ✓ **Attachment D – Special Control Unit Against Money Laundering (SCUML) Certificate of Registration**

THE APPLICATION AND SUPPORTING DOCUMENTATION MUST BE *SUBMITTED WITH THE APPLICATION.*

AFRICAN COMMUNITY BRIDGE FOUNDATION

APPLICATION FOR AFFILIATE MEMBERSHIP

(Affiliate members must complete this application to be kept on file by their organization.
This is an annual requirement.)

Organization: _____

5 Digit ACBFA Number (If a previous participant in the ACBFA): _____

Telephone: _____ Website Address: _____

Organization Address: _____

Contact Person: _____

Contact Title: _____

Contact Address: _____

Contact Phone: _____

Contact Fax: _____

Contact E-Mail Address: _____

SELECTION OF NATIONAL/INTERNATIONAL OR INTERNATIONAL:

A national/international organization may be listed in either the national/international part of the Charity List or the International part of the Charity List. The organization will be listed in the appropriate section based on the response to Item #1.

- 1) Place a check in the *one* appropriate box:

National/International Part

- I certify that the organization named in this application provided or conducted real services, benefits, assistance, or program activities in 15 or more different states or one foreign country over the three-year period immediately preceding the start of the campaign application year. **(Include as ATTACHMENT A, a schedule listing those states or foreign countries where the program activities have been provided within the previous year and a detailed description of the activities, including the year in which those services were provided, in each state or foreign country listed. (See attached recommended format for Attachment A.)**

- OR -

International Part

- I certify that the organization named in this application provided or conducted real services, benefits, assistance, or program activities in a foreign country over the three-year period immediately preceding the start of the campaign application year. **(Include as ATTACHMENT A, a schedule listing each country where program activities have been provided within the previous year and a detailed description of the program activities, including the year in which those services were provided in each country listed. (See attached recommended format for Attachment A.)**
- 2) I certify that the Corporate Affairs Commission (CAC) recognizes the organization named in this application. **(Include as ATTACHMENT B a copy of the most recent CAC Certificate of Incorporation. See instructions for additional information.)**
- 3) 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 the previous calendar year are reflected in **ATTACHMENT A**.
- 4) I certify that the organization named in the application 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). **(Include as ATTACHMENT C a copy of the auditor's report and the complete audited financial statements for a fiscal period ending not more than**

18 months prior to the submission of the application.)

- 5) I certify that the administrative and fundraising rate for the organization named in this application is _____%.
- 6) I certify that an active and responsible governing body, whose members have no material conflict of interest and a majority of whom serves without compensation, directs the organization named in this application.
- 7) I certify that the organization named in this application prohibits the sale or lease of ACBFF contributor lists.
- 8) 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.
- 9) I certify that the organization named in this application effectively uses the funds contributed for its announced purposes.
- 10) I certify that the organization named in this application is in compliance with all Federal Republic of Nigeria statutes and regulations restricting or prohibiting persons from engaging in transactions and dealings with countries, entities, or individuals subject to economic sanctions administered by the Federal Republic of Nigeria.

CERTIFYING OFFICIAL

I, _____, am the duly appointed representative
(Print Name)

of _____ authorized to certify and affirm all statements
(Print Organization)

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 statement, I acknowledge and agree to comply with that certification.

(Signature)

(Typed or Printed Name)

(Title)

(Date)

**African Community Bridge Foundation Affiliate Application
Attachment A Format**

The use of this document strongly urged for Attachment A. If an applicant chooses to use a different format, it must detail the services it provided under the heading of each state or foreign country. A minimum of 15 or more different states or one foreign country is required. This sample only lists 15 states, but you are advised to list more as a safeguard. If service in one state is not accepted, you will have additional states to be considered, which may keep your application your application from being rejected.

Several services can (and are encouraged to) be described under any one state. Also, services that are provided in more than one state should be described under the heading of EACH of those states. DO NOT USE REPETITIVE LANGUAGE, your description must show at least a slight difference in each state.

ORGANIZATION NAME

Foreign Country(ies)

Location	Date	Service Description (including who provided the service)	Number of Beneficiaries

State #1 [enter state name]

City	Date	Service Description (including who provided the service)	Number of Beneficiaries

State #2 [enter state name]

City	Date	Service Description (including who provided the service)	Number of Beneficiaries

State #3 [enter state name]

City	Date	Service Description (including who provided the service)	Number of Beneficiaries

State #4 [enter state name]

City	Date	Service Description (including who provided the service)	Number of Beneficiaries

State #5 [enter state name]

City	Date	Service Description (including who provided the service)	Number of Beneficiaries

State #6 [enter state name]

City	Date	Service Description (including who provided the service)	Number of Beneficiaries

State #7 [enter state name]

City	Date	Service Description (including who provided the service)	Number of Beneficiaries

State #8 [enter state name]

City	Date	Service Description (including who provided the service)	Number of Beneficiaries

State #9 [enter state name]

City	Date	Service Description (including who provided the service)	Number of Beneficiaries

State #10 [enter state name]

City	Date	Service Description (including who provided the service)	Number of Beneficiaries

State #11 [enter state name]

City	Date	Service Description (including who provided the service)	Number of Beneficiaries

State #12 [enter state name]

City	Date	Service Description (including who provided the service)	Number of Beneficiaries

State #13 [enter state name]

City	Date	Service Description (including who provided the service)	Number of Beneficiaries

State #14 [enter state name]

City	Date	Service Description (including who provided the service)	Number of Beneficiaries

State #15 [enter state name]

City	Date	Service Description (including who provided the service)	Number of Beneficiaries