



**PROJECT UPDATE FORM  
 NEIGHBORHOOD ASSISTANCE PROGRAM  
 YOUTH OPPORTUNITIES PROGRAM**

ORGANIZATION NAME		PROJECT NUMBER
MAILING ADDRESS (PO BOX OR STREET)		CITY, STATE, ZIP CODE
PROJECT FACILITY STREET (IF DIFFERENT THAN MAILING)		CITY, STATE, ZIP CODE
PRIMARY CONTACT		PRIMARY EMAIL ADDRESS
PHONE	FAX	WEBSITE ADDRESS
CHANGES IN BOARD MEMBERS		
CHANGES IN PROJECT STAFF (FOR NAP/YOP PROJECT)		
COMMENTS		

**NOTE: IF NEW STAFF WILL BE SIGNING NAP/YOP DOCUMENTS, YOU MUST SUBMIT A NEW SIGNATURE AUTHORIZATION FORM. FORMS ARE AVAILABLE AT [www.ded.mo.gov](http://www.ded.mo.gov)**

UPON COMPLETION, MAIL OR FAX THIS FORM TO:

NAP/YOP  
 MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT  
 PO BOX 118  
 JEFFERSON CITY, MO 65102  
 FAX: (573) 522-4322