

SNAP Employment and Training Table of Contents

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Submitted by: 

SNAP EMPLOYMENT AND TRAINING

APPLICATION

Contract Period July 1, 2018—September 30, 2019

FORM 1: Cover Page

FFY 2018 – 2019

Organization		
Legal Name: [REDACTED]		
Address: [REDACTED]	City: [REDACTED]	Zip [REDACTED]
Telephone: [REDACTED]	Fax: [REDACTED]	
Grantee Web Site URL: [REDACTED]	Congressional District(s): [REDACTED]	
Counties/Area Served: [REDACTED]	State Legislative District(s): [REDACTED]	
Federal ID Number: [REDACTED]	State Tax ID: [REDACTED]	
DUNS Number: [REDACTED]		
Contacts		
Executive Director's Name: [REDACTED]		
Telephone: [REDACTED]	E-mail: [REDACTED]	
Board Chair's Name: [REDACTED]		
Telephone: [REDACTED]	E-mail: [REDACTED]	
Fiscal Director's Name: [REDACTED]		
Telephone: [REDACTED]	E-mail: [REDACTED]	
Project/Site Manager Contact's Name: [REDACTED]		
Telephone: [REDACTED]	E-mail: [REDACTED]	
Board Approval		
Date Application approved by Grantee's Governing Board: 4/19/2018		

FORM 2: Assessment

I: Organization

1. Organization name:

[REDACTED]

2. Provide a brief description of your organization:

We are a federally designated Community Action Agency serving communities in [REDACTED]. Our core program includes Rural Transportation, Energy Assistance/Weatherization, Financial Literacy/Asset Development Programs, Housing Assistance, Displaced Homemaker, and Free Tax Preparation.

3. Where is your organization's service area?

[REDACTED]

4. Name (s) of county where SNAP E&T services will be provided:

[REDACTED]

5. What workforce preparation services your organization currently provide? [check all that apply]

- | | |
|---|--|
| <input checked="" type="checkbox"/> Job readiness training | <input type="checkbox"/> Adult Basic Education (referrals) |
| <input type="checkbox"/> Occupational skills training (referrals) | <input type="checkbox"/> Employment Services Provider (ESP) (referrals) |
| <input checked="" type="checkbox"/> Wrap-around supportive services | <input type="checkbox"/> Hard skills training such as culinary, carpentry, mechanics, etc. (referrals) |

Other (please specify):

Case management; Self Sufficiency/Pre-employment classes

6. I reviewed the **Prospective Provider Packet** and this funding is a good fit for my organization. If you check the "yes" below, explain your rationale.

Yes No

Within our current programming model, we provide many of the services listed on page 9. This includes case management, life skills classes, and referrals to other services, clothing required for the job, equipment and tools needed for the job, testing fees, and license fees. The population we serve also meet the requirements of this program – SNAP recipients.

II: Services and training

The following questions are designed to help better understand your service model. This includes the customers you serve, the variety of services you provide, how services are integrated and the partners you collaborate with.

1. What types of employment, educational and training services will your organization offer under SNAP E&T?

Our [REDACTED] Counselors have extensive knowledge to assist our customers in providing hands on services related to the creation of employment and career plans, job search activities, life skills

education, as well as case management. Our programs encompass assisting with housing, asset building, and displaced homemaker services. We also work closely with other partner agencies in our communities to provide appropriate community referrals such as job training programs related to customer service/call center, administrative assistant, and nursing assistant programs.

2. What supportive services will your organization provide for SNAP E&T clients?

Our program will focus on the following client supportive services: course registration and test fees, dependent care costs, housing assistance, automobile repairs, work tools and required clothing, textbooks, tuition/fees, licensing fees, training materials, transportation (bus and gasoline) expenses, uniforms, and driver's license fees.

3. List below any non-degree, industry recognized credentials or certificates your organization will offer to SNAP E&T clients. If none, leave blank.

Our agency will provide a certificate of completion for the following opportunities we currently provide: Financial Fitness, Renting 101, and Life Skills/Pre-Employment Education.

III: Clients served

1. Briefly describe the clients you currently serve including education and socio-economic characteristics?

In both the [redacted] Program, we serve lower income individuals. A good number of these households are facing housing crisis situations due to domestic abuse or family crisis situations. Some of our participants have limited reading and writing skills and need to upgrade their remedial education for increased employment prospects. Additionally, our participants often struggle with multiple barriers such as mental illness, chemical dependency, poor credit, criminal history, and/or housing evictions. We actively work with our participants to identify household strengths and strategize on goals to reduce barriers and subsequently support their household stabilization.

2. Describe the impact your organization's services are having on the clients you serve?

Our self-sufficiency counselors build strong relationships with our participants to assist in identifying and strategizing their personal, educational, and career [program] goals. Clients become better able to identify the barriers that are challenging as well as the strengths and supports that they possess which can be used to achieve them. As clients participate in life-skills classes, case management, and receive one-on-one encouragement and feedback from self-sufficiency counselors, they increase their self-confidence and their ability to remain focused and persistent in achieving their objectives.

3. Briefly describe the population you serve by their racial/ethnic demographics:

This past reporting year, we enrolled the following clients in [redacted]: 11 American Indian/Alaska Native, 4 Asian, 160 Black/African American, 1 Native Hawaiian or other Pacific Islander, 161 White, 30 biracial/multiracial, and 9 Hispanic/Latino.

IV: Tracking data

SNAP E&T program requires multiple organizations to collaborate and share information about the customers they are collectively serving. It is also critical to quantify the impact and outcomes of these customers. Given these two objectives, we want to better understand the data that you already collect about the customers you serve. Organizations administering SNAP E&T will have access to [redacted] employment data system—[redacted]—for case management including clients activities, progress, data tracking and reporting.

1. Describe your organization's data system and the types of client data you currently track.

The primary focus of this grant will be [redacted] [program] clients, whom [redacted] will continue to enroll and track using [redacted]. Any other qualified clients (supported by non-federal funding sources) will also be enrolled and tracked through the [redacted] data system. In addition, for the past 6 years all [redacted] clients have been enrolled in an in-house case management information system (CAP60) which tracks client services, outcomes and case notes. All SNAP E&T clients will be dually entered into both software systems and all required data fields and reports will be utilized. Because [redacted] has used [redacted] since its inception and our case management staff have already trained on both systems, we do not anticipate an issue with data entry and client tracking.

2. Describe your organization's capacity for general case management including tracking program participation and outcomes data such as job placement, wages, and job retention, measureable gains in skills, credentials and certificates.

As mentioned previously, [redacted] has extensive experience with case management software and client tracking. Case management staff are trained in [redacted] and currently enter services and client outcomes in the software – including job placement, wage, and educational gains. In addition, these clients are also tracked in the case management information system CAP60. This software also captures client activities and outcomes. The entire ROMA NextGen Outcome catalog is entered into the CAP60 system and can be utilized to track and report additional data as needed.

V: Non-Federal Funding, Tracking and allocating costs

Organizations must be able to *front* the cost of employment and training services for SNAP E&T with non-federal funding sources and seek a 50 percent reimbursement. The non-federal funding sources must meet all three of the following criteria:

- Nonfederal funds
- Not committed as match for other federally funded programs
- Available throughout the federal fiscal year (October 1 through September 30).

1. Does your organization meet all three of the above non-federal funding source criteria?

Yes No

The administration of SNAP E&T services and funding require significant knowledge about cost allocation methodology and close monitoring of funds. It is critical for organizations to have experience in tracking and allocating costs for a program that has multiple funding streams with restrictions—allowable and non-allowable costs.

2. Does your organization have experience with allocating expenses for programs with multiple funding streams?

Yes No

3. Describe your organization's experience in working with federal, state, local, philanthropic or other funding or grants currently or in the past.

██████████ has administered the SNAP outreach grant since 2009. The SNAP outreach grant is similar to the SNAP E&T grant with the non-federal match requirements. Program staff and fiscal staff have worked together for eight years to create processes to ensure proper non-federal match funds are utilized. ██████████ as a community action agency, has been in existence for over 50 years. During this time, we have extensive experience with federal and state grants, along with local and foundation funding. We have been awarded the highest possible classification on our agency audit every year for over 15 years. In addition, as a community action agency, have been monitored by the State ██████████ ██████████ fiscally and programmatically. ██████████ continues to be in good standing with the State ██████████ administering many state funded activities.

VI: Partnerships

1. Describe your organization's partnership or collaborative model and identify partnerships already in place (e.g. governmental, universities and colleges, workforce entities, employers and other partners).

Our programs currently collaborate with a variety of local agencies including Workforce Centers, domestic and sexual violence programs, homeless shelters, treatment facilities, food shelves, private and public colleges, and county and non-profit social service agencies across the region. We have participants that are dually enrolled in complimentary programs and maintain contacts at a variety of partner sites in the region. We hold office hours at some sites, provide life skills education workshops at Workforce Centers and Domestic Violence agencies. We continuously strive to expand our networking/collaborative opportunities.

2. ██████████ and our partners are working to build an employer-driven SNAP E&T program. Does your agency use local labor market information, and more generally, how do you ensure that the programs and services you provide addresses the local workforce needs in your community?

We routinely review ██████████ [state employment agency] reports/data as it relates to labor market information to gain awareness of the regional trends that impact our current and potential participants. We also routinely conduct a community needs assessment which gives our partners, customers, and other stakeholders the opportunity to help direct our programs in new and innovative ways.

3. Engaging employers is a critical partnership in a successful employment and training program. Describe how your organization engages local employers and how they contribute to your programming.

We work very closely with our local Workforce Center partnerships, and they provide representation on our agency-wide Advisory Board. Additionally, we seek to increase employment partnerships through our membership in the ██████████ Chamber of Commerce. Our self-sufficiency counselors serve on multiple boards and committees related to employment and career readiness including the ██████████

VII: Outcomes

Please share your organization's outcomes in serving individuals with low incomes over the past full program year (enrollees, graduates, credential attainment, employment, wages, retention) around employment and training.

█ serves over 180 individuals a year in our █ [program] █ The program is a pre-employment program that works on training and skills in preparation for job search. Many clients are exited from the program once enrolled in training or credential programs. Therefore, █ employment numbers may be lower than other workforce development programs. The program is also a yearlong program with about 100 individuals exiting every year (about 80 are carryover into the new program year). Of the 100 individuals exiting the program, 45 exited with employment and 30 were enrolled in a training program). The SNAP E&T grant would support █ work with the clients specifically looking for employment and training. Other █ clients exit with outcomes regarding accessing public assistance or housing. █ would utilize other funding sources for these clients.

In addition, the SNAP E&T funds would be utilized to support the state funded █ [housing program] █ We serve 10 households a year and these funds would be utilized to support those enrolled in a training program and/or job search. Last year 9 gained employment and two were enrolled in a training program.

FORM 3: Administrative Capacity

Organization Name: [REDACTED]		
APPLICANT INFORMATION		
How long has your organization been doing business (years)? 53 years		
Does your organization currently hold 501(c)3 status with the IRS? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
What was your organization's total revenue in the most recent 12-month accounting period? 7,506/012		
Number of Employees: 80	Full Time: 60	Part Time: 20
Does your organization have written policies and procedures for the following business processes?		
Accounting		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input checked="" type="checkbox"/> Check this box if a copy is available upon request	
Purchasing		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input checked="" type="checkbox"/> Check this box if a copy is available upon request	
Payroll		
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input checked="" type="checkbox"/> Check this box if a copy is available upon request	
TYPE OF ORGANIZATION		
<input type="checkbox"/> Government Agency		
<input type="checkbox"/> Tribal Government		
<input checked="" type="checkbox"/> Nonprofit or non-governmental organization (see Financial Reporting requirement below)		
NON PROFIT FINANCIAL REPORTING (see Section B. Required Statements for requirements by size)		
Most recent board-reviewed financial statements	Date: 3/15/2018	
Most recent IRS Form 990	Year: 2016	
Most recent certified financial audit	Year: 2017	
DESCRIBE EXISTING DEBT		
Has any debt been incurred in the last 6 months? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, what was the reason for the new debt? Click here to enter text.		
What is the funding source for paying back the new debt?		
UNRESTRICTED FUNDS		
Current amount of unrestricted funds: \$ [roughly 2.5 million]		
LEGAL ISSUES		
Are there any current or pending lawsuits against the organization? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
If yes, would there be an impact on the organization's financial position? <input type="checkbox"/> Yes <input type="checkbox"/> No		

FORM 4: Coordination and Equity

Name of Organization: [REDACTED]

Coordination

SNAP E&T requires strong collaboration among multiple partners and entities. [REDACTED] is a state supervised, county administered system, and counties play an integral part in SNAP eligibility determination and referral to employment and training. Collaboration among multiple partners including counties is necessary to building a strong SNAP E&T program.

1. Briefly describe any actions you have taken to ensure collaboration with county offices in your service area as a result of this RFP. Examples include but are not limited to:

- Letter of Support from County(s)
- Communication on intent to apply with County(s)
- Meetings
- Other

[REDACTED] has strong relationships with the county offices – specifically in regards to the SNAP program. As a SNAP outreach agency – we are encouraged to have open communication with the county to ensure program delivery is efficiency for the client. These systems will allow [REDACTED] to continue to work with the countries with the SNAP E&T program.

In addition, [REDACTED] has established a Mission Advisory Council (a subcommittee of the Board of Directors). On this council are representatives from the three primary counties – [REDACTED]

[REDACTED] This council will also aid in the collaboration with the counties on the SNAP E&T program.

2. Describe your referral process and the types or services that are referred outside of your agency.

[REDACTED] has adapted a holistic, strength-based, case management model to assist the whole person. We incorporate a needs assessment and a thorough case management plan including referrals to appropriate community services. [REDACTED] has an extensive network of referral agencies within the communities we serve. We have created a database of resources and currently have 231 resources on the list. We work very closely with employment and training programs – specifically with our [REDACTED] [program]. Our outreach staff ensure that we are communicating to providers throughout our service area. We are active members of the [REDACTED] [REDACTED] which comprises over 50 social service agencies. [REDACTED] staff are members of many community groups and boards to ensure we have the knowledge of services provided by community partners.

[REDACTED] utilizes warm referrals by contacting the referring agency (with a signed release) to ensure a client friendly process. Referrals include county services, housing services, mental and physical health services, child care services, and education/training services. As a community action agency, clients are also referred to internal services including public transportation, asset development and financial counseling services, housing assistance, and energy assistance. [REDACTED] Counselors follow up on referrals to ensure effective communication and continued collaboration.

Equity

State and Federal laws prohibit discrimination against people due to race, gender identity, sexual orientation and other characteristics. Some groups are overrepresented among the population of SNAP clientele. Overrepresented groups include American Indians, African-Americans, and others, depending on region of the State. The below questions speak to your agency's efforts to better serve those groups overrepresented.

As the department works to advance the Governor's initiative that state government better reflect the diversity of the people it serves, we encourage providers to also make efforts to hire staff and board members who represent their service population.

1. Describe demographics (race, ethnicity, gender identity, etc.) of staff, leadership and board members and in what ways they reflect the population being served. If your staff, leadership and board is not reflective of the population served, describe efforts being made to improve in this area.

██████████ is governed by an eighteen member board with six representatives from each county. One third of members must represent consumers, one third are elected officials, and one third are community members from each county. The board consists of thirteen women and five men. One community representative seat is designed for a member representing diverse populations.

The agency is in the midst of creating a cultural competency statement which includes language to hire a representative workforce and train staff in cultural competency. Outreach for job openings includes organizations that represent diverse populations in the community. In addition, one of three newly created outreach staff targets the immigrant population in ██████████. This outreach is conducted for both program services and employment opportunities. Through these efforts, ██████████ has seen an increase in applications from diverse populations. Currently, ██████████ has 80 full-time and part-time employees. The ratio of men and women is 44%:56%. ██████████ staff is representative of the communities we serve including African-American, East African, and Hispanic employees. ██████████ workforce also employs a diverse age group with staff in their early 20's up beyond the age of 70 years old. Multiple staff at ██████████ are bi-lingual or multi-lingual. When needed, staff also utilizes the language line to provide services in a language that is comfortable for the client. ██████████ continues to look for strategies to increase racial equality in our workforce to better our clients.

2. Describe how your program provides services that are respectful and sensitive to participants from diverse cultures and ethnicities, including culturally specific services provided.

██████████ has created a Cultural Competency Committee to address six factors:

- I. Provide opportunities for learning and training with the expectation of staff to professionally develop
- II. Promote the self-reliance of our clients honoring the individual
- III. Commit to respecting the differences that exist within our community
- IV. Provide equal access to all services provided by ██████████
- V. Seek out and welcome diverse clients and candidates for agency opportunities
- VI. Advocate with and for the individual recognizing their culture

Through these efforts, we hope to increase the sensitivity and respect to participants from diverse cultures and ethnicities. These efforts have included quarterly lunch and learns and trainings at all-staff days. Several of the case managers have completed additional cultural training including programs

related to our growing immigrant population and “Safe Space” Training regarding the LGBTQ+ community.

In addition, [REDACTED] has developed expanded office hours on Mondays and Thursdays to better serve the community. Staff are also given the flexibility to meet clients outside of the traditional office hours if it is more convenient for the client. We also aim to meet the client where they are at – both literally and rhetorically. This philosophy is especially important in working with clients who may be of another culture.

FORM 5: Proposed Services and Activities

Name of Organization:	[REDACTED]
Referenced Documents: [Ctrl+Click to follow link]	
A.	[REDACTED] SNAP E&T Components and Activities
B.	[REDACTED]
Use the above reference documents to complete Forms 5, 6 & 7.	

1. Proposed Components and Activities

Review reference document “A” above and check the boxes below to identify the components and related activities your organization is planning to offer under SNAP E&T for the 15-month contract period (Jul 1, 2018—Sep. 30, 2019). Also, enter the estimated participants expecting to be served for each checked activity. A participant can be in more than one activity (duplicate count).

Components	Activities	Est. Participants
<input checked="" type="checkbox"/> Job search	<input checked="" type="checkbox"/> Independent job search	30
<input checked="" type="checkbox"/> Job search training	<input checked="" type="checkbox"/> Job readiness	30
<input type="checkbox"/> Workfare *	<input type="checkbox"/> Workfare	Click here to enter text.
<input type="checkbox"/> Work experience * <ul style="list-style-type: none"> On-the-job Training PreApprenticeship/Apprenticeship Internship or Work Experience 	<input type="checkbox"/> Uncompensated work experience	Click here to enter text.
	<input type="checkbox"/> Paid work experience	Click here to enter text.
	<input type="checkbox"/> OJT-public or private	Click here to enter text.
	<input type="checkbox"/> Apprenticeship	Click here to enter text.
<input checked="" type="checkbox"/> Educational programs * <ul style="list-style-type: none"> Basic/Foundational Skills Instruction Career/Technical Education Programs or Other Vocational Training English Language Acquisition Integrated Education Training (IET)/Bridge Programs Work Readiness Training 	<input type="checkbox"/> Adult diploma program	Click here to enter text.
	<input type="checkbox"/> Adult basic education	Click here to enter text.
	<input type="checkbox"/> GED training	Click here to enter text.
	<input type="checkbox"/> Classroom training	Click here to enter text.
	<input type="checkbox"/> ESL/ELL training	Click here to enter text.
	<input type="checkbox"/> Integrated education training (IET)	Click here to enter text.
	<input type="checkbox"/> Bridge programs	Click here to enter text.
<input checked="" type="checkbox"/> Basic skills training/remediation services		30

	<input type="checkbox"/> Non-credentialed training	Click here to enter text.
	<input type="checkbox"/> Other	Click here to enter text.
<input type="checkbox"/> Self-employment training *	<input type="checkbox"/> Self-employment training	Click here to enter text.
<input checked="" type="checkbox"/> Job retention	<input checked="" type="checkbox"/> Retention	30
<input checked="" type="checkbox"/> Other activities	<input checked="" type="checkbox"/> Orientation	30
	<input checked="" type="checkbox"/> Assessment	30
	<input checked="" type="checkbox"/> Social services	30
	<input type="checkbox"/> Other	Click here to enter text.

2. Supplemental Information

For items checked with an asterisk in the previous components box, describe more specifically the services you are planning to provide to participants. Identify the Workfare and/or Work Experience sites, how your organization is connected to ABE, describe your organizations Bridge Programming, etc.

We currently offer financial assistance for ELL, GED prep work, and testing through our area school districts. Our recipients would be able to better access these programs by virtue of our payment assistance, and we would continue to monitor their progress. We also offer Life Skills Education to support job search and retention efforts. Classes are centered on topics such as: balancing work and home life, managing stress and conflict, skills identification, career exploration, social skills building, and coping with life changes. We would continue with these programs but expand topics to meet the unique needs of SNAP E & T recipients. [redacted] maintains strong relationships with training providers in the area. These include ABE/GED preparation services, short-term workforce training agencies such as [redacted] and area technical and community colleges which offer short-term training programs.

3. Proposed Timeline

For the proposed components and activities identified above and given the time period of the contract, provide a projected timeline when these activities will be implemented.

Our timeline would match well with our current [program] participants as our fiscal year begins annually on July 1st. We would start identifying program recipients as we complete the enrollment process for [program] housing participants. Orientation, assessment, and case management would begin upon enrollment. We would continue offering classes in the community as well as on a one-to-one basis if there were transportation or other barriers identified. Ongoing assessment, career readiness support, and strength based case management services would be provided to each recipient in SNAP E & T.

4. Support Services

Review the [redacted] document and identify (list) the support services (such as transportation, course registration fees, etc.) your organization will provide to assist participants successfully participate in the activities identified in Part 1.

Our program will focus on the following client supportive services: course registration and test fees, dependent care costs, housing assistance, automobile repairs, interview clothing, tools and work required clothing, textbooks, tuition/fees, licensing fees, training materials, transportation (bus and gasoline) expenses, uniforms, and driver's license fees. Currently [redacted] has been assisting in

many of these areas but with SNAP E & T, we will be able to identify eligible clients and expand support service dollars within the areas of orientation, assessment, life skills education/training, case management services, job search training and retention skill building.

5. Administrative Activities

List the administrative activities (expense items) you anticipate in order to administer the components, activities and support services identified above, e.g. reporting, accounting services, etc.

Administrative costs to be charged would include the wages and costs related to the Executive Director, HR, Planning and Development, Finance, Administrative Services, and IT. [REDACTED] utilizes an approved cost allocation formula which includes the number of staff working in the program, the number of computers, the number of staff (FTE's) working in the program, the number of front desk inquiries/encounters, and number of financial transactions associated with the program.

6. Non-Federal Funding Source(s)

List the non-federal funding source(s) that will fund the proposed components, activities, support services and administrative costs, e.g. philanthropic, state dollars, etc.

[REDACTED]

FORM 6: Estimated Costs and Narrative

1. Expense Items

In the table below, list the expense items (costs) by program, support services and administrative categories related to the components and activities you identified in Form 5 for the 15-month contract period. Add additional rows if needed.

2. Costs

Identify the estimated cost for each expense item.

3. Narrative and Calculation

Provide a description/narrative and justification for how the cost was calculated.

4. Sum by Category and Total Projected Cost

In the "Total" column, enter the sum for each category—program, support services and administrative. At the end of the table, enter the total projected cost by adding the three categories.

Name of Organization			
Expense Items	Cost	Narrative and Calculation	Total
Program			
Self Sufficiency Staff Salary and Benefits	\$20,000	Approximately 1000 hours	
Travel	\$2,000	Click here to enter text.	
Space	\$2,000	Click here to enter text.	
			\$24,000
Support Services			
Housing and Transportation Assistance	\$16,000	Assist four households with two month of rent and 20 households with transportation	
Education Related Expenses	\$8,000	This will include tuition and related tools/supplies for eight households	
Childcare expenses	\$6,000	Childcare expenses for 6 households	
			\$30,000
Administrative			
Administrative Allocation based on cost allocation	\$6,000	Fiscal and Human Resources Staff are cost allocated through administrative formulas. The formulas are based on the number of employees, the number of computers, and the number of front desk contacts. The administrative formulas pay the wages of the following positions – Front Desk Staff - \$1000, Executive Director - \$500, Human Resources	

		Director - \$500, Finance and Accounting Staff - \$500, and Information Technology Staff - \$500.	
Click here to enter text.	Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	Click here to enter text.	\$6,000
Total Projected Cost			\$60,000

FORM 7: Projected Budget Summary

1. The contract covers a period of 15 months from July 1, 2018 to September 30, 2019. The SNAP E&T program is operated on a federal fiscal year period (Oct. 1—Sep. 30). Use the costs from the “Total” column from Form 6 to estimate how much will be expended the first three months and the next 12 months for each category.
2. Sum the 3+12 months costs and enter in the “Total Budget” column. In the last column, enter half of the total budget amounts. This will represent the estimated 50 percent reimbursement which you will request from the State. Enter totals in the last row.

Name of Organization	Click here to enter text.			
Cost Category	3-months (Jul 1 - Sep 30, 2018)	12-months (Oct 1, 2018-Sep 30, 2019)	Total Budget (Jul 1, 2018-Sep 30, 2019)	State Obligation (50%)
Program Costs	\$4,800	\$19,200	\$24,000	\$12,000
Support Services	\$6,000	\$24,000	\$30,000	\$15,000
Administrative Costs	\$1,200	\$4,800	\$6,000	\$3,000
TOTALS	\$12,000	\$48,000	\$60,000	\$30,000

FORM 8: Assurances

Check the boxes below to indicate that you have read and understand the assurance statement.

- All activities authorized by this Partner Agency Work Plan are in accordance with SNAP Employment and Training regulations.
- Staff for the administration and operation of the program are competent, professional, ethical, and qualified for the position held, and have a firm understanding of the pertinent rules and regulations.
- Cash or in-kind donations from other non-Federal sources have not been claimed or used as a match or reimbursement under any other Federal program.
- SNAP recipients upon initial enrollment, shall be provided an assessment which outlines their job skills, interests, and abilities. An Employment Plan (EP) will be developed, listing achievable goals which would lead to transitioning into unsubsidized employment. The EP shall be made a part of each participant's permanent file and shall be updated as necessary.
- Organization shall provide services such as counseling, case management, financial, etc., as needed by SNAP E&T participants. Referrals to other SNAP E&T partners and/or community services such as county departments or family services will be made when appropriate.
- Program and fiscal staff consulted and agreed that non-federal funding is approved and available to upfront SNAP E&T costs for the proposed contract period.

Required Statements Checklist

Check the boxes below to indicate that you have completed and attached the required statements:

- a) Responder Information and Declarations
- b) Exceptions to Terms and Conditions
- c) Affidavit of Noncollusion
- d) Trade Secret/Confidential Data Notification
- e) Submission of Certified Financial Audit, IRS Form 990, or Most Recent Board-Reviewed Financial Statements
- f) Disclosure of Funding Form
- g) Human Rights Compliance
 - i. Affirmative Action Data Page
 - ii. Equal Pay Certificate
- h) Certification and Restriction on Lobbying

[Required statements have been removed from this redacted version.]