

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 <i>(Street Address)</i> <i>(City, State Zip)</i> <i>(Please include 9 digit zip code)</i>		
3.	Organization Contact Information:	Phone:	
		Fax:	
		Email:	
3.	Chief Contact:	Name:	
		Phone:	
		Title:	
		Address:	
		City, State Zip:	
		Fax:	
		Email:	
4.	Phone Number: <i>(Please include ext. # if applicable)</i>		
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): <i>(Select all that apply)</i>	<input type="checkbox"/> Agriculture <input type="checkbox"/> Architecture/Construction <input type="checkbox"/> Energy <input type="checkbox"/> Finance <input type="checkbox"/> Health Care <input type="checkbox"/> Information Technology	<input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation & Logistics <input type="checkbox"/> Research & Development <input type="checkbox"/> Hospitality <input type="checkbox"/> Administrative Support <input type="checkbox"/> Other:
13.	Targeted Participants: <i>(Select all that apply)</i>	<input type="checkbox"/> Category 1A <input type="checkbox"/> Category 1B <input type="checkbox"/> Category 2	
Please submit any questions about this form to: https://www2.illinoisworknet.com/partners/JTED-SNAP/Pages/JTED-SNAP_FAQ.aspx			