

**Greater Delaware County Community Foundation**  
**200 East Main Street – Manchester, IA 52057**

**Application to Affiliate with the Greater Delaware County Community Foundation**

Applications will be reviewed by the Board of Trustees at the next regularly scheduled meeting and a member of the applying group may be asked to attend to answer questions.

**Please type or print neatly.**

**1) Your Committee Name:**

**Chairperson;**

**Address:**

**Phone:**

**2) When did the committee form?**

**3) Is the committee incorporated? \_\_\_\_\_ Yes \_\_\_\_\_ No**

If yes, please attach a copy of your incorporation letter or form.

**4) Does the committee have a Federal ID number? \_\_\_\_\_ Yes \_\_\_\_\_ No**

If yes, please write the number here: \_\_\_\_\_

**5) Statement of committee purpose:** \_\_\_\_\_

**6) Who will be served by this committee?**

**7) Is the committee associated with a parent agency? \_\_\_\_\_ Yes \_\_\_\_\_ No**

If yes, please list name, address, phone, contact: \_\_\_\_\_

**8) Why is the committee requesting to become a part of the GDCCF?**

**9) What will happen to the committee if the GDCCF request is denied?**

**10) Does the committee carry liability insurance?**

