

**Certified Unified Program Agency (CUPA) Application
Cover Sheet and Completeness Checklist**

JURISDICTION NAME: _____

CONTACT PERSON NAME: _____

ADDRESS: _____

MAILING ADDRESS (if different): _____

DATE OF APPLICATION: _____

TELEPHONE NUMBER: _____ FACSIMILE NUMBER: _____

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21	Signature of Authorized Representative	15150(b)		
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2	Summary of Program Activities	15150(e)(15)		
3	Time Allocation of Staff	15150(e)(13)		
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1	Organizational Chart	15150(e)(5)		

Only one signature will be required for the Certified Unified Program Agency Application.
Please see the signature block located in Attachment 2 (Certification Sheet).