**EXHIBIT B**

REFERENCES

To be completed by new/non-GSJTA funded applicants:

|  |  |  |
| --- | --- | --- |
| **References**  **(Agencies/Organizations)** | **Contact Person,**  **Phone Number and Email Address** | **Grant Period, Type of**  **Services Provided, Funding Source and Amount of Grant or Fees for Services** |
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