**FY 2020 CYS NOFO Application – Appendix 14**

**Executive Summary**

|  |  |
| --- | --- |
| Agency Name:  | FEIN:  |
| Address:  | City:  | State:  | Zip:  |
| Projected Total youth to be served in FY20: | Agency Website:  |
| Agency Telephone Number:  | Email Address  |
| Total Amount Requested: | Total Area Project Boards Requested: | Total Community Committees Requested: | Projected Total Youth Served: |

In the table below, please identify each Area Project Board and Community Committee applied for. There should be a separate row completed for each separate Community Committee. If additional lines are needed, please add.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Area Project Board (APB) Name | APB New or Established | Community Committee (CC) Name | CC New or Established | CC Service Area  | Proposed # Youth to be served | Funds Requested Per Service Area |
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*Add additional rows as necessary*