# Iowa Supplemental Nutrition Assistance Program (SNAP)

# Employment and Training Program (E&T)

# E&T Service Provider Application

# Welcome

Thank you for your interest in Iowa’s SNAP Employment and Training (E&T) program. This program can assist individuals receiving or applying for SNAP benefits achieve education, career and employment goals through occupational and vocational education, skills training and supportive services while participating at no cost! SNAP E&T is a combined effort between Iowa Health and Human Services and Iowa Workforce Development and community partnerships. IWD acts as the Intermediary Administrator of the program with HHS determining individual’s eligibility for SNAP E&T and providing program oversight. Community Partners are sub-contracted with IWD as third-party E&T service providers. The U.S. Department of Agriculture, Food and Nutrition Service (USDA-FNS) is the federal regulatory and funding agency. This application provides detailed information that will allow a comprehensive assessment of how your organization aligns with, and is able to meet the requirements of, the E&T program.

Detailed information about the E&T program is found in the Prospective Provider Packet. Please read and reference the packet prior to, and while completing, this application.

Additionally, applicants should request an applicant informational session via email at snapet@iwd.iowa.gov. During this session, questions will be answered, and specific information and assistance will be provided to assist in completing sections related to enrollment and budget projections.

Completed applications and any supportive documentation must be submitted, via email, to IWD at snapet@iwd.iowa.gov.

* Applications may be signed electronically by using a digital signature.
* Applications will be accepted at any time during the application period.

Application periods will open with specific parameters set for submission and service provision implementation dates as shown in the table below:

|  |  |  |  |
| --- | --- | --- | --- |
| Application Period  | Application received on or before:  | Application Review/Contract Development Period  |  Eligible Implementation Date (Pending FNS approval, and contract execution) on or after  |
| April 1st - June 30th  | June 30th  | July 1st - September 30th  | October 1st  |
| July 1st – September 30th  | September 30th  | October 1st - December 31st  | January 1st  |
| October 1st – December 31st  | December 31st  | January 1st - March 31st  | April 1st  |
| January 1st - March 31st  | March 31st  | April 1st - June 30th  | July 1st  |

Applications will be reviewed and scored by committee to ensure readiness to meet Service Provider requirements. If minimum score is not met, applicants will be notified of actions needed to meet the minimum requirement and are invited to request technical assistance for submission of additional information as an addendum to application or reapply during a future application period.

Applicants meeting minimum requirements will be approved as an E&T Service Provider, contingent on approval from the E&T federal funding source, the United States Department of Agriculture (USDA) Food and Nutrition Service (FNS), and execution of a contract with IWD. Any services provided prior to receiving an executed IWD contract are not eligible for E&T Reimbursement.

Base Term of Contract shall be a minimum of one year with the possible extensions not to exceed a five-year Total Term of Contract.

All information provided in this application will be available for public review and not considered confidential.

Please submit any questions to IWD at snapet@iwd.iowa.gov.

# FNS Non-Discrimination Statement

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotape, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [How to File a Program Discrimination Complaint](https://www.usda.gov/oascr/how-to-file-a-program-discrimination-complaint) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by: (1) mail: U.S. Department of Agriculture, Office of the Assistant Secretary for Civil Rights, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410; (2) fax: (202) 690-7442; or (3) email: program.intake@usda.gov.

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‘Funding provided by U.S. Department of Agriculture’

# SNAP Employment and Training (E&T) ProgramApplication: E&T Service Provider

## I: Cover Page

|  |
| --- |
| **Organization** |
| Legal Name:       |
| Doing Business As (If Applicable):       |
| Address:       | City:       | Zip +4:      |
| Telephone:       | Fax:       |
| Grantee Website URL:       | Organization Type: ☐ Community College ☐ Nonprofit or non-governmental organization☐ Government Agency ☐ Tribal Government☐ Other:       |
| Federal ID Number:       | State Tax ID:       |
| UEI Number:       |  |
| **Contacts** |
| Primary Contact Name:       |
| Telephone:       | E-mail:       |
| Executive Director’s Name:       |
| Telephone:       | E-mail:       |
| Fiscal Director’s Name:       |
| Telephone:       | E-mail:       |
| Project/Program Manager Contact’s Name:       |
| Telephone:       | E-mail:       |

## II: Organization

Every Iowan deserves a pathway to success.

The SNAP Employment and Training program purpose is to help SNAP recipients gain job seeking readiness, retention skills and vocational/occupational skills that increase employability and economic mobility through employment.

1. Iowa’s E&T program is designed to provide services in keeping with the purpose of the E&T program. Provide a brief description of how your organization aligns with that purpose:

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1. What counties does your organization serve and will E&T services also be provided in all counties? List counties/cities (as applicable):

|  |
| --- |
|       |

* 1. If E&T services will not be provided in all counties, please explain why and list which counties will not be served by E&T:

|  |
| --- |
|       |

1. Identify any specific focus of services to community, population or demographic served: (i.e., Veterans, people involved with the justice system, at-risk youth, people with disabilities, any marginalized populations)

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1. I reviewed the Prospective Provider Packet and this program is a good fit for my organization.

[ ]  Yes [ ]  No (If “no”, reach out to snapet@iwd.iowa.gov before continuing.)

## III: Services and Training

The following questions are designed to help better understand your service model. Your service model includes the customers you serve, the variety of services you provide, collaboration and integration with partners.

1. Complete the table below about current policy/procedure that is in place.

Attach any forms or policy/procedures used to the application.[ ]

|  |  |  |
| --- | --- | --- |
|  | Current Process | No Current Process (Able to Implement Prior to Start Date of E&T Service Agreement) |
| Assessment |       |       |
| Program Application or Eligibility Criteria  |       |       |
| Program Orientation |       |       |
| Case Management |       |       |
| Other |       |       |

2. What types of employment, educational and training services does your organization currently offer?

|  |  |  |  |
| --- | --- | --- | --- |
| Provide | Refers to |  | Referral Resource |
| [ ]  | [ ]  | Adult Basic Education: General |       |
| [ ]  | [ ]  | English as a Second Language |       |
| [ ]  | [ ]  | High School Equivalency (HiSED) |       |
| [ ]  | [ ]  | Post-Secondary Education (Short-term certification/non-degree) |       |
| [ ]  | [ ]  | Post-Secondary Education (Diploma/Degree) |       |
| [ ]  | [ ]  | Occupational/Industry Skills Training (industry-recognized credentials) |       |
| [ ]  | [ ]  | Work Readiness (Life/Executive Function Skills) |       |
| [ ]  | [ ]  | Supervised Job Search (Workshops, resume/application, interviewing) |       |
| [ ]  | [ ]  | Integrated Education & Training/Bridge Programs |       |
| [ ]  | [ ]  | Pre-Apprenticeships/Apprenticeships |       |
| [ ]  | [ ]  | Internships |       |
| [ ]  | [ ]  | On-the-Job Training |       |
| [ ]  | [ ]  | Entrepreneurship/Self-Employment Training |       |
| [ ]  | [ ]  | Job Retention Services |       |
| [ ]  | [ ]  | Workforce Investment Act (WIOA-related activities) |       |
| [ ]  | [ ]  | Other (please specify): |       |

3. What supportive services does your organization provide for your customers?

|  |  |  |  |
| --- | --- | --- | --- |
| Provide | Refers to |  | Referral Resource |
| [ ]  | [ ]  | Career Counseling/Coaching |       |
| [ ]  | [ ]  | Transportation Assistance  |       |
| [ ]  | [ ]  | Training Costs/Materials/Supplies |       |
| [ ]  | [ ]  | Pre-employment Costs (Describe) |       |
|  |  |       |
| [ ]  | [ ]  | Wrap around Services (Describe) |       |
|  |  |       |
| [ ]  | [ ]  | Other |       |
|  |  |       |

4. What degree, non-degree certificates and/or industry-recognized credentials does your organization offer? Please list the specific programs and related industry.

* Community Colleges: include any diploma, AA or AAS degree programs leading to employment within in-demand industry.
* If necessary, add a separate page using column headings.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Program Name  | Industry  | Meets E&T Requirements for In-Demand Industry  | Frequency Offered  | Regularly Occurs as scheduled  |
|       |       | [ ]  Yes[ ]  No [ ]  Unknown  |       | [ ]  Yes [ ]  No  |
|       |       | [ ]  Yes[ ]  No [ ]  Unknown |       | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes[ ]  No [ ]  Unknown |       | [ ]  Yes [ ]  No  |
|       |       | [ ]  Yes[ ]  No [ ]  Unknown |       | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes[ ]  No [ ]  Unknown |       | [ ]  Yes [ ]  No |
|       |       | [ ]  Yes[ ]  No [ ]  Unknown |       | [ ]  Yes [ ]  No |

## IV: Clients Served

1. Of the population served by your organization, what percentage are in low-income households (under 160% of federal poverty level)? If necessary, please estimate.

[ ]  0-25% [ ]  51-75%

[ ]  26-50% [ ]  76-100%

What reporting metrics were used to determine the percentage estimation?

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|       |

1. Provide two specific examples of positive outcomes as a result of your program. (If including participant specific information, redact identifying information.)

Example 1

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Example 2

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1. Describe how your organization provides services that are respectful and sensitive to individuals from diverse communities, cultures, and ethnicities. Specifically identify any policies, trainings or resource documents used. Attach any forms or policy/procedures used to the application.

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1. Does your organization have a current non-discrimination policy that meets the requirements of the [FNS/USDA Non-Discrimination Statement](https://www.fns.usda.gov/civil-rights/usda-nondiscrimination-statement-snap-fdpir)?

If yes, attach copy of policy.

If no, are you willing to institute a policy before the start date of the E&T service agreement?

## V: Tracking Data

The 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. All E&T service provision documentation must be completed in the SNAP E&T module of the IowaWORKS electronic data/documentation system. If any E&T participant information is stored outside of the IowaWORKS system, the system must meet HHS and IWD security requirements.

1. Is your organization willing and able to document all E&T information in the required system?

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## VI: Non-Federal Funding, Tracking and Allocating Costs

Iowa’s E&T program is a reimbursement program primarily funded through 50/50 federal reimbursement. Please indicate whether your organization receives non-federal funds that are potentially available to be used as the 50% non-federal funding. Keep in mind, funding that originates from the federal government and passes through a State or local entity cannot be used as a funding source for E&T reimbursements.

Organizations must be able to fund the cost of employment and training services for E&T upfront with non-federal funding sources and will seek a 50 percent reimbursement through the program on behalf of the participants. Any federal reimbursement dollars received must not supplant non-federal funds used for existing education and training services.

 The funding sources must meet all three of the following criteria:

* Non-federal 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 [ ]  Unsure

If “Yes” to the above question, what are those specific funding streams?

Check all that apply.

[ ]  Grants from foundations

[ ]  State grants

[ ]  Local grants

[ ]  Agency’s general funds

[ ]  Social enterprise funds

[ ]  Other:

If no or unsure, explain.

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|       |

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

* + 1. Does your organization have experience tracking and allocating expenses for programs with multiple, non-federal funding streams? If no experience, does your organization have a willingness to work with IWD to put a process in place prior to the start of any service agreement? If no, please explain.

[ ]  Yes [ ]  No Comments:

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* + 1. Describe your organization’s experience in working with federal, state, local, philanthropic, or other funding or grants currently, or in the past.

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|       |

* + 1. A) Does your organization already allocate costs to other federal, state, or local grants?
		[ ]  Yes [ ]  No [ ]  Unsure

B) How many years of experience does your organization have allocating expenses for programs with multiple, non-federal funding streams? Number of years:

C) How many separate non-federal funding sources has your organization received in the last three (3) fiscal years?

D) Please list the non-federal funding sources received in the last three (3) fiscal years. Include the year, name, type of award, amount of award, and amount of funds expended.

If necessary, add a separate page using column headings.

|  |  |  |  |
| --- | --- | --- | --- |
| Fiscal Year  | Name of Grant  | Total Awarded  | Total Expended  |
| *FY18* | *Example: Gap Tuition Assistance* | *$150,000* | *$150,000* |
| FY      |       |       |       |
| FY      |       |       |       |
| FY      |       |       |       |
| FY      |       |       |       |
| FY      |       |       |       |
| FY      |       |       |       |
| FY      |       |       |       |
| FY      |       |       |       |

* + 1. What do those non-federal funding sources cover? Check all that apply.

[ ]  Administrative costs

[ ]  Case Management

[ ]  Supportive Services:

 [ ]  Tuition, program fees, required costs of training

[ ]  Testing fees

[ ]  Books, materials, and supplies for training

 [ ]  Transportation (mileage, bus passes, fuel cards, car repair, taxi/rideshare, etc.)

 [ ]  Safety equipment/tools

 [ ]  Housing/utilities assistance

 [ ]  Child/Dependent Care

 [ ]  Uniforms/Clothing (training, interviewing, employment)

 [ ]  Medical related costs (DOT physical, drug screens, immunizations, etc.)

 [ ]  Personal hygiene/grooming

 [ ]  Training/work permits, union dues, licensing fees

 [ ]  Reasonable accommodations

 [ ]  Other

5. Has your organization currently calculated the cost per person for each of your training programs and non-federal funding sources?[ ]  Yes [ ]  No [ ]  Unsure

**If No or Unsure: Cost per person must be calculated & identified during calculation of projected budgets in order to allow request for reimbursement of any program costs. Contact** **snapet@iwd.iowa.gov** **with questions about this requirement.**

Indirect costs may be included applying the de minimis indirect cost rate of 10% unless the organization has a federally negotiated rate approved by a cognizant agency.

Community colleges should include a list of programs and tuition rates.

If necessary, add a separate page using column headings.

|  |  |  |
| --- | --- | --- |
| **Name of Program or Funding Source** | **Cost Per Person** | **How did you calculate cost per person? If Indirect Costs are included, what is the rate used?**  |
| (*Example)* *By Program:* *(Program Name)* *By Funding Source:* *(GAP Tuition Assistance)* | *$1500.00**$950.00* | Total program costs+10%/# enrolled last year – include or attach an itemized list of costs included in cost per person . |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |
|       |       |       |

6. Provide an estimate of the non-federal dollars that could be earmarked and used for a potential E&T program between October 1 and September 30.

$

1. Describe method used to determine estimate.

|  |
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|       |

7. Has your organization been disqualified from receiving federal grants or over the past five (5) years?

[ ]  Yes [ ]  No If yes, please explain.

|  |
| --- |
|       |

## VII: Partnerships

**Because E&T programs encourage a collaborative service model, we want to identify the partnerships already in place in your regions/service areas.**

1. Describe your organization's partnership or collaborative model.

1. Identify partnerships already in place and how they are engaged with you (e.g., government, universities and colleges, workforce boards/entities, employers, and other partners).

1. IWD works to build an employer-driven E&T program. How do you ensure that the programs and services you provide address the local workforce needs in your community?

1. Employer engagement is a critical part of a successful employment and training program. Complete all that apply directly or indirectly to your organization for each industry. Complete the table below to tell what industries are in high demand in your service area, what employers you partner with and how is each employer is engaged with program and job development.

|  |  |  |
| --- | --- | --- |
| Industry | Does your organization work with this industry? Yes or No  | List Employer(s)in each industry engaged with your programs: Provide Description of Engagement for each employer Examples:* [ ] Hire graduates (multiple)
* [ ] Host internships or externships
* [ ] Host work experiences
* [ ] Pre-apprenticeships
* [ ] Apprenticeships
* [ ] On-the-job training
* [ ] Conduct mock interviews[ ]
* Serve as mentors or coaches
* [ ] Serve on advisory boards
* [ ] Provide linkages to other employer partners
* [ ] Participate in ongoing program design and continuous improvement
* [ ] Contribute financially to program
* [ ] Contribute in-kind donations
 |
| Health Care |       | Employer(s):      Engagement:       |
| Manufacturing |       | Employer(s):      Engagement:       |
| Culinary |       | Employer(s):      Engagement:       |
| Hospitality |       | Employer(s):      Engagement:       |
| Construction |       | Employer(s):      Engagement:       |
| Information Technology |       | Employer(s):      Engagement:       |
| Transportation and Logistics |       | Employer(s):      Engagement:       |
| Business and Office Occupations |       | Employer(s):      Engagement:       |
| Customer Service and Insurance |       | Employer(s):      Engagement:       |
| Other**:** |       | Employer(s):      Engagement:       |

5. Provide two examples of employer partnerships that have led to positive outcomes for clients.

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|       |

Example 1

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|       |

Example 2

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| --- |
|       |

## VIII: Outcomes

In order to determine program effectiveness, E&T collects specific data points for reporting. The following items are the outcomes currently collected by the program. If you do not currently collect a specific item, indicate this by stating not available.

1. List your program outcomes in serving low-income (under 160% of the FPL) individuals in the last 12 months.

|  |  |  |
| --- | --- | --- |
| **Data item**  | **Number of individuals** | **Associated programs & funding**  |
| Application for services/programs  |       |       |
| Approved for services (enrolled) |       |       |
| Attained non-credit certificate or credit diploma/degree |       |       |
| Attained industry-recognized credential  |       |       |
| Attained new employment/position  |       |       |
| Received a wage increase(pre-program vs. post-program) |       |       |
| Retained Employment(at least 90 days) |       |       |

2. Using the information from the table above, list the number of individuals served and successful outcome (attained certificate, industry credential, or employment) in each industry type education/training program in last 12 months.

|  |  |  |
| --- | --- | --- |
| **Industry**  |  **Number of Participants**  | **Number with Successful Outcome**  |
| Health Care |       |       |
| Manufacturing |       |       |
| Culinary  |       |       |
| Hospitality |       |       |
| Construction  |       |       |
| Information Technology |       |       |
| Transportation and Logistics |       |       |
| Business and Office Occupations  |       |       |
| Customer Service and Insurance  |       |       |
| Other      |       |       |

3. Using the information from the table above, provide the percentage of successful outcomes for your program.

|  |  |  |
| --- | --- | --- |
| **Industry**  |  **Number of Participants**  | **Percentage of Successful Outcome**  |
| Health Care |       |       |
| Manufacturing |       |       |
| Culinary  |       |       |
| Hospitality |       |       |
| Construction  |       |       |
| Information Technology |       |       |
| Transportation and Logistics |       |       |
| Business and Office Occupations  |       |       |
| Customer Service and Insurance  |       |       |
| Other      |       |       |

a. If any industry outcomes are less than 65%, is your organization willing to implement steps in order to increase successful outcomes to at least 75%?

## IX: Administrative Capacity

| **Applicant Information** |
| --- |
| How long has your organization been doing business (years)?       |
| Does your organization currently hold 501(c)3 status with the IRS? [ ]  Yes [ ]  No |
| Does your organization have written policies and procedures for the following business processes? |
| Accounting |
| [ ]  Yes [ ]  No [ ]  Not sure | [ ]  Check this box if a copy is available upon request  |
| Purchasing/Procurement |
| [ ]  Yes [ ]  No [ ]  Not sure | [ ]  Check this box if a copy is available upon request |
| Payroll |
| [ ]  Yes [ ]  No [ ]  Not sure | [ ]  Check this box if a copy is available upon request |
| Does your organization operate a foundation? [ ]  Yes [ ]  No |
| If yes, describe how the organization’s foundation may be involved to support the E&T program.      |
| Number of Employees:       | Full Time:       | Part Time:       |

|  |
| --- |
| **Insurance**  |
| Is your organization able to provide a certificate of insurance that meets the types and minimum limit amounts as shown in the table below? [ ]  Yes [ ]  No**Required Insurance Coverage**

|  |  |  |
| --- | --- | --- |
| **Type of Insurance** | **Limit** | **Amount** |
| General Liability (including contractual liability) written on occurrence basis | General AggregateProduct/CompletedOperations AggregatePersonal InjuryEach Occurrence | $2 Million$1 Million$1 Million$1 Million |
| Automobile Liability (including any auto, hired autos, and non-owned autos) | Combined Single Limit | $1 Million |
| Excess Liability, Umbrella Form | Each OccurrenceAggregate | $1 Million$1 Million |
| Workers’ Compensation and Employer Liability | As required by Iowa law | As Required by Iowa law |
| Property Damage | Each OccurrenceAggregate | $1 Million$1 Million |
| Professional Liability | Each OccurrenceAggregate | $2 Million$2 Million |

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| --- |
| **Confidentiality and Non-Disclosure**  |
| Does your organization have a Confidentiality and Non-Disclosure Policy? [ ]  Yes [ ]  NoDoes your organization require all staff and volunteers to sign a Confidentiality and Non-Disclosure statement, which is effective during, and survives after, employment? [ ]  Yes [ ]  NoPlease provide a copy of the policy and form with submission of application.If No: Is your organization willing to comply with the requirement to have all staff and volunteers sign the provided Confidentiality and Non-Disclosure form? [ ]  Yes [ ]  No |
| **Legal Issues** |
| Are there any current or pending lawsuits against the organization? [ ]  Yes [ ]  No**If Yes: explain:**       |
| If yes, would there be an impact on the organization’s financial position? [ ]  Yes [ ]  No**If Yes: explain:**       |

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| **Additional Comments (Optional)**  |
|       |

## X: Proposed Services and Activities

**1.** Identify the components and related activities your organization is planning to offer under E&T. Also, enter the estimated participants expecting to be served for each checked activity. A participant can be in more than one activity (duplicate count).

|  |  |  |
| --- | --- | --- |
| **E&T Component/Activity** | **Name of Program(s) if applicable** | **Estimated Number of Participants**  |
| [ ]  Adult Basic Education: General  |       |       |
| [ ]  English Language Learners |       |       |
| [ ]  HiSED (High School Equivalency Diploma) |       |       |
| [ ]  Post-Secondary Education(Short-term certificate/Non-Degree)  |       |       |
| [ ]  Post-Secondary Education(Diploma/Degree Education)  |       |       |
| [ ] Occupational/Industry Skills training(Industry-recognized credentials) |       |       |
| [ ] Work Readiness (Life/Executive Function Skills) |       |       |
| [ ] Supervised Job Search  (Workshops, resume/application, interviewing) |       |       |
| [ ] Integrated Education & Training/Bridge Programs  |       |       |
| [ ] Pre-Apprenticeships/Apprenticeships |       |       |
| [ ] Internships |       |       |
| [ ] On-the-Job Training  |       |       |
| [ ] Entrepreneurship/Self-employment training  |       |       |
| [ ] Job Retention Services |       |       |

**2.** **Proposed Timeline:** If the proposed components and activities identified above will not be provided for the entirety of the federal fiscal year, please explain why.

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**3. Proposed Support Services**: Identify the supports and services that will be provided. If any of the below list are not provided, please explain why.

[ ]  Case Management

[ ]  Supportive Services:

[ ]  Tuition, program fees, required costs of training

[ ]  Testing fees

[ ]  Books, materials, and supplies for training

[ ]  Transportation (mileage, bus passes, fuel cards, car repair, taxi/rideshare, etc.)

[ ]  Safety equipment/tools

[ ]  Housing/utilities assistance

[ ]  Child/Dependent Care

[ ]  Uniforms/Clothing (training, interviewing, employment)

[ ]  Medical related costs (DOT physical, drug screens, immunizations, etc.)

[ ]  Personal hygiene/grooming

[ ]  Training/work permits, union dues, licensing fees

[ ]  Reasonable accommodations

[ ]  Other

**4. Administrative Activities**

1. How many staff will be involved with E&T services?

Administration:

Direct Services:

1. How many of the identified staff will be providing billable services?

Administration:

Direct Services:

5. **Non-Federal Funding Source(s)**

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

|  |
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1. When reimbursement dollars are received for allowable costs submitted under the E&T program, those dollars lose federal identity and can be submitted for reimbursement again. Expected use of reimbursement dollars include but are not limited to: enhancement or expansion of existing programs, supports, services, or number of E&T participants served. Any federal reimbursement dollars received must not supplant non-federal funds used for existing education services.

Explain your organization’s intended plan to utilize reimbursement funds to reinvest in the E&T program.

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## XI: Estimated Costs and Narrative

**Expense Items**

In the table below, list the expense items (costs) by program, support services, case management, and administrative categories related to the proposed components and activities.

Add additional rows if needed.

**Proposed participants**

Identify the estimated number of participants.

**Costs**

Identify the estimated cost for each expense item.

**Narrative and Calculation**

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

**Sum by Category and Total Projected Cost**

In the “Total” column, enter the sum for each category—program, support services, case management, and administrative. At the end of the table, enter the total projected cost by adding the categories together.

| **Expense Items by Program Name** | **Proposed number of participants** | **Cost per person** | **How did you calculate cost per person? Include any information about indirect cost used.**  | **Total of cost per person x number of participants** |
| --- | --- | --- | --- | --- |
| **Tuition/Program Costs**  |
|  |         |        |        |        |
|  |         |        |        |        |
|  |         |        |        |        |
|   |   |   | Tuition/Program Costs Total  |        |
| **Support Services**  |
|  |         |        |        |        |
|  |         |        |        |        |
|  |         |        |        |        |
|   |   |   | Support Services Total   |        |
| **Case Management** |
|  |        |        |        |        |
|  |        |        |        |        |
|  |        |        |        |        |
|   |   |   | Case Management Total   |        |
| **Admin**  |
|  |        |        |        |              |
|  |        |        |        |        |
|  |        |        |        |              |
|   |   |   | Admin Total   |            |
| **Total Projected Cost:**        |

## XII: Projected Budget Summary

1. The E&T program operates on a Federal Fiscal Year (FFY) period (Oct. 1 - Sep. 30). Use the total estimated costs of anticipated expenditures during applicable quarters of current FFY and the full 12-month period of following FFY for each category.

2. Add each FFY quarter together 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.

\*Use $0 or NA in any time-period that is not relevant to this application.

| **Cost****Category** | **Current** **FFY Q1****(Oct - Dec)** | **Current FFY Q2****(Jan - Mar)** | **Current****FFY Q3****(Apr - June)** | **Current****FFY Q4****(July- Sept)** | **Total Budget for FFY** | **Reimbursement Amount (50%)** |
| --- | --- | --- | --- | --- | --- | --- |
| **Program** **Costs** |       |       |       |       |       |       |
| **Support Services** |       |       |       |       |       |       |
| **Case Management** |       |       |       |       |       |       |
| **Admin Cost** |       |       |       |       |       |       |
| **TOTALS** |       |       |       |       |       |       |

## XIII: Assurances

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

|  |  |
| --- | --- |
| [ ]  | All activities authorized by this Application are in accordance with Federal and State 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. |
| [ ]  | As required by FNS, SNAP E&T participants upon initial enrollment shall be provided an assessment, which outlines their job skills, interests, and abilities. An Employability 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 all reasonably necessary supports needed by SNAP E&T participants to successfully participate in the program. Referrals to other SNAP E&T partners and/or community services will be made when appropriate. |
| [ ]  | Program and fiscal staff in your organization have consulted and agreed that non-federal funding is approved and available to initially fully fund SNAP E&T costs for the proposed agreement period. |

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| **Exceptions to Application or Sample Contract Language**  |
| **Application Section and Page** | **Language to Which Applicant Takes Exception** | **Explanation and Proposed Replacement Language:** | **Cost Savings to the Agency if the Proposed Replacement Language is Accepted** |
|       |       |       |       |

**PRIMARY APPLICANT CERTIFICATIONS**

1. **APPLICATION CERTIFICATIONS. By signing below, Applicant certifies that:**
	1. Applicant specifically stipulates that the Application is predicated upon the acceptance of all terms and conditions stated in the APPLICATION and the Sample Contract without change except as otherwise expressly stated above as exceptions to Application/Contract Language. Objections or responses shall not materially alter the APPLICATION. All changes to proposed contract language, including deletions, additions, and substitutions of language, must be addressed in the Application. The Applicant accepts and shall comply with all Contract Terms and Conditions contained in the Sample Contract without change except as set forth in the Contract;
	2. Applicant has reviewed the Additional Certifications, which are incorporated herein by reference, and by signing below represents that Applicant agrees to be bound by the obligations included therein;
	3. The person signing this Application certifies that he/she is the person in the Applicant’s organization responsible for or authorized to make decisions regarding the prices quoted and, Applicant guarantees the availability of the services offered and that all Application terms, including price, will remain firm until a contract has been executed for the services contemplated by this APPLICATION or one year from the issuance of this APPLICATION, whichever is earlier.
2. **SERVICE AND REGISTRATION CERTIFICATIONS. By signing below, Applicant certifies that:**
	1. Applicant certifies that the Applicant’s organization has sufficient personnel and resources available to provide all services proposed by the Application, and such resources will be available on the date the APPLICATION states services are to begin. Applicant guarantees personnel proposed to provide services will be the personnel providing the services unless prior approval is received from the Agency to substitute staff;
	2. Applicant certifies that if the Applicant is awarded the contract and plans to utilize subcontractors at any point to perform any obligations under the contract, the Applicant will (1) notify the Agency in writing prior to use of the subcontractor, and (2) apply all restrictions, obligations, and responsibilities of the resulting contract between the Agency and contractor to the subcontractors through a subcontract. The contractor will remain responsible for all Deliverables provided under this contract;
	3. Applicant either is currently registered to do business in Iowa or agrees to register if Applicant is awarded a Contract pursuant to this APPLICATION;
	4. Applicant certifies it is either: 1) registered or will become registered with the Iowa Department of Revenue to collect and remit Iowa sales and use taxes as required by Iowa Code chapter 423; or 2) not a “retailer” of a “retailer maintaining a place of business in this state” as those terms are defined in Iowa Code subsections 423.1(47) & (48). The Applicant also acknowledges that the Agency may declare the Application void if the above certification is false. Applicants may register with the Department of Revenue online at: <http://www.state.ia.us/tax/business/business.html>; and,
3. **EXECUTION.**

By signing below, I certify that I have the authority to bind the Applicant to the specific terms, conditions and technical specifications required in the Request for Applications (APPLICATION) and offered in the Applicant’s Application. I understand that by submitting this Application, the Applicant agrees to provide services described herein which meet or exceed the specifications of the APPLICATION unless noted in the Application and at the prices quoted by the Applicant. The Applicant has not participated, and will not participate, in any action contrary to the anti-competitive obligations outlined in the Additional Certifications. I certify that the contents of the Application are true and accurate and that the Applicant has not made any knowingly false statements in the Application.

|  |  |
| --- | --- |
| **Signature:** |       |
| **Printed Name/Title:** |       |
| **Date:** |       |

**The completed form may be printed as a PDF and submitted with an electronic signature.**