

FY20 Bridging the Opportunity Gap Signature Sheet

Name of Applicant Organization:	
Address:	
Name of Primary Program Contact:	
Phone # of Primary Program Contact:	

Signature for Applicant – Executive Director
<p>Signature: _____</p> <p>Type or Print Name: _____</p> <p>Date: _____</p>

Signature – DYS Director of Community Services
<p>I have reviewed and support the proposal developed by the applicant organization and agree that our region can support the number of youth targeted to be served through the proposed grant activities and strategies.</p> <p>Signature: _____</p> <p>Type or Print Name: _____</p> <p>Date: _____</p>

Signature – DYS District Manager
<p>I have reviewed and support the proposal developed by the applicant organization and agree that our region can support the number of youth targeted to be served through the proposed grant activities and strategies.</p> <p>Signature: _____</p> <p>Type or Print Name: _____</p> <p>Date: _____</p>