

# Appendix C: Collaborating Organizations Signature Page

County \_\_\_\_\_

*Must be completed for each county to be served under this proposal.*

Through our signatures below, or by accompanying letter of support, we indicate our endorsement of the attached application for funding under the OUR KIDS Initiative and our commitment to fulfill obligations specified within this application.

- Court Representative (CJPO or Judge)

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Printed Name

Email

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Signature

Date

- County Children’s Services Facilitation Team, Chairperson

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Printed Name

Email

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Signature

Date

- Department of Human Resources, County Director

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Printed Name

Email

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Signature

Date

- County/Regional DMH/DR 310, Executive Director

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Printed Name

Email

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Signature

Date

- Others, as needed:

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Printed Name

Title

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Agency/Organization

Email

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Signature

Date

---

Printed Name

Title

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Agency/Organization

Email

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Signature

Date