

# Developmental Disabilities Resource Board of St. Charles County

## Corporate Information (for Application for Funds)

**Please complete the following:**

Agency Name	_____	Phone	_____
Address	_____	Fax	_____
	_____	TTY	_____
Agency Executive Director	_____	Email:	_____
Financial Contact Person	_____	Email	_____
Agency Board President	_____		

**The DDRB maintains a permanent Documents file for each funded agency. We have in your file the following records:**

<b><u>Permanent Documents:</u></b>	<b><u>Document Date</u></b> (currently on file w/DDRB)	<b><u>Revision being sent</u></b> (write date of revision)
Agency By-Laws	_____	_____
Articles of Incorporation	_____	_____
Certificate of Corporate Good Standing (Updated Annually)	_____	_____
Certification/Accreditation Certificate(s) (or letter to request requirement waiver)	_____	_____
Board Roster	_____	_____
Mission Statement and Strategic Plan	_____	_____
Most Current Audit	_____	_____
IRS Form 990 Report:	_____	_____
POS Services: Unit Cost Reports	_____	_____
Annual Report (if applicable)	_____	_____
Liability Insurance (To include blanket fidelity bond)	_____	_____

**Submit one copy of revised documents (or missing documents) of the above listed items currently on file with the DDRB. Indicate the document revision dates for those being sent.**

**●This completed form and all documents are due to the DDRB by: February 1, 2010.**

Name of Person Submitting Info: \_\_\_\_\_

Phone No: \_\_\_\_\_