|  |  |  |
| --- | --- | --- |
| **REQUIRED SIGNATURES – COMMUNITY-BASED ORGANIZATION SIGNATURE PAGE**  To the best of my knowledge and belief, all information in this application is true and correct. I am a co-applicant in the proposed project. This document and participation in this project have been approved by the board (or governing body) of the undersigned organization(s). I will comply with the statement of assurances if the assistance is awarded. | | |
| a. Printed Name of Authorized Representative | b. Name of Organization | c. Date Signed |
| d. Signature of Authorized Representative | e. Email | f. Telephone |
| a. Printed Name of Authorized Representative | b. Name of Organization | c. Date Signed |
| d. Signature of Authorized Representative | e. Email | f. Telephone |
| a. Printed Name of Authorized Representative | b. Name of Organization | c. Date Signed |
| d. Signature of Authorized Representative | e. Email | f. Telephone |
| a. Printed Name of Authorized Representative | b. Name of Organization | c. Date Signed |
| d. Signature of Authorized Representative | e. Email | f. Telephone |
| a. Printed Name of Authorized Representative | b. Name of Organization | c. Date Signed |
| d. Signature of Authorized Representative | e. Email | f. Telephone |
| a. Printed Name of Authorized Representative | b. Name of Organization | c. Date Signed |
| d. Signature of Authorized Representative | e. Email | f. Telephone |
| a. Printed Name of Authorized Representative | b. Name of Organization | c. Date Signed |
| d. Signature of Authorized Representative | e. Email | f. Telephone |
| a. Printed Name of Authorized Representative | b. Name of Organization | c. Date Signed |

Nebraska Department of Education

Data, Research, and Evaluation

301 Centennial Mall South

PO Box 94987

Lincoln, NE 68509-4987

**Nebraska Two-Year Opportunity Grant**

NDE 04-069

Rev 05/16

Date Due: 07/01/24