



CITY OF PALM DESERT
DEPARTMENT OF ECONOMIC DEVELOPMENT
 73510 Fred Waring Drive, Palm Desert, California 92260
 Phone (760) 346-0611 • Fax (760) 776-6417 • bizsupport@cityofpalmdesert.org

UNITE PALM DESERT AUTISIM CERTIFICATION REIMBURSEMENT (ACRP) PROGRAM APPLICATION

Business/Property Owner Name: _____
Business/Property Owner Address: _____
Applicant/Representative Name: _____
 Mailing Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ Email: _____

1. Applicants must be a Priority I business, which includes Hospitality and Tourist Attractions only.
2. Application must include ACRP application and IBCCES certification.
3. Grant is available until funding is no longer available.

Submission: Unite Palm Desert Autism Certification Reimbursement Program Application must be submitted by email to bizsupport@cityofpalmdesert.org or via mail at City of Palm Desert, 73-510 Fred Waring Drive, Palm Desert, California 92260, Attn: Economic Development Division.

Applicant/Representative Signature: By signing this application, I certify that the information provided is accurate. I understand that the City might not approve what I am applying for and/or might require conditions of approval.

Print Name: _____ **Signature:** _____ **Date:** _____

Property Owner Signature of Approval (if property owner is not the applicant)

Print Name: _____ **Signature:** _____ **Date:** _____

OFFICE USE ONLY

Date Received: _____ **Approved:** ___ Yes ___ No **Date Approved:** _____

