



NONPROFIT ORGANIZATION APPLICATION

APPLICANT INFORMATION

Organization Name:		
Address:		
City:	State:	ZIP Code:
Phone:	Email:	
Contact Person:	EIN:	
Is this Organization registered as a Nonprofit with the Secretary of State of Ohio?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is the Organization organized and operated exclusively for religious, charitable, scientific testing for public safety, literary, or educational purposes, or to foster national or international amateur sports competition, or for the prevention of cruelty to children or animals?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
If "Yes" above do you have a letter from the Internal Revenue Service stating that your Organization is exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code? If Yes please include a copy with this application.	Yes <input type="checkbox"/>	No <input type="checkbox"/>

NONPROFIT ORGANIZATION AGREEMENT

The Delaware County Community Market Corporation (DCCMC) is a Public Charity Organization. It is registered as a nonprofit with the Ohio Secretary of State and operates in strict compliance within the activities permitted to be carried on (1) by a corporation exempt from federal income tax under Section 501(c) (3) of the Internal Revenue Code or (2) by a corporation contributions to which are deductible under Section 170(c) (2) of the Internal Revenue Code.

The purpose for which DCCMC was organized was to exclusively provide a charitable vehicle within the meaning of 501(c) (3) of the Internal Revenue Code that allows individuals to contribute to any nonprofit entity within Delaware County (OH) through distributions to organizations that qualify as exempt organizations under Section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future tax code. The Members of DCCMC purchase items or services offered for sale by DCCMC. Twenty Percent (20%) of each sale is donated to the current nonprofit designated by the Member. This approved application allows the above nonprofit organization to be included in the list of choices available to all Members. This nonprofit will receive all designated income received from Members on a monthly basis in the form of a check sent to the above address.

Signature: _____ Date: ____/____/____

<i>For Official Use Only</i>	
APPROVED BY: _____	Date: ____/____/____