



Agency Profile	
Agency Name:	
Agency Address:	
Street	
City, State, Zip Code	
Agency Phone Number:	
Agency Fax Number:	
Agency Web Site:	
Primary Contact:	
Name	
Title	
Contact E-Mail Address:	
Contact Phone Number & Ext.	
Additional Contact Names & Phone Numbers:	

Supplemental Information

Please submit the following supplemental information electronically to:
lccsf@lafayettecountymo.com

Submit each piece of information as a separate attachment, preferably in PDF format.

- **Only one (1) copy of the supplemental information is required per application.**

SUPPLEMENTAL INFORMATION	✓ if included or explain why document is not included
Proof of 501c3 status	
Most recent agency independent audit	
Agency Strategic Plan	
Copy of most recent 990 tax return	
Agency statement of confidentiality	
Agency policy of non-discrimination in hiring practices	
Agency policy statement for screening of staff for child abuse and neglect	
Copies of agency accreditation(s)	
Certificate of corporate good standing	
Roster of Current Board of Directors	