

_____ County, North Carolina

**Request for Continuation of Electing Status or Re-designation as Standard Status
for the Work First Program for Planning Cycle FFY's 2016 - 2019**

The Board of Commissioners of _____ County voted on _____
(date)
by at least two-thirds in favor of the below status (check one) for the Work First Program.

Continue in Electing Status

Change to Standard Status

The vote was: _____ in favor _____ (against)
(enter number) (enter number)

Commission Chair Signature

Date

The primary contact person for our Work First Block Grant planning process will be:

Name: _____

Position/Title: _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Due Date: August 4, 2014

Submit to: Email or Fax to:
Johnice.Tabron@dhhs.nc.gov
Fax Number (919) 334-1265