Request for Additional TANF or SNAP Funding

Date of request: _____

Name of organization: _____

Amount of funding request: Nature of _____

funding request:

- ☐ Case Management/Work Activities
- ☐ Work Verification
- ☐ Need Based Work Supports
- ☐ Other

Funding requested for:
Program or Fiscal Year

- ☐ TANF
- ☐ SNAP

_____ _____

_____

Number of participants to be served:

Expected begin and end date for expenditure of requested funds: Start Date: _____ End Date: _____

Please certify that the following attachments are included in this request:

☐ Submission of current budget expenditures and level of service for TANF or SNAP associated with funding request, for all current program year funding as of request date

☐ Justification for request of funds, must include data and narrative detailing/referencing current service delivery and performance and reasons for requesting additional funds

☐ Plans for use of requested funds, must include data and narrative detailing/referencing expected service delivery

_____ _____ _____ _____

LWDB Director Date Chief Local Elected Official Date

_____ _____

LWDB Chair Date

***NJDOL Use Only**
Determination

◯ Approved ◯ Denied

Reason for Approval or Denial

Workforce Signature: _____ Date: _____