

## Form B

### Application Face Page

| Required Information           | Response |
|--------------------------------|----------|
| Name of Applicant Organization |          |
| Applicant Address              |          |
| Lead Applicant Contact         |          |
| Email Address                  |          |
| Phone Number                   |          |
| Fax Number                     |          |
| Award Amount Requested         |          |
| Region Number                  |          |
| Counties                       |          |
| Region Enrollment Count        |          |

### 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 guarantees 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. |

Family Empowerment Centers on Disability Grant  
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**Program Summary**

(250 words or less)

**Signature of Authorizing Representative**

**Title**

**Date**