

**REVISED Electing County Status Designation Form
Federal Fiscal Years 2026 - 2028**

_____ 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: February 10, 2025

Submit to: Work.First.Policy.Team@dhhs.nc.gov
c/o Renee Smith
Work First Policy Consultant
Work First Program/Economic and Family Services
NC Division of Social Services