

**Developmental Disabilities Resource Board  
Application for Funds (AFF)  
Board Resolution**

At the Board meeting on \_\_\_\_\_, 20\_\_\_\_, the Board of Directors of  
\_\_\_\_\_ approved submitting this Application  
(Name of Agency applying for funds)

for Funds to the Developmental Disabilities Resource Board of St. Charles County. The total amount of the request is \$\_\_\_\_\_ for the purpose of:

Project Name	Amount Requested
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**Note: Exact dollars requested are not required. Amounts requested should be submitted as not-to-exceed figures.**

The authorized individual(s) to enter into contractual arrangements with the Developmental Disabilities Resource Board of St. Charles County is (are):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We, the undersigned, hereby certify that the statements made in the application are correct to the best of our knowledge and belief, and we are authorized to sign this application on behalf of the applicant, and we shall comply with the Developmental Disabilities Resource Board's guidelines, monitoring procedures, and formal contract provisions if our request for funding is approved.

Respectfully Submitted:

By: \_\_\_\_\_

Address: \_\_\_\_\_

Title: \_\_\_\_\_,

Board of Directors \_\_\_\_\_

Date: \_\_\_\_\_

Phone: \_\_\_\_\_