

**MISSOURI ASSOCIATION OF COUNTY
DEVELOPMENTAL DISABILITIES SERVICES (MACDDS)**

**Related Private Organization
Application for the Year 2010**

Name of Organization _____

Not-for-Profit Corporation? Yes _____ No _____

Related Private Organizations shall be defined as those agencies and individuals which whose primary purpose is to advocate and/or provide and/or cause to create support services to individuals with developmental disabilities and their families. Does this definition describe your organization.

Yes _____ No _____

Telephone Number: _____ Fax Number: _____

E-Mail _____

Website Address: _____

Address mailings where you would like your mailings to be delivered (or enter email address):

Person making request: _____

Title: _____

Date of Request: _____

This fee covers monthly minutes, agenda and meeting expenses through 12/2010. As per recent MACDDS by-laws changes, RPO applications must be submitted and approved by the membership. Approvals will be completed at the MACDDS meeting immediately following receipt of the application. The completed form with the check, payable in the amount of \$225 to MACDDS, must accompany this application. If the application is not approved, the uncashed check will be returned. Please mail completed form and payment to:

**MACDDS
c/o Ann Graff, Pettis County Board of Services for the Developmentally Disabled
1500 Ewing Drive
Sedalia, MO 65301
(660) 826-4400 (phone) ♦ (660) 827-3034 (fax)**

PLEASE BE AS ACCURATE AS POSSIBLE WITH THE FOLLOWING INFORMATION, AS THESE NUMBERS WILL BE USED AS LEGISLATIVE AND STATE DEPARTMENT COMMUNICATIONS.

FOR ORGANIZATIONS THAT PROVIDE SERVICES:

Total # of employees (full and part-time): _____

Total # of unduplicated clients served: _____

FOR ORGANIZATIONS THAT CONTRACT FOR SERVICES:

Total # of staff employed by your contracted agencies: _____

Total # of unduplicated clients: _____