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| **EMPLOYMENT FOR TANF PARTICIPANTS** **APPLICATION INFORMATION FORM****Virginia Department of Social Services (VDSS)****Request for Proposal: Solicitation Number: BEN-17-056** |
|  Contract Program: | Employment for TANF Participants |
|  Applicant Organization: |       |
|  Mailing Address: |            |
|  Federal ID Number: |  ***Not Needed for LDSS or State Agency***  |
|   Geographic Coverage: | [ ]  Statewide [ ] Region [ ] District [ ]  Single Locality Jurisdiction(s): *A****ttach a sheet listing localities***  |
|  Partner Organizations: |  ***Lead organizations involved in implementation of services proposed***  |
|  Program Title: |       |
|  Contract Period: | July 1, 2017 through June 30, 2018 |
|  Primary focus of funding: ***(check all that apply)*** | **[ ]  Assessment [ ] Work Preparation [ ]  Treatment Intervention****[ ]  Job Placement [ ]  Job Retention [ ]  Job Advancement** **[ ]  Other Specify:**  |
|  Total funds requested: |  **Amount of Match**  |
|  Primary provider(s) funded: |  |
|  Fiscal agent/organization: |  |
|  Mailing Address: |  |