Confirmation of Application Receipt
Adolescent Family Life Demonstration Prevention Program

This Section to be Completed by Applicant:

Name of Project Director: **Telephone:** **Name of Contact Person if different from Project Director:** **Telephone:**
Applicant Organization (name and address):
Department (if applicable):

Your Application was received on this Date: Your Application Number is:_____ **Please refer to this number in future inquiries, correspondence, etc.**