**FY 2020 CYS NOFO Application – Appendix 6** Referral Guide/Youth Committee

Please provide the following information regarding the referral guide for each established youth committee:

|  |
| --- |
| **Youth Committee Name:**  |
| **Community Committee Name:** |
| **Check Committee Status:** [ ]  **New** [ ]  **Established** |
| Describe if, how and when (include dates) the referral guide was developed, updated and distributed in the past twelve months. |
| Describe how will the referral guide will be developed, updated and distributed in FY2020? |