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| **Attachment A: Intent to Apply** |
| Eligible applicants wishing to apply must submit a **non-binding** notification of intent to apply by **October 1, 2015** to: JTED-SNAP@illinoisworknet.com. |
| 1. | **Legal Name of Applicant/Organization** |       |
| 2. | **Mailing Address of Applicant** *(Street Address)**(City, State Zip)**(Please include 9 digit zip code)* |       |
| 3. | **Organization Contact Information:** |  Phone:  |        |
| Fax:  |        |
| Email: |       |
| 3. | **Chief Contact:** | Name:  |        |
| Phone:  |       |
| Title: |       |
| Address:  |       |
| City, State Zip:  |       |
| Fax:  |       |
| Email: |       |
| 4. | **Phone Number:** *(Please include ext. # if applicable)*  |       |
| 5. | **Fax Number:** |       |
| 6. | **FEIN Number:** |       |
| 7.  | **Geographic Region Served:**  |       |
| 8.  | **Estimated Funding Request** |       |
| 9.  | **Estimated Number of Recipients to Receive** **JTED-SNAP Services:** |       |
| 10. | **Estimated Expenditures** **Per-Participant on** **Work-Experience:** |       |
| 11. | **Estimated Expenditures** **Per-Participant on Training Services:** |       |
| 12.  | **Targeted Sector(s):** *(Select all that apply)* | [ ]  Agriculture [ ]  Architecture/Construction [ ]  Energy[ ]  Finance[ ]  Health Care[ ] Information Technology  | [ ] Manufacturing[ ] Transportation & Logistics[ ] Research & Development[ ] Hospitality[ ] Administrative Support[ ] Other:        |
| 13. | **Targeted Participants:***(Select all that apply)* | [ ]  Category 1A[ ]  Category 1B [ ]  Category 2 |
| Please submit any questions about this form to: [https://www2.illinoisworknet.com/partners/JTED-SNAP/Pages/JTED-SNAP\_FAQ.aspx](https://www.illinoisworknet.com/partners/EPIC/Pages/JTED-SNAP_FAQ.aspx) |