NEIGHBORHOOD RECOVERY INITIATIVE

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ADVISORY COMMITTEE PROCESS CERTIFICATION

The _____ Neighborhood Recovery Initiative Advisory Committee met
Community

on the following date(s) and provided input into _____ 's Partner Recommendations:
Lead Agency

_____

_____

_____

I certify that this statement is true and accurate.

_____
Name

_____
Title
(Should be Lead Agency Authorized Official)

_____
Date