

7. The non-profit **MUST** contact **_____**
and Assessment funds annual

Allowable Direct Services

150 Sq. Ft. ~~per~~ × _____ (# of ~~units~~)

Allowable Leases

~~Abbr~~ SqFt . ÷ ~~Total~~

÷

~~Total~~ as ~~Total~~

Development **MUST** adhere to all donation

SAMP