

FAX DOCUMENT

TO: David Prince, E&T Coordinator

FROM: _____, Director of _____ County DSS

FAX NO.: 919-733-0645

DATE: _____

RE: Additional ABAWD Funding

My county will _____ will not _____ participate in providing ABAWDs with a qualifying education, training, or Workfare opportunity in the last month of their three-month certification. I understand USDA will provide additional funding to NC for this effort. I also understand that if the majority of NC counties elect to participate, it is required that my county participates also. I understand there may be the opportunity to apply for this funding again.

<p style="text-align: center;">REMINDER! The deadline for returning this form is April 15, 2003.</p>
