

Attachment 9

Proposal for The Sandusky County Department of Job and Family Services, Work Experience Program Services for Food Stamp and TANF Participants

***(Name, Address, Telephone, Contact Person
Of Entity Submitting Proposal, and amount requested)***

Amount Requested:

SFY 14 \$ _____

SFY 15 \$ _____

SFY 16 \$ _____

TOTAL 3 YEARS: \$ _____