



# Missouri Department of Economic Development

## PROJECT UPDATE FORM

### NEIGHBORHOOD ASSISTANCE PROGRAM/YOUTH OPPORTUNITIES PROGRAM

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

NOTE: IF NEW STAFF WILL BE SIGNING NAP/YOP DOCUMENTS, YOU MUST SUBMIT A NEW SIGNATURE AUTHORIZATION FORM.

UPON COMPLETION, MAIL OR FAX THIS FORM TO:

NAP/YOP  
MISSOURI DEPARTMENT OF ECONOMIC DEVELOPMENT  
P.O. BOX 118  
JEFFERSON CITY, MO 65102

FAX: (573) 522-4322