

## Annual Service Plan

Original (X) Revision ( )

Date: November 11<sup>th</sup>, 2015

Time Period Covered by Plan From: 10/1/15 To: 9/30/16

State or County: Tennessee

Description of Contracted or State-provided Services		Contracted Amount by Funding Source	Total Number	Program 0 - 12 Months	Participants 13 - 60 Months	Type of Agency and Percent of Funds
EMP	SS	705702	700	575	125	100% C
	TAP	393595	190	99	91	88% C, 12% F
	Other	0	0	0	0	0
ELT	SS	114564	440	440	0	75% F, 25% C
	TAP	98394	195	195	0	88% F, 12% C
	Other	0	0	0	0	0
OJT	SS	0	0	0	0	0
	TAP	0	0	0	0	0
	Other	0	0	0	0	0
Skills Training	SS	0	0	0	0	0
	TAP	0	0	0	0	0
	Other	0	0	0	0	0
Case Management	SS	314514	700	575	125	100% C
	TAP	5735	190	99	91	100% C
	Other	0	0	0	0	0
Other	SS	0	0	0	0	0
	TAP	0	0	0	0	0
	Other	0	0	0	0	0
Type of Agency	A. State/ County			E. Adult Basic Education		
	B. Mutual Assistance Association			F. Other Non-Profit Organization		
	C. Voluntary Agency			G. _____		
	D. Community College					