



Department of Economic Development

**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

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