



Welcome

Thank you for your interest in Iowa’s SNAP Employment and Training (E&T) program. The Department of Human Services (DHS) recognizes that Community Based Organizations (CBOs) offer a wide array of programs, services, and supports that align with the DHS mission and purpose of the E&T program to support individuals in attaining self-sufficiency. This application provides detailed information that will allow a comprehensive assessment of how the 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 etapplications@dhs.state.ia.us. 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 the Department of Human Services: etapplications@dhs.state.ia.us.

- Applications may be signed electronically and using a digital signature.
- To sign digitally - save or print as a PDF - open the PDF document – click Tools – Open certificates – scroll to field for signature – select digital signature (instructions will pop up).
- 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 - June 30, 2021	June 30, 2021	July 1 - September 30, 2021	October 1, 2021
October 1 - December 31, 2021	December 31, 2021	January 1 - March 31, 2021	April 1, 2022

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 reapply during 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 Food and Nutrition Service (FNS), and execution of a contract with DHS. Any services provided prior to receiving an executed DHS 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 six 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 DHS, ET Applications (etapplications@dhs.state.ia.us).

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, sex, religious creed, disability, age, political beliefs, or reprisal or retaliation for prior civil rights activity in any program or activity conducted or funded by USDA.

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 Agency (State or local) where they applied for benefits. Individuals who are deaf, hard of hearing or have speech disabilities may 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 complaint of discrimination, complete the USDA Program Discrimination Complaint Form, (AD-3027) found online at http://www.ascr.usda.gov/complaint_filing_cust.html, 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.

This institution is an equal opportunity provider.

SNAP Employment and Training (E&T) Program

APPLICATION: E&T SERVICE PROVIDER

I: Cover Page

Organization		
Legal Name: Click here to enter text.		
Doing Business As (If Applicable): Click here to enter text.		
Address: Click here to enter text.	City: Click here to enter text.	Zip +4: Click here to enter text.
Telephone: Click here to enter text.	Fax: Click here to enter text.	
Grantee Website URL: Click here to enter text.	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: Click here to enter text.	
Federal ID Number: Click here to enter text.	State Tax ID: Click here to enter text.	
DUNS Number: Click here to enter text.		
Contacts		
Primary Contact Name: Click here to enter text.		
Telephone: Click here to enter text.	E-mail: Click here to enter text.	
Executive Director's Name: Click here to enter text.		
Telephone: Click here to enter text.	E-mail: Click here to enter text.	
Fiscal Director's Name: Click here to enter text.		
Telephone: Click here to enter text.	E-mail: Click here to enter text.	
Project/Program Manager Contact's Name: Click here to enter text.		
Telephone: Click here to enter text.	E-mail: Click here to enter text.	

I: Organization

1. The Mission of the Iowa Department of Human Services is to help individuals and families achieve safe, stable, self-sufficient, and healthy lives, thereby contributing to the economic growth of the state. Iowa's E&T program is designed to provide services in keeping with the mission. Provide a brief description of how your organization aligns with that mission:

Click here to enter text.

2. Where is your organization's geographic region/area? List counties/cities (as applicable):

Click here to enter text.

3. Identify region/service area(s) where E&T services will be provided:

Click here to enter text.

4. Identify any specific focus of services to community, population or demographic served: (i.e. veterans, ex-offenders, at-risk youth, disabled, any minority populations)

Click here to enter text.

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

Yes No (If "no", stop here)

If "yes", explain how your organization meets the purpose of the E&T program

Click here to enter text.

II: 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. Describe your formal processes for referrals, assessing customers' skills, strengths, educational background, and supportive services needed prior to the start of training and/or education?

Check all that apply. Submit any forms or policy/procedures used.

- Direct Referrals to/from the Agency [Click here to enter text.](#)
- Assessment of skills, aptitude, interests, strengths, needs [Click here to enter text.](#)
- Application/Eligibility [Click here to enter text.](#)
- Program Orientation [Click here to enter text.](#)
- Case Management/Navigation [Click here to enter text.](#)
- Other [Click here to enter text.](#)

1A. Is your organization willing to develop and implement formal processes, policy/procedures as needed, prior to the start date of any E&T service agreement?

Yes No

Please explain

Click here to enter text.

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

Click here to enter text.

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

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

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

Provide:

Direct	Contract/Referred	Contractor/Resource
--------	-------------------	---------------------

- | | | |
|--------------------------|--|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> Career Counseling | Click here to enter text. |
| <input type="checkbox"/> | <input type="checkbox"/> Transportation | Click here to enter text. |
| <input type="checkbox"/> | <input type="checkbox"/> Training Costs/Materials/Supplies | Click here to enter text. |
| <input type="checkbox"/> | <input type="checkbox"/> Pre-employment Costs (Describe) | Click here to enter text. |

Click here to enter text.

- | | | |
|--------------------------|--|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> Wrap around Services (Describe) | Click here to enter text. |
|--------------------------|--|---------------------------|

Click here to enter text.

- | | | |
|--------------------------|---------------------------------|---------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> Other: | Click here to enter text. |
|--------------------------|---------------------------------|---------------------------|

Click here to enter text.

Click here to enter text.

5. 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
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No
Click here to enter text.	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Click here to enter text.	<input type="checkbox"/> Yes <input type="checkbox"/> No

III: 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?

Click here to enter text.

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

Click here to enter text.

Provide two specific examples of positive impact (identifying information redacted).

Example 1

Click here to enter text.

Example 2

Click here to enter text.

3. Describe how your organization provides services that are respectful and sensitive to clients from diverse communities, cultures, and ethnicities.

Click here to enter text.

4. Describe how your organization's non-discrimination practices meet requirements of the FNS/USDA Non-Discrimination statement: click link to review <https://www.fns.usda.gov/cr/fns-nondiscrimination-statement>

Click here to enter text.

IV: 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. Given these two objectives, we want to understand better the data that you already collect about the customers you serve.

1. Describe your organization's data system, software or program used for general case management documentation, data collection and tracking, and reporting.

Click here to enter text.

2. Which of the following demographic, socio-economic and background data on your clients does your organization collect or record? Check all that apply.

- | | | |
|---|--|---|
| <input type="checkbox"/> Eligibility/receiving SNAP | <input type="checkbox"/> Age | <input type="checkbox"/> Ethnicity |
| <input type="checkbox"/> Eligibility/receiving FIP (TANF) | <input type="checkbox"/> Gender | <input type="checkbox"/> Level of Education |
| <input type="checkbox"/> Work Experience & wages | <input type="checkbox"/> Race | <input type="checkbox"/> Support Needs |
| <input type="checkbox"/> Primary Language (ESL) | <input type="checkbox"/> Employment status at time of enrollment | |

3. Which of the following program participation and outcome data does your organization currently collect or record? Check all that apply.

- | | |
|--|--|
| <input type="checkbox"/> Program participation | <input type="checkbox"/> Education/training results |
| <input type="checkbox"/> Supports & services provided | <input type="checkbox"/> Employment/wage outcomes |
| <input type="checkbox"/> Employment status (pre-training) | <input type="checkbox"/> Cost per participant |
| <input type="checkbox"/> Employment status (post-training) | <input type="checkbox"/> Other Click here to enter text. |

4. Describe current reporting requirements to any outside entity.

[Click here to enter text.](#)

V: Non-Federal Funding, Tracking and Allocating Costs

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

Organizations must be able to fund the cost of employment and training services for E&T upfront with non-federal funding sources and seek a 50 percent reimbursement. Any federal reimbursement dollars received must not supplant non-federal funds used for existing education 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: [Click here to enter text.](#)

If no or unsure, explain

[Click here to enter text.](#)

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—allowable and non-allowable costs.

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

Yes No Comments:

Click here to enter text.

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

Click here to enter text.

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: [Click here to enter text.](#)

C) How many non-federal grants has your organization received in the last three (3) fiscal years? Number of grants: [Click here to enter text.](#)

D) Please list the non-federal grants 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
<i>FY18</i>	<i>(Example) Gap Tuition Assistance</i>	<i>\$150,000</i>	<i>\$150,00</i>
FY	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
FY	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
FY	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
FY	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
FY	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

FY		enter text.	to enter text.
FY	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
FY	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
FY	Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

4. 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 pass, fuel cards, car repair, taxi, etc.)
 - Safety equipment/tools
 - Housing/utilities assistance
 - Child 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 [Click here to enter text.](#)

5. Has your organization currently calculated the cost per person for your training programs and grant funds? Yes No Unsure

- If necessary, add a separate page using column headings.

Name of Program or by Grant	Cost Per Person	Describe calculation methodology, including Indirect Cost Rate (%) used
<i>(Example)</i> <i>By Program:</i> <i>(Program Name)</i>	<i>\$1500.00</i>	<i>Total program costs+10%/# enrolled last year</i>
<i>By Grant:</i> <i>GAP Tuition Assistance</i>	<i>\$950.00</i>	
Click or tap here to enter text.	Click or tap	Click or tap here to enter text.

	here to enter text.	
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.
Click or tap here to enter text.	Click or tap here to enter text.	Click or tap here to enter text.

- **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**

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

\$ [Click here to enter text.](#)

A) Describe method used to determine estimate.

[Click here to enter text.](#)

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

Yes No If yes, please explain

[Click here to enter text.](#)

VI: 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 and identify partnerships already in place (e.g. governmental, universities and colleges, workforce entities, employers and other partners).

Local Department of Human Services:

[Click here to enter text.](#)

Community College:

Click here to enter text.

Colleges/Universities:

Click here to enter text.

Providers of workforce trainings:

Click here to enter text.

Providers of wrap-around supportive services:

Click here to enter text.

Local Workforce Development Board:

Click here to enter text.

Trade Unions:

Click here to enter text.

Industry Associations:

Click here to enter text.

Apprenticeships programs:

Click here to enter text.

IowaWorks or one-stop system:

Click here to enter text.

Local/regional employers:

Click here to enter text.

Sector boards:

Click here to enter text.

Other: Click here to enter text

Click here to enter text.

2. DHS works to build an employer-driven E&T program. Describe how your agency uses local labor market information, and more generally, how do you ensure that the programs and services you provide address the local workforce needs in your community?

Click here to enter text.

3. Identify and rank, by demand, the primary industry sectors relevant to the region/service area in which the organization provides services:

Industry	Rank 10=highest /1=lowest (demand)
<input type="checkbox"/> Health Care	Click or tap here to enter text.
<input type="checkbox"/> Manufacturing	Click or tap here to enter text.
<input type="checkbox"/> Culinary	Click or tap here to enter text.
<input type="checkbox"/> Hospitality	Click or tap here to enter text.
<input type="checkbox"/> Construction	Click or tap here to enter text.
<input type="checkbox"/> Information Technology	Click or tap here to enter text.
<input type="checkbox"/> Transportation and Logistics	Click or tap here to enter text.
<input type="checkbox"/> Business and Office Occupations	Click or tap here to enter text.
<input type="checkbox"/> Customer Service and Insurance	Click or tap here to enter text.
<input type="checkbox"/> Other Click here to enter text	Click or tap here to enter text.

4. Employer engagement is a critical part of a successful employment and training program. Check all that apply directly or indirectly to your organization for each industry.

NA	No Contact
1	Job Posting, cold calling
2	Mock Interviews, resume critique, one hired participant
3	Presentations, multiple hires, shadowing, mentoring, employer panels
4	Advice on program development, advisory council meetings, in-kind or fiscal support

Industry	Check all that apply	Description of interactions
Health Care	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> NA	Click or tap here to enter text.
Manufacturing	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> NA	Click or tap here to enter text.
Culinary	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> NA	Click or tap here to enter text.
Hospitality	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> NA	Click or tap here to enter text.
Construction	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> NA	Click or tap here to enter text.
Information Technology	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> NA	Click or tap here to enter text.
Transportation and Logistics	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> NA	Click or tap here to enter text.
Business and Office Occupations	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> NA	Click or tap here to enter text.

Customer Service and Insurance	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> NA	Click or tap here to enter text.
Other Click here to enter text	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> NA	Click or tap here to enter text.

5. Identify how your organization engages local employers and how they contributed to your programming in the past three (3) years. Check all that apply.

- 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

6. List your current partnerships with employers and provide two examples that have led to positive outcomes for clients.

Click here to enter text.

Example 1

Click here to enter text.

Example 2

Click here to enter text.

7. Please explain how your partners are involved with program design and feedback.

Click here to enter text.

VII: 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 this specific item, indicate this by stating not available.

1. List your program outcomes in serving low-income individuals in the last 12 months.

Data item	Number of individuals	Associated programs & funding
Application for services	Click here to enter text	Click here to enter text
Approved for services (enrolled)	Click here to enter text	Click here to enter text
Completed education: Attained non-credit certificate or credit diploma/degree	Click here to enter text	Click here to enter text
Completed training program: Attained industry-recognized credential	Click here to enter text	Click here to enter text
New employment/position	Click here to enter text	Click here to enter text
Wage increase (pre-program vs. post-program)	Click here to enter text	Click here to enter text
Retained Employment (at least 90 days)	Click here to enter text	Click here to enter text

2. 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	Click here to enter text	Click here to enter text
Manufacturing	Click here to enter text	Click here to enter text
Culinary	Click here to enter text	Click here to enter text
Hospitality	Click here to enter text	Click here to enter text
Construction	Click here to enter text	Click here to enter text
Information Technology	Click here to enter text	Click here to enter text
Transportation and Logistics	Click here to enter text	Click here to enter text
Business and Office Occupations	Click here to enter text	Click here to enter text
Customer Service and Insurance	Click here to enter text	Click here to enter text
Other Click here to enter text	Click here to enter text	Click here to enter text

3. Of those participating in your services in the chart above, please estimate the percentage of individuals who would have been receiving SNAP in the last 12 months.

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

A) What reporting metrics were used to determine the percentage estimation?

Click here to enter text.

VIII: Administrative Capacity

APPLICANT INFORMATION

How long has your organization been doing business (years)? [Click here to enter text.](#)

Does your organization currently hold 501(c) 3 status with the IRS? Yes No

Does your organization operate a foundation? Yes No

If yes, describe how the organization’s foundation (if applicable) may be involved to support the E&T program.

[Click here to enter text.](#)

Number of Employees: Click here to enter text.	Full Time: Click here to enter text.	Part Time: Click here to enter text.
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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

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

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 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? Yes 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? Yes No

- Please provide a copy of the policy and form with submission of application.

If No: Is your organization willing to comply with the DHS requirement to have all staff and volunteers sign an Agency 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 [Click or tap here to enter text.](#)

If yes, would there be an impact on the organization's financial position? Yes No
If Yes: explain [Click or tap here to enter text.](#)

ADDITIONAL COMMENTS (OPTIONAL)

[Click here to enter text.](#)

IX: 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		Click here to enter text
<input type="checkbox"/> English-Second Language		Click here to enter text
<input type="checkbox"/> HiSED		Click here to enter text
<input type="checkbox"/> Post-Secondary Education (Short-term certificate/Non-		Click here to enter text

Degree)		
<input type="checkbox"/> Post-Secondary Education (Diploma/Degree Education)		Click here to enter text
<input type="checkbox"/> Occupational/Industry Skills training (Industry-recognized credentials)		Click here to enter text
<input type="checkbox"/> Work Readiness (Life/Executive Function Skills)		Click here to enter text
<input type="checkbox"/> Supervised Job Search (Workshops, resume/application, interviewing)		Click here to enter text
<input type="checkbox"/> Integrated Education & Training/Bridge Programs		Click here to enter text
<input type="checkbox"/> Pre-Apprenticeships/Apprenticeships		Click here to enter text
<input type="checkbox"/> Internships		Click here to enter text
<input type="checkbox"/> On-the-Job Training		Click here to enter text
<input type="checkbox"/> Entrepreneurship/Self-employment training		Click here to enter text
<input type="checkbox"/> Job Retention Services		Click here to enter text
<input type="checkbox"/> Workforce Investment Act (WIOA-related Activities)		Click here to enter text
<input type="checkbox"/> Other (please specify):		Click here to enter text

If a Component/Activity is previously identified as being offered by your organization in Section II Services and Training question 3, but is not identified above, please explain.

Click here to enter text.

2. Proposed Timeline: If the proposed components and activities identified above will not be provided for the entirety of the time-period of the agreement, provide a projected timeline when these activities will be implemented.

Click here to enter text.

3. **Proposed Support Services** (*required): Identify the supports and services that will be provided.

- Case Management*
- Supportive Services:
 - Tuition, program fees, required costs of training*
 - Testing fees*
 - Books, materials and supplies for training*
 - Transportation (mileage, bus pass, fuel cards, car repair, taxi, etc.)*
 - Safety equipment/tools*
 - Housing/utilities assistance
 - Child 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 [Click here to enter text.](#)

If a support identified with * is not selected, provide explanation of why. Please note that once reimbursement dollars are received, federal identity is lost and those funds can be reinvested as an allowable funding source. (See below 5(B))

Comments:

[Click here to enter text.](#)

4. **Administrative Activities**

A) How many staff will be involved with E&T service, administratively and providing direct service?

Administration: [Click here to enter text](#)

Direct Services: [Click here to enter text](#)

B) How many of the identified staff are anticipated to be included in billing? [Click here to enter text](#)

C) Describe how the organization's foundation (if applicable) may be involved to support the E&T program.

[Click here to enter text.](#)

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, etc.)

[Click here to enter text.](#)

- 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.

Click here to enter text.

Request an applicant informational session via email at ETapplications@dhs.state.ia.us prior to completion of Section X and Section XI.

An Enrollment and Budget Projection Workbook will be provided during applicant informational session to assist in the completion of Section X and Section XI of the application.

X: Estimated Costs and Narrative

Expense Items

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

Add additional rows if needed.

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 and administrative. At the end of the table, enter the total projected cost by adding the three categories

Expense Items by Program or Grant Name	Cost	Narrative and Calculation (if included, identify % of indirect cost used)	Total
Tuition			
Click here to enter text.	Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	Click here to enter text.	
		Tuition Total	Click here to enter text.
Program Costs (Non-Tuition)			
Click here to enter text.	Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	Click here to enter text.	

Click here to enter text.	Click here to enter text.	Click here to enter text.	
		Program Cost Total	Click here to enter text.
Support Services			
Click here to enter text.	Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	Click here to enter text.	
		Support Services Total	Click here to enter text.
Case Management/Admin. (Use Supplemental workbook to calculate CM per person per program)			
Click here to enter text.	Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	Click here to enter text.	
Click here to enter text.	Click here to enter text.	Click here to enter text.	
		Case Management/Admin Total	Click here to enter text.
Total Projected Cost			Click here to enter text.

XI: Projected Budget Summary

Use Enrollment and Budget Projection Workbook provided during applicant informational session to complete this portions of the application.

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. Sum the 3+12 months costs and enter in the "Total Budget" column. In the last column, enter half of the total budget amounts. This will represent the estimated 50 percent reimbursement, which you will request from the State. Enter totals in the last row.

*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 (April - June)	Current FFY Q4 (July-Sept)	Total Budget Current FFY Quarter(s) PLUS next full FFY	Reimbursement Amount (50%)
Program Costs	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

Support Services	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
Case Management /Administrative Costs	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.
TOTALS	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

XII: 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 Employment and Training regulations.
- Staff for the administration and operation of the program are competent, professional, ethical, and qualified for the position held, and have a firm understanding of the pertinent rules and regulations.
- Cash or in-kind donations from other non-Federal sources have not been claimed or used as a match or reimbursement under any other Federal program.
- SNAP recipients upon initial enrollment shall be provided an assessment, which outlines their job skills, interests, and abilities. An 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 or ensure provision of identified core services such as case management, reasonable accommodations, and financial assistance for specific core supports as needed by E&T participants. Referrals to other E&T partners and/or community services will be made when appropriate.
- Program and fiscal staff consulted and agreed that non-federal funding is approved and available to – initially fully fund E&T costs for the proposed agreement period.

Exceptions to APPLICATION/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
Click here to enter text.	Click here to enter text.	Click here to enter text.	Click here to enter text.

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(42) & (43). 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 Agency's 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 Agency's 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:	