

Form B

Application Face Page

Required Information	Response
Name of Applicant Organization	
Physical Address	
Phone Number	
Email Address	
Fax Number	
Award Amount Requested	
Region Proposed for Services (List counties within region. For Los Angeles County indicate Catchment Areas)	
Estimated Number of Children and Youth Ages 3 through 22 Inclusive	

Program Assurances

By responding to the items below, the applicant agency makes the following assurances:

- | | | |
|-----|----|--|
| Yes | No | The applicant agency is a nonprofit charitable organization organized under the Internal Revenue Code pursuant to paragraph (3) of subdivision (c) of Section 501 of Title 26 of the United States Code. |
| Yes | No | The applicant agency assures that the proposed Family Empowerment Center on Disability will be staffed primarily by parents, guardians, and family members of children and young adults with disabilities and by adults with disabilities. |
| Yes | No | The applicant agency assures that a majority of board members for the Family Empowerment Center are parents, guardians, and family members of children and young adults with disabilities who have experience with local or regional disability systems and educational resources. Additional members shall include, but not be limited to, persons with disabilities and representatives of community agencies serving adults with disabilities, or other community agencies. |

Program Summary

(250 words or less)

Signature of Authorizing Representative

Title

Date

Please refer to Section IX of the Request for Applications document for Submission Instructions.