

_____ County, North Carolina

Request for Continuation of Electing Status or Redesignation as Standard Status for the Work First Program

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 1, 2011

Submit to: Johnice Tabron
Work First Program Manager
Economic and Family Services
NC Division of Social Services
325 N. Salisbury St.
2420 Mail Service Center
Raleigh, NC 27699-2408