

**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
_____	_____
_____	_____
_____	_____
_____	_____

Independent Living Assistance Authorized Growth Up To	Amount Requested \$ _____
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Supported Employment Follow Along Authorized Growth Up To	Amount Requested \$ _____
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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.

Prepared By: _____

Board Approval By: _____

Name: _____

Signed: _____

Title: _____

(Please Print Name)

Date: _____

Board Member Title