

LSSD EDGE IV Summary  
 \_\_\_\_\_ County Department of Social Services

LSSD Contact Person: \_\_\_\_\_ Telephone: \_\_\_\_\_

1. List your EDGE IV provider agencies and the amount of your EDGE IV allocation awarded to each:

<u>Provider Agency</u>	<u>EDGE IV Allocation</u>		<u>Total</u>
	<u>Non-EPE Portion</u>	<u>EPE Portion</u>	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
Total	_____	_____	_____

2. Please summarize below the activities to be EDGE-funded and the numbers of ADC JOBS participants to be enrolled.

<u>Activity</u>	<u>Number to be Enrolled</u>	<u>Total Expenditure by Activity (Include EPE)</u>
Assessment/EP	_____	_____
Education	_____	_____
Job Skills Training	_____	_____
Job Readiness Training	_____	_____
Job Development/Placement	_____	_____
Community Work Experience (CWEP)	_____	_____
ADC Work Supplementation (ADC TEAP)	_____	_____
Case Management	_____	_____

3. Please specify the total number of individuals you plan to serve in EDGE-funded activities (unduplicated). \_\_\_\_\_
4. Please specify the total EE target (sum of all providers). \_\_\_\_\_