

EMERGING INNOVATIVE PROGRAMS FORM
[.pdf version]

The information you provide here will facilitate the creation of peer-to-peer matches between and among states by sharing innovative programs that you are implementing or that you know have been successful in helping TANF clients achieve self-sufficiency. Please provide a brief description of the program you are nominating as an emerging innovation by completing this form and mailing or faxing it to the address at the bottom of this form.

Thank you in advance for your participation.

I. Contact Information

Please complete this section so that the Welfare Peer TA Network can contact you if more information is needed. (Items with an asterisk (*) are required). Note that this information will automatically be listed on the Web site so that your peers can contact you for more information about your program. However, if you do not wish to have any, or select, contact information on the Web site please check the appropriate box.

	Do not list on Web site
*Name: _____	<input type="checkbox"/>
Title: _____	<input type="checkbox"/>
*Agency/Organization: _____	<input type="checkbox"/>
Address 1: _____	<input type="checkbox"/>
Address 2: _____	<input type="checkbox"/>
City: _____	<input type="checkbox"/>
*State: _____	<input type="checkbox"/>
Zip Code: _____	<input type="checkbox"/>
*Phone: _____	<input type="checkbox"/>
Fax: _____	<input type="checkbox"/>
*E-Mail Address: _____	<input type="checkbox"/>

E-Mail addresses gathered by the Welfare Peer TA Network
are neither sold nor distributed to other organizations.

II. Background of Agency

Please indicate the type of agency you are with and the geographic area served by your agency.

Type of Agency:

- State TANF Agency
- County/Local TANF Agency
- Other Public Agency, please indicate: _____
- Community-based Organization
- Other, please indicate: _____

Geographic area(s) served by your agency (select all that apply):

- Urban
- Rural
- Suburban
- Tribal
- Statewide
- Other, please indicate: _____

III. Description of the Innovative Program

Please use this as a guide. Describe the program you are nominating as an emerging innovation here by providing the following information. Please attach additional information (no more than two pages long) if needed.

Program name: _____

Date of program inception, or duration dates of program: _____

Location (County/City/State) of program: _____

Type of agency/organization coordinating/operating the program: _____

Funding sources: _____

Clientele/population served: _____

Evaluation results, performance measures, or how you know the program works: _____

Thank you for taking time to nominate an innovative program!

Please fax this form to:

Welfare Peer TA Network
Fax: (301) 270-3441 or (703) 385-3206

Or mail to:

Welfare Peer TA Network
AFYA, Inc.
6930 Carroll Avenue, Suite 820
Takoma Park, MD 20912

An Administration for Children and Families Contract managed by:

AFYA, Inc., 6930 Carroll Ave., Suite 820, Takoma Park, MD 20912
Phone: 301-270-0841, Fax: 301-270-3441

and

Caliber Associates, 10530 Rosehaven Street, Suite 400; Fairfax, VA 22030
Phone: 703-385-3200, Fax: 703-385-3206, Web site: www.calib.com