

**Form B**  
**Application Face Page**

Required Information	Response
<b>Applicant Name</b>	
<b>Program Office</b>	
<b>Award Amount Requested</b>	
<b>Region Enrollment Count</b>	
<b>Region Number</b>	
<b>Vendor Number</b>	
<b>County, Counties, or Catchment Area Served</b>	
<b>Authorized Agent (Name and Title)</b>	
<b>Family Empowerment Center Director (Name and Title)</b>	
<b>Contact Email</b>	
<b>Contact Telephone</b>	
<b>Mailing Address</b>	
<b>City</b>	
<b>Zip Code</b>	

**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 <i>Internal Revenue Code</i> pursuant to paragraph (3) of subdivision (c) of Section 501 of Title 26 of the <i>United States Code</i> .  |
| 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)

**Print Name and Title of Authorized Agent:**

**Signature of Authorized Agent:**

**Date Signed:**