

Determination of Suitability Form

Name of PAL Chapter: _____

Date of Determination: _____

I hereby certify that _____, a covered individual, is deemed suitable to interact with participating minors of the National PAL FY23-24 Youth Mentoring Grant program in accordance with the Determination of Suitability award condition. The award condition can be found at <https://www.ojp.gov/funding/explore/interact-minors>.

The results of all required searches listed below were made in advance:

Fingerprint Search

Criminal History Registries

Dru Sjodin National Sex Offender Public Website
(www.nsopw.gov)

Other (e.g. any other requirement by your Chapter or state) _____

Signature of PAL Chapter Representative

Date