1. Indicate area of work applying for:

​☐​ SNAP Outreach Program Information & Application Assistance

​☐​ Statewide SNAP Network Service

**Responder must submit separate Appendix A: *Project Activities & Work Plan*, Appendix B: *Fiscal Information & Capacity* and Appendix C: *Budget & Budget Narrative* forms if applying for both areas of work.**

1. Complete project table below. Create additional table as needed.

|  |  |
| --- | --- |
| Project Name  |   |
| Goal  | List goal(s) of the project.  |
| Target audience  |   |
| Description of Activity  | Provide a description of the activity and how it will be implemented.  |
| Staff, volunteers and role(s)  |   |

|  |  |
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