## **Attachment C: Proposition 47 Local Advisory Committee Membership Roster**

**Required Attachment: A complete Membership Roster must be uploaded to the BSCC Submittable Application Portal in order to be considered for funding.**

**Name of Applicant (Lead Public Agency):**

|  |  |  |
| --- | --- | --- |
| **Individual Name** | **Job Title** | **Agency/Organization** |
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