FY2018

Name of Person Submitting Info:_____ **Phone No:**_____

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	_____

The DDRB maintains a permanent documents file for each funded agency. The following records are in your file. If a more current version is available please include the update with the corporate information packet.

	On file with DDRB	Update Included (please circle)	
Agency By-Laws	_____	Yes	No
Articles of Incorporation	_____	Yes	No
Certificate of Corporate Good Standing	_____	Yes	No
Licensing Certificate	_____	Yes	No
Certification(s)	_____	Yes	No
Accreditation Certificate(s) & Report	_____	Yes	No

The following documents should be updated annually.
Please submit <u>one</u> copy of revised documents/missing documents listed below.

	On file with DDRB	Update Included (please circle)	
Board Roster	_____	Yes	No
Mission Statement and Strategic Plan	_____	Yes	No
Most Current Audit	_____	Yes	No
POS Services: Unit Cost Reports	_____	Yes	No
Audit Management Letter	_____	Yes	No
IRS Form 990	_____	Yes	No
Annual Report (if applicable)	_____	Yes	No
Liability Insurance (to include a blanket fidelity bond)	_____	Yes	No
Distribution List Contacts	_____	Yes	No
DDRB Contact Information	_____	Yes	No

This completed form and all documents are due to the DDRB by: January 31, 2017.