

## 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.

**REMINDER!**  
**The deadline for returning this form is April 15, 2003.**