# (Name) County Long-Term Recovery Committee (LTRC)

**(Date)**

List all representatives currently serving on your County LTRC and attach this form to the LTRC Request for Funding. Please print or type name, address, phone number and e-mail address:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Agency/ Organization** | **Name** | **Elected****Official:****Yes****or No** | **Address** | **Phone Number** | **E-Mail Address** |
| Department of Human Resources |  |  |  |  |  |
| Citizen Corps Council |  |  |  |  |  |
| County Emergency Management Agency |  |  |  |  |  |
| Department of Public Health |  |  |  |  |  |
| County Cooperative Extension |  |  |  |  |  |
| NonProfit/Community Organization with 501 (c) 3 Tax Status |  |  |  |  |  |
| Salvation Army |  |  |  |  |  |
| Red Cross |  |  |  |  |  |
| Chamber of Commerce |  |  |  |  |  |
| Faith-Based Organization |  |  |  |  |  |
| Banking/Financial |  |  |  |  |  |
| Mental Health Expert |  |  |  |  |  |
| Fiscal Agent |  |  |  |  |  |

Please list all others on a separate sheet of paper.