

Proposed Safety Net Assistance Project Submittal Form

Submitting County: _____

Project Name: _____

Amount of Funding Requested: \$ _____

- 1) Provide a brief description, including the specific outcome goals, of the proposed project.

- 2) Describe the target population and include an estimate of the total unduplicated number of individuals to be served.

- 3) Identify the various problems and barriers faced by the target population.

- 4) Describe the mechanism(s) to identify the individuals to be served; the service delivery model, including the service provider; what services will be provided, and how services will be delivered to address the identified barriers.

- 5) Describe the personnel and non-personnel resources necessary to accomplish this project and identify how much funding is required to administer the program. Are there already existing resources available for funding, and if so, why are they insufficient?

- 6) If applicable, a description of how the proposed program would augment existing employment services.

- 7) Provide project workplan, key milestones and target dates which will assure a January 1, 2009 start date.

- 8) If applicable, explain any problems encountered with reporting requirements, claiming or attaining outcomes for currently or previously funded SNAP projects and the steps taken to correct these problems.

Local District Project Contact Person/Name: _____

Telephone Number: _____ E-mail address: _____