

FY 2020 CYS NOFO Application – Appendix 5
Youth Community Committee

Youth Community Committee Name:				
Service Area:		Check Youth Committee Status: <input type="checkbox"/> New <input type="checkbox"/> Established		
Name of managing Area Project Board:				
If established, how frequent are meetings held:				
If established, indicate the # of Meetings held in the past 12 Months:				
Youth Member Name	Gender		Age	Representation
	Male	Female		
1.	<input type="checkbox"/>	<input type="checkbox"/>		
2.	<input type="checkbox"/>	<input type="checkbox"/>		
3.	<input type="checkbox"/>	<input type="checkbox"/>		
4.	<input type="checkbox"/>	<input type="checkbox"/>		
5.	<input type="checkbox"/>	<input type="checkbox"/>		
6.	<input type="checkbox"/>	<input type="checkbox"/>		
7.	<input type="checkbox"/>	<input type="checkbox"/>		
8.	<input type="checkbox"/>	<input type="checkbox"/>		
9.	<input type="checkbox"/>	<input type="checkbox"/>		
10.	<input type="checkbox"/>	<input type="checkbox"/>		
11.	<input type="checkbox"/>	<input type="checkbox"/>		
12.	<input type="checkbox"/>	<input type="checkbox"/>		
13.	<input type="checkbox"/>	<input type="checkbox"/>		
14.	<input type="checkbox"/>	<input type="checkbox"/>		

In the space below (add additional pages as necessary) describe all activities you plan to conduct with your Youth committee throughout the fiscal year. Describe the racial, ethnic, cultural linguistic diversity relative to the committee membership and the community being represented.