

LETTER OF INTENT

**FY25 SNAP STEPS: Supplemental Nutrition Assistance Program-Skills, Training, Employment, Program**

I intend to apply for the NJDOL fiscal year 2025 SNAP STEPS Grant. I have completed registration or updated my existing [Intelligrants \(IGX\) account](#) the system that administers grants electronically. I did read and do understand the Notice of Grant Opportunity for the 2025 fiscal year. I am aware of my responsibilities as the Authorized Official Representative (AO): **I am authorized to sign a contract on behalf of the company.**

<b>IMPORTANT INFORMATION FOR ALL APPLICANTS</b>		
Email this completed form to <a href="mailto:WFNJ@dol.nj.gov">WFNJ@dol.nj.gov</a> before the deadline specified in the Schedule of Submission Dates and Times in the FY25 Notice of Grant Opportunity. <b>If this form is not submitted from the email address of the Authorized Official Representative (AO), the AO MUST be copied on the submission email.</b> Incorrect or incomplete information <b>will delay</b> access to the online grant application.		
<b>State of NJ Vendor ID #:</b>	<b>Federal Employer ID # :</b>	<b>Federal (UEI) Unique Entity ID #:</b>
	Click to enter FEIN	
<b>Legal Business Name:</b>	<b>NJ Business Address:</b>	
<b>Business Email Address:</b>	<b>County of NJ Business:</b>	<b>Industry of Training:</b>
Click to enter web address		
	<b>Name of Credential Offered:</b>	
<b>Name &amp;Title of Authorized Official Representative (AO):</b>		<b>AO Direct Phone #:</b>
Click to enter name and title of Authorized Official		Click to enter phone #
<b>Name of Person Managing Grant Application/Activities:</b>		<b>Grant Manager Phone #:</b>
Click to enter name of Grant Manager		Click to enter phone #
<b>AO Email Address:</b>		<b>Grant Manager Email Address:</b>
Click to enter AO email address		
<b>Title of the Training:</b>	<b>Brief description of training:</b>	
Click to enter information	Briefly describe training requested	
<b>Third-Party Training Provider Information <u>ONLY IF APPLICABLE:</u></b>		
<b>Name of Training Provider:</b>	<b>Business Address of Training Provider:</b>	
Click to enter information	Click to enter information	
<b>IMPORTANT INFORMATION ABOUT THIRD-PARTY TRAINING PROVIDERS:</b>		
Third-Party Training Providers <b>must be listed on the NJDOL eligible training provider’s list (ETPL) and approved by NJDOL before the application deadline.</b> No additional third-party training providers may be added after the application deadline. Applicants who engage external “third-party” training provider(s) must include the “third-party” training provider’s contact information (name, address, e-mail address, and phone number) in their application; external “third-party” training providers must be approved by NJDOL. The successful grantee, who engages “third-party” training provider(s), will remain the fiscal agent of record and all required reports will remain the responsibility of the grantee. An attempted third-party assignment or subcontract without NJDOL’s written consent shall void the contract.		