

Edward Anthony, Ph.D.
Delegated the authority to perform
the duties of the Commissioner of the
Rehabilitation Services Administration

Dear Acting Commissioner Anthony:

In accordance with Section 112 of the Rehabilitation Act of 1973, as amended (Act), I am applying for a Client Assistance Program (CAP) grant for fiscal years _____ on behalf of the state of _____ for such amounts, as I may be entitled to receive.

I agree to administer the CAP in accordance with the federal requirements in the enclosed signed assurances.

The name of the CAP director, the designated agency's director, and the address of the agency are:

State law allows payment directly to the designated agency or requires payment to be made to:

The employer identification number (EIN) of the payee agency is

_____.

(Signature of Governor)

(State)

(Date)