

Arkansas Opioid Recovery Partnership Prevention Recovery Education Program (PREP) Application Signature Sheet

The proposer must contact each county judge and mayor/city manager to obtain approval to submit, in each of the jurisdictions that your program would primarily be covering. This must be done before applying to ARORP. **Use additional copies of this page if multiple jurisdictions are covered.**

Please obtain signatures of county judge(s) in all the jurisdictions that your proposed program would primarily operate. Add pages as needed.

County Judge: _____(sign)

_____ (print)

_____ (email)

_____ (phone)

_____ (County) _____ (Date)

Please obtain signatures of city mayor(s) in all the jurisdictions that your proposed program would primarily operate. Add pages as needed.

Mayor/ City Manager: _____(sign)

_____ (print)

_____ (email)

_____ (phone)

_____ (City) _____ (Date)