



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 1 st - June 30 th	June 30 th	July 1 st - September 30 th	October 1 st
July 1 st – September 30 th	September 30 th	October 1 st - December 31 st	January 1 st
October 1 st – December 31 st	December 31 st	January 1 st - March 31 st	April 1 st
January 1 st - March 31 st	March 31 st	April 1 st - June 30 th	July 1 st

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](#) 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) Program
Application: 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: <input type="checkbox"/> Community College <input type="checkbox"/> Nonprofit or non-governmental organization <input type="checkbox"/> Government Agency <input type="checkbox"/> Tribal Government <input type="checkbox"/> 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:

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

 - a. 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:

3. 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)

4. 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
<input type="checkbox"/>	<input type="checkbox"/>	Adult Basic Education: General
<input type="checkbox"/>	<input type="checkbox"/>	English as a Second Language
<input type="checkbox"/>	<input type="checkbox"/>	High School Equivalency (HiSED)
<input type="checkbox"/>	<input type="checkbox"/>	Post-Secondary Education (Short-term certification/non-degree)
<input type="checkbox"/>	<input type="checkbox"/>	Post-Secondary Education (Diploma/Degree)
<input type="checkbox"/>	<input type="checkbox"/>	Occupational/Industry Skills Training (industry-recognized credentials)
<input type="checkbox"/>	<input type="checkbox"/>	Work Readiness (Life/Executive Function Skills)
<input type="checkbox"/>	<input type="checkbox"/>	Supervised Job Search (Workshops, resume/application, interviewing)
<input type="checkbox"/>	<input type="checkbox"/>	Integrated Education & Training/Bridge Programs
<input type="checkbox"/>	<input type="checkbox"/>	Pre-Apprenticeships/Apprenticeships
<input type="checkbox"/>	<input type="checkbox"/>	Internships
<input type="checkbox"/>	<input type="checkbox"/>	On-the-Job Training
<input type="checkbox"/>	<input type="checkbox"/>	Entrepreneurship/Self-Employment Training
<input type="checkbox"/>	<input type="checkbox"/>	Job Retention Services
<input type="checkbox"/>	<input type="checkbox"/>	Workforce Investment Act (WIOA-related activities)
<input type="checkbox"/>	<input type="checkbox"/>	Other (please specify):

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

Provide	Refers to	Referral Resource
<input type="checkbox"/>	<input type="checkbox"/>	Career Counseling/Coaching
<input type="checkbox"/>	<input type="checkbox"/>	Transportation Assistance
<input type="checkbox"/>	<input type="checkbox"/>	Training Costs/Materials/Supplies
<input type="checkbox"/>	<input type="checkbox"/>	Pre-employment Costs (Describe)
<input type="checkbox"/>	<input type="checkbox"/>	Wrap around Services (Describe)
<input type="checkbox"/>	<input type="checkbox"/>	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
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> No
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		<input type="checkbox"/> Yes <input type="checkbox"/> 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?

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

Example 1

Example 2

3. 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.

4. Does your organization have a current non-discrimination policy that meets the requirements of the [FNS/USDA Non-Discrimination Statement](#)?

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?

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.

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.

2. 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:

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

4. 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	<i>Example: Gap Tuition Assistance</i>	<i>\$150,000</i>	<i>\$150,000</i>
FY			
FY			
FY			
FY			

FY			
FY			
FY			
FY			

5. 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?
<i>(Example)</i> <i>By Program:</i> <i>(Program Name)</i> <i>By Funding Source:</i> <i>(GAP Tuition Assistance)</i>	\$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.

\$

A) Describe method used to determine estimate.

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.

2. 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).

3. 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?
4. 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: <ul style="list-style-type: none"> • 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:
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5. Provide two examples of employer partnerships that have led to positive outcomes for clients.

Example 1

Example 2

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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Does your organization have written policies and procedures for the following business processes?		
Accounting		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Check this box if a copy is available upon request	
Purchasing/Procurement		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Check this box if a copy is available upon request	
Payroll		
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not sure	<input type="checkbox"/> Check this box if a copy is available upon request	
Does your organization operate a foundation? <input type="checkbox"/> Yes <input type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Required Insurance Coverage		
Type of Insurance	Limit	Amount
General Liability (including contractual liability) written on occurrence basis	General Aggregate	\$2 Million
	Product/Completed Operations Aggregate	\$1 Million
	Personal Injury	\$1 Million
	Each Occurrence	\$1 Million
Automobile Liability (including any auto, hired autos, and non-owned autos)	Combined Single Limit	\$1 Million
Excess Liability, Umbrella Form	Each Occurrence	\$1 Million
	Aggregate	\$1 Million
Workers' Compensation and Employer Liability	As required by Iowa law	As Required by Iowa law
Property Damage	Each Occurrence	\$1 Million
	Aggregate	\$1 Million
Professional Liability	Each Occurrence	\$2 Million
	Aggregate	\$2 Million

Confidentiality and Non-Disclosure	
Does your organization have a Confidentiality and Non-Disclosure Policy? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does your organization require all staff and volunteers to sign a Confidentiality and Non-Disclosure statement, which is effective during, and survives after, employment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please 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? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Legal Issues	
Are there any current or pending lawsuits against the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: explain:	
If yes, would there be an impact on the organization's financial position? <input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes: explain:	
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
<input type="checkbox"/> Adult Basic Education: General		
<input type="checkbox"/> English Language Learners		
<input type="checkbox"/> HiSED (High School Equivalency Diploma)		
<input type="checkbox"/> Post-Secondary Education (Short-term certificate/Non-Degree)		
<input type="checkbox"/> Post-Secondary Education (Diploma/Degree Education)		
<input type="checkbox"/> Occupational/Industry Skills training (Industry-recognized credentials)		
<input type="checkbox"/> Work Readiness (Life/Executive Function Skills)		

<input type="checkbox"/> Supervised Job Search (Workshops, resume/application, interviewing)		
<input type="checkbox"/> Integrated Education & Training/Bridge Programs		
<input type="checkbox"/> Pre- Apprenticeships/Apprenticeships		
<input type="checkbox"/> Internships		
<input type="checkbox"/> On-the-Job Training		
<input type="checkbox"/> Entrepreneurship/Self-employment training		
<input type="checkbox"/> 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.

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

A) How many staff will be involved with E&T services?

Administration:

Direct Services:

B) How many of the identified staff will be providing billable services?

Administration:

Direct Services:

5. Non-Federal Funding Source(s)

A) 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.)

B) 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.

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				

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 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						

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%)
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.

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:

- 1.1 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;
- 1.2 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;
- 1.3 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:

- 2.1 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;
- 2.2 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;
- 2.3 Applicant either is currently registered to do business in Iowa or agrees to register if Applicant is awarded a Contract pursuant to this APPLICATION;
- 2.4 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.