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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: |  |