

MISSOURI

DEPARTMENT OF ECONOMIC DEVELOPMENT

PROJECT UPDATE



ORGANIZATION NAME	
PROJECT DIRECTOR	CONTACT PERSON
MAILING ADDRESS	
TELEPHONE NUMBER	FAX NUMBER
NAME OF TAX CREDIT APPLICATION PROCESSOR (IF DIFFERENT THAN CONTACT PERSON)	
IF YOU WOULD LIKE TO RECEIVE THE YOP UPDATE AND/OR QUARTERLY REPORTS FORMS VIA E-MAIL PLEASE INCLUDE THAT ADDRESS	
E-MAIL ADDRESS:	
IF YOU HAVE YOUR OWN WEBSITE AND WOULD LIKE A LINK ESTABLISHED ON THE YOP WEBSITE PLEASE INCLUDE YOUR WEBSITE ADDRESS	
WEBSITE ADDRESS:	
<p>Note: If new staff will be signing paperwork for your organization, you will need to revise the signature authorization form contained with your agreement. Please contact the YOP staff to obtain a new signature authorization form.</p> <p>Upon completion, please mail or fax this form to:</p> <p style="text-align: center;">Youth Opportunities Program PO Box 118 Jefferson City, MO 65102 Phone: 573-751-4539 Fax: 573-522-4322</p>	