

# Iowa Supplemental Nutrition Assistance Program (SNAP) Employment and Training Program (E&T)

## SNAP E&T Service Provider Application

**Welcome and Thank You for your interest in Iowa's SNAP Employment and Training (E&T) program!**

E&T helps individuals who receive, or are applying for SNAP benefits achieve education, career, and employment goals through occupational and vocational education, skills training, and supportive services. Services are free to E&T participants.

SNAP E&T is a combined effort between Iowa Health and Human Services (HHS), Iowa Workforce Development (IWD), and community partners. IWD acts as the Intermediary Administrator of the program. HHS determines participant eligibility and provides program oversight. Community Partners are subcontracted 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 will provide information that will allow a comprehensive assessment of how your organization aligns with, and is able to meet, the requirements of the SNAP E&T program.

You will find detailed information about the SNAP E&T program in the *Prospective Provider Packet*. Please read and reference the packet prior to and while completing this application.

Additionally, as a Service Provider applicant we encourage you to request an applicant informational session via email at [snapet@iwd.iowa.gov](mailto:snapet@iwd.iowa.gov). During this session we will answer your questions and provide specific information to help you during the application process.

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:	Eligible Implementation Date on or after: (pending FNS approval and contract execution)
March 16 - June 15	June 15	October 1
June 16 - September 15	September 15	January 1
September 16 - December 15	December 15	April 1
December 16 - March 15	March 15	July 1

Applications will be reviewed and scored by a committee to ensure readiness to meet Service Provider requirements. If the 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 Iowa SNAP E&T Service Provider, contingent on approval from the SNAP 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 SNAP E&T Reimbursement.

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

Submit completed applications and supportive documentation by email to IWD at [snapet@iwd.iowa.gov](mailto:snapet@iwd.iowa.gov).

Please submit any questions to IWD at [snapet@iwd.iowa.gov](mailto:snapet@iwd.iowa.gov).

## **FNS Nondiscrimination Statement**

In accordance with federal civil rights law and USDA civil rights regulations and policies, the USDA, its agencies, offices, employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, 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 State or local agency that administers the program or contact USDA through the Telecommunications Relay Service at 711 (voice and TTY). 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:

Mail: USDA Food and Nutrition Service, 1320 Braddock Place, Room 334 Alexandria, VA 22314; or

Email: [FNSCIVILRIGHTSCOMPLAINTS@usda.gov](mailto:FNSCIVILRIGHTSCOMPLAINTS@usda.gov).

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'Funding provided by U.S. Department of Agriculture'

# SNAP Employment and Training (E&T) Program

## Application: SNAP E&T Service Provider

### Cover Page

<b>Organization</b>		
Legal Name:		
Doing Business As (If Applicable):		
Address:	City:	ZIP +4:
Telephone:	Fax:	
Organization Website Address:	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:		

<b>Contacts</b>	
Primary Contact for Application Name:	
Telephone:	Email:
Executive Director Name:	
Telephone:	Email:
Fiscal Director Name:	
Telephone:	Email:
Project/Program Manager Contact Name:	
Telephone:	Email:

## I: Organization

Every person deserves a pathway to success. The purpose of the SNAP Employment and Training program is to help SNAP recipients gain job seeking readiness, retention skills and vocational/occupational skills that increase employability and economic mobility through employment. SNAP E&T is more than a job, providing a wide range of services and supports that can lead to a career.

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

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

- a. If SNAP E&T services will not be provided in all counties your organization serves, please explain why and list which counties will not be served:

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](mailto:snapet@iwd.iowa.gov) before continuing.)

5. Does your organization currently (or did previously) provide SNAP E&T services in other states? If yes, which states?

## II: Process & Procedures

The following is designed to better understand how your organization serves your customers.

1. Complete the sections below and provide a brief description of the current processes within your organization. **Include all forms/documents, handbooks/policies, or procedures you reference when you submit your application.**

	Current Process	No Current Process Are you willing to receive technical assistance to meet E&T requirements? YES/NO
Assessment		
Program Application or Eligibility Criteria		
Program Orientation		

Case Management		
Referrals to Other Organizations		

### III: Individuals Served

1. What percentage of the population you serve are low-income households? (under 160% of Federal Poverty Level)? If necessary, please estimate.

- ☐ 0-25%                      ☐ 51-75%  
☐ 26-50%                   ☐ 76-100%

2. How was this percentage determined?

3. SNAP E&T providers are required to follow requirements of the [FNS/USDA Non-Discrimination Statement](#). Will you follow those requirements?

- ☐ Yes                      ☐ No

### IV: Tracking Data

All SNAP E&T case record documentation must be completed in the SNAP E&T module of the IowaWORKS.gov case management system.

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

- ☐ Yes                      ☐ No

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

Iowa's SNAP E&T program is a reimbursement program primarily funded through 50/50 Federal reimbursement. If you become a Service Provider, you must be able to fund the cost of the SNAP E&T services you provide upfront with non-Federal funding sources. After services are provided to participants, Service Providers will submit paperwork for a 50 percent reimbursement through SNAP E&T.

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.

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 funding streams to include Federal, state, local grants, and other sources?

☐ Yes      ☐ No      If yes, please describe your experience.

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? ☐ Yes    ☐ No    If no, please explain.

3. Please list all non-Federal funding sources received in the last three fiscal years. Include the year, name and type of funding, amount of funding, and amount of funds expended. If necessary, add a separate page using column headings.

Fiscal Year	Name & Type	Funding Amount	Total Expended
FY24	Example: Gap Tuition Assistance	\$150,000	\$150,000
FY			
FY			
FY			
FY			
FY			
FY			
FY			
FY			

4. What do those non-Federal funding sources cover? Check all that apply.

- ☐ Administrative costs
- ☐ Tuition, program cost, required cost of training
- ☐ Case Management
- ☐ Supportive Services:
  - ☐ Testing fees
  - ☐ 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 accommodation
- ☐ Other:

5. Which of these non-Federal funding sources will fund the proposed SNAP E&T cost of programs, activities, tuitions, and supports?

6. Provide an estimate of the non-Federal dollars that could be earmarked for proposed SNAP E&T activities between October 1 and September 30.

a. Describe method used to determine estimate.

7. When reimbursement dollars are received for allowable costs submitted under the SNAP 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 SNAP 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 SNAP E&T program.

8. Has your organization been disqualified from receiving Federal grants over the past five years?  
☐ Yes      ☐ No      If yes, please explain.

## VI: Partnerships

Describe your organization's partnership or collaborative model.

1. Identify existing partnerships and how these entities collaborate with your organization (e.g., government agencies, universities and colleges, workforce boards/entities, employers, and other partners).

2. The SNAP E&T program strives to be employer driven. How do you ensure that the programs and services your organization provides address the workforce needs of Iowa's employers in high demand industries?

3. Complete the table below to tell what industries are in high demand in your service area, what employers you partner with, and how each employer is engaged with program and job development.

Industry	Does your organization work with this industry? (Yes / No)	List Employer(s) in each industry engaged with your programs. Examples of Engagement: <ul style="list-style-type: none"> <li>• Hire graduates (multiple)</li> <li>• Host internships or externships</li> <li>• Host work experiences</li> <li>• Pre-apprenticeships</li> <li>• Apprenticeships</li> <li>• On-the-job training</li> <li>• Conduct mock interviews</li> <li>• Serve as mentors or coaches</li> <li>• Serve on advisory boards</li> <li>• Provide linkages to other employer partners</li> <li>• Participate in ongoing program design and continuous improvement</li> <li>• Contribute financially to the program</li> <li>• Contribute in-kind donations</li> </ul>
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:

4. Provide two examples of employer partnerships that have led to positive outcomes for individuals:

Example 1

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Example 2

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## VII: Outcomes

1. List your program outcomes for individuals during a specified time. If you do not currently collect a specific item, indicate this by stating "not available".

- a. Time period for outcomes:

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- b. Total number of applications received:

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2. Out of applications received, how many were enrolled? If not all were enrolled, provide reasons why.

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3. Out of total enrolled, how many attained non-credit certificate or credit diploma/degree?

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- a. Out of total enrolled, how many attained industry-recognized credential?

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- b. Out of total enrolled, how many attained new employment or position?

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- c. Out of total enrolled, received a wage increase (pre-program vs. post-program)?

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- d. Out of total enrolled, how many retained employment (at least 90 days)?

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4. If any successful outcomes are less than 65%, is your organization willing to implement steps to increase successful outcomes?

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5. Provide two examples of positive outcomes from your organization. If you include individual-specific outcomes, redact identifying information.

Example 1

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Example 2

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## VIII: Administrative Capacity

### Applicant Information

How many years has your organization been in business?

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?		
<b>Accounting</b>		
<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	
<b>Purchasing/Procurement</b>		
<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	
<b>Payroll</b>		
<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 in supporting the SNAP E&T program:		
Number of Employees:	Full Time:	Part Time:
Additional Comments (Optional):		
<b>Insurance</b>		
<ul style="list-style-type: none"> <li>Will your organization agree to maintain workman's compensation insurance and insurance in full force and effect covering the organization's work during the entire term of the contract, including any extensions or renewals therefore in accordance with the requirements of Article 8 General Terms and Conditions of the IWD contract? <input type="checkbox"/> Yes <input type="checkbox"/> No</li> </ul>		

<b>Confidentiality and Non-Disclosure</b>
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
<ul style="list-style-type: none"> <li>Please provide a copy of the policy and form with submission of application.</li> </ul>
Is your organization willing to comply with the requirement to have all staff and volunteers sign the provided <i>HHS Confidentiality and Non-Disclosure</i> form? <input type="checkbox"/> Yes <input type="checkbox"/> No

<b>Legal Issues</b>
Are there any current or pending lawsuits against the organization? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, explain:</b>
If Yes, would there be an impact on the organization's financial position? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>If Yes, explain:</b>

## IX: Cost of Programs, Tuition, Activities, & Supports

Provide details of your current program or tuition cost and the activities your agency provides that you plan to offer as a SNAP E&T component. Indicate what supports are currently provided to enrolled individuals.

1. Identify the programs or tuition cost and components your organization is planning to offer under SNAP E&T. A program cost is the cost for one individual to attend your program or training, the same as what class tuition is for one student at a community college.

Community colleges might use a combination of sections 2 and 3, other organizations might use sections 1 and 2. Complete the appropriate sections for your organization, if you need assistance email: [snapet@iwd.iowa.gov](mailto:snapet@iwd.iowa.gov)

- If your organization has a program cost, use section 1.
- If your organization does not have a program cost or for activities that do not require a program cost, use section 2. Examples of this would include individual job search or job retention case management.
- If your organization is a community college with tuition, use section 3.
- **Examples of Components to be used in sections 1-3:**
  - Adult Basic Education: Literacy, financial literacy, basic computer skills
  - High School Equivalency (HiSET)
  - English Language Learners
  - Post-Secondary Education Non-Credit: Short-term certificate
  - Post-Secondary Education Credit: Diploma or degree
  - Occupational/Industry Skills training: Certificates or industry recognized Credentials
  - Work Readiness/Soft Skills training
  - Supervised Job Search: Active job search
  - Job Search Training: Teaches skills to look for work, resume writing, employment assessments, interview skills
  - Integrated Education & Training/Bridget Programs: Contextual and concurrent adult education/literacy & workforce occupational training
  - Pre-Apprenticeship/Apprenticeship
  - Internship
  - On-the-job training
  - Entrepreneurship, Self-Employment training
  - Job Retention Services

### **Section 1: Organizations with Program Cost**

Use the **blue font** to assist you in providing this information. Provide a breakdown of cost for each training program to be offered using the examples of components above, if needed use an additional document.

If your organization has program cost but has not calculated cost per individual, contact [snapet@iwd.iowa.gov](mailto:snapet@iwd.iowa.gov).

#### **EXAMPLE**

- Name of Program: **Provide if applicable (i.e. Empowered Employment, Skills for Success) or if no name selected, enter N/A**

- Component(s) provided within the program: Use the list of examples of components above, depending on your agency, your program might have one to multiple activities incorporated into one program.
- Classes offered per year: How many times per year is the class scheduled? Include details such as set or rolling start dates.
- Number of individuals per class: How many individuals is the class or training able accommodate? In this example we will use 25.
- Cost per participant: \$225
- How was this cost calculated: Total cost to facilitate program divided by 25 scheduled individuals (\$5,625 total cost / 25 individuals = \$225)
- Line items included in cost per participant:
  - \$50 books and materials (must be provided to all enrolled at no charge)
  - \$75 system platform
  - \$100 instructor salary *\*examples shown are not all inclusive*

If more programs are planned, copy & paste the template to create additional entries:

- Name of program:
- Component(s) provided within the program:
- Classes offered per year:
- Number of individuals per class:
- Cost per individual:
- How was this cost calculated:
- Line items included in cost per individual:
  - Line 1:

## **Section 2: Organizations Providing SNAP E&T Component(s) with No Program Cost**

Use the examples of components above to indicate what your organization plans to provide. If more activities are planned copy & paste the template to create additional entries.

Component:

Number of enrollments in the past year:

Component:

Number of enrollments in the past year:

Component:

Number of enrollments in the past year:

### **Section 3: Community Colleges Tuition**

Complete tables below for Non-Degree and Degree programs. Add more lines to the table if needed or provide information on an additional document.

#### **Post-Secondary Education Non-Degree (short-term certificate)**

<b>Name of Program Course</b>	<b>Tuition</b>	<b>Total enrollments in past year</b>

#### **Post-Secondary Education Diploma or Degree (two years or less)**

<b>Name of Program Course</b>	<b>Tuition</b>	<b>Total enrollments in past year</b>

2. Support Services: Identify the supports and services that are currently provided.

- ☐ Testing fees
- ☐ Books, materials, and supplies for training
- ☐ Transportation (mileage, bus passes, fuel cards, vehicle repair, taxi/rideshare, etc.)
  - \*If transportation is not provided, explain why:
- ☐ 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 accommodation
- ☐ Other:

3. How many staff will be involved directly with the provision of SNAP E&T services with allocated time charged to the program? Administrative duties consist of billing, training, and program

coordination. Case managers assess individuals, provide ongoing support, and enter data into the IowaWORKS.gov system. Case management is required for each enrolled participant.

Administration:  
Case Managers:

## **X: Assurances**

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

- ☐ 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 E&T participants upon initial enrollment shall be provided an assessment, which outlines their job skills, interests, and abilities. A plan will be developed listing achievable goals and objectives which would lead to transitioning into unsubsidized employment.
- ☐ All case record documentation will be completed in the participant's IowaWORKS.gov record and shall be updated timely.
- ☐ 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			
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 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;
- 1.2 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.

<b>Signature:</b>	
<b>Printed Name/Title:</b>	
<b>Date:</b>	

Send application as a PDF to [snapet@iwd.iowa.gov](mailto:snapet@iwd.iowa.gov)