

## Proposed Safety Net Assistance Project Submittal Form

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Submitting County: \_\_\_\_\_

Project Name: \_\_\_\_\_

Amount of Funding Requested: \$ \_\_\_\_\_

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

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

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

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- 4) Describe the service delivery model, including the service provider, what services will be provided, and how services will be delivered.

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- 5) Describe the personnel and non-personnel resources necessary to accomplish this project and identify how much funding is required to administer the program.

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- 6) If applicable, a description of how the proposed program would augment district programs made available through initiatives funded by the New York State OTDA Welfare-to-Work Program.

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- 7) Provide project workplan, key milestones and target dates which will assure a January 1, 2008 start date.

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Local District Project Contact Person/Name: \_\_\_\_\_

Telephone Number: \_\_\_\_\_