

Enter the county or tribal nation's unique ID number

22FBM597

\*Required field

### Contact Information

COUNTY/CONSORTIUM NAME

Faribault Martin

PLAN YEAR

2024-2025

\* CONTACT PERSON

Nicole Worlds

\* TITLE

Financial Assistance Manager

\* ADDRESS

115 W 1st St

\* CITY

Fairmont

\* STATE

MN

\* ZIP CODE

56031

\* PHONE NUMBER

507-238-4757

\* EMAIL ADDRESS (where correspondence related to this form will be sent)

nicole.worlds@fmchs.com

\* CONFIRM EMAIL ADDRESS

**Note: Please review Bulletin #23-11-02: 2024-2025 Minnesota Family Investment Program (MFIP) Biennial Service Agreement (BSA) Guidelines for more details before you complete this document.**

**A. Needs Statement****1. Identify challenges in financial assistance that are prohibiting you from properly serving MFIP/DWP families in your community.**

Eligibility workers are facing a lot of challenges. First, health care renewals and the continuous changing of renewal policy is very challenging for workers to maneuver. Increased call volume as well as increase in number of applications received. With the price of groceries on the rise more and more people are looking for relief for their food expense. We are also currently training several new employees and that takes time away from processing and helping clients overcome their barriers.

9498 characters remaining

**2. \* Identify challenges in employment services that are prohibiting you from properly serving MFIP/DWP families in your community.**

Lack of childcare providers and providers that offer a variety of hours to support multiple shifts.  
Lack of transportation, in rural areas this is especially difficult. Transportation costs have increased including gas and car repairs. Lack of public transportation.  
Limited training opportunities in the area. Individuals need to travel to MN West or South Central College.

9622 characters remaining

**3. \* Identify the strengths in your community that you are most proud of that benefit MFIP/DWP families.**

Partnerships with community resources such as local non-profits and partner agencies such as ABE, school districts, MVAC, Salvation Army, 12 Baskets, food shelves, mental health services, probation, jail, etc.  
Partnerships with employers in the community willing to hire individuals with barriers or limited work experience.  
Partnerships with religious and volunteer organizations.

9616 characters remaining

## 4. Needs Assessment (continued)

## 4. What strengths and resources do you have available to address the needs of your participants?

Please **check all** the resources available to participants in your service area and check whether the resource is available within MFIP financial or employment services "in-house" or from a partner organization (County/Tribal Nation resources with developed connections to MFIP), and/or an external community resource or both. If you lack the resources in your service area, check the Resource Gaps column. Add any "other" resources that you consider necessary.

| MFIP Resources                      | Partner Resources                   | Community Resources                 | Resource Gaps            |                                                  |
|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|--------------------------------------------------|
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | ABE/GED                                          |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Adult/elder services                             |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Career planning                                  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Childcare funds                                  |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Chemical health services                         |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Computer lab access                              |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Credit counseling/financial literacy             |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | English Language Learner (ELL)                   |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Food shelf                                       |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Housing assistance                               |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Job club                                         |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Job development                                  |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Job placement                                    |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Job retention                                    |
| <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Job search workshops                             |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Mental health services                           |
| <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | On-the-job training program                      |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Post-secondary education planning                |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Re-entry support                                 |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Short-term training                              |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Supported work / paid work experience            |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Transportation assistance (gas cards, bus cards) |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> | Vehicle repair funds                             |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Veteran Services Support                         |
| <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Volunteer opportunities                          |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> | Youth program                                    |
| <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/>            | <input type="checkbox"/> | Other <input type="text"/>                       |

## 5. County/Tribal Nation Program Contact Information

Please name contacts for the following programs if different from the contact on the cover page. You only need to give a person's phone and email once.

|                                                    |                |                         |
|----------------------------------------------------|----------------|-------------------------|
| * MFIP EMPLOYMENT SERVICES STAFF CONTACT NAME      | * PHONE NUMBER | * EMAIL ADDRESS         |
| Jill Griese                                        | 507-618-5614   | jill.griese@state.mn.us |
| * DWP STAFF CONTACT NAME                           | PHONE NUMBER   | EMAIL ADDRESS           |
| Jill Griese                                        | 507-618-5614   | jill.griese@state.mn.us |
| * FINANCIAL ASSISTANCE SERVICES STAFF CONTACT NAME | PHONE NUMBER   | EMAIL ADDRESS           |
| Nicole Worlds                                      | 507-238-4757   | nicole.worlds@fmchs.com |

## A. Needs Statement (continued)

## 6. Employment Services Provider(s) Information

MN Statute 256J.50, Subdivision 8: Each county, or group of counties working cooperatively, must make available to participants the choice of at least two employment and training service providers as defined under MN Statute 256J.49, Subdivision 4, except in counties contracting with workforce centers that use multiple employment and training services or that offer multiple services options under a collaborative effort and can document that participants have choice among employment and training services designed to meet specialized needs.

List your current employment services provider(s) and check the respective box to indicate which population served. If a Workforce Center is the only employment services provider, list the multiple employment and training services among which participants can choose. Section I of this form addresses provider choice.

| NAME                                                                                                                                                                                                                                                                          | ADDRESS                                      |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|--------------------------|
| Career Force                                                                                                                                                                                                                                                                  | 400 S State St. Suite 180 Fairmont, MN 56031 |                          |
| CONTACT PERSON                                                                                                                                                                                                                                                                | PHONE NUMBER                                 | EMAIL                    |
| Jill Griesse                                                                                                                                                                                                                                                                  | 507-618-5610                                 | jill.griesse@state.mn.us |
| Population Served <input checked="" type="checkbox"/> MFIP ES <input checked="" type="checkbox"/> DWP ES <input checked="" type="checkbox"/> FSS <input checked="" type="checkbox"/> Teen Parents <input checked="" type="checkbox"/> 200% FPG <input type="checkbox"/> Other |                                              |                          |

| NAME                                                                                                                                                                                                                                                                          | ADDRESS                            |                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|--------------------------|
| Career Force                                                                                                                                                                                                                                                                  | 301 N Main St. Blue Earth MN 56013 |                          |
| CONTACT PERSON                                                                                                                                                                                                                                                                | PHONE NUMBER                       | EMAIL                    |
| Jill Griesse                                                                                                                                                                                                                                                                  | 507-618-5610                       | jill.griesse@state.mn.us |
| Population Served <input checked="" type="checkbox"/> MFIP ES <input checked="" type="checkbox"/> DWP ES <input checked="" type="checkbox"/> FSS <input checked="" type="checkbox"/> Teen Parents <input checked="" type="checkbox"/> 200% FPG <input type="checkbox"/> Other |                                    |                          |

## B. Service Module

## Minnesota Family Investment Program (MFIP) and the Diversionary Work Program (DWP)

1. \*What strategies do you use for hard-to-engage participants? Check all that apply.

☒ Home visits☒ Sanction outreach services☒ Off-site meeting opportunities☐ Incentives – specify: ☒ Virtual appointments☒ Workforce One Connect app☒ Other – specify:  We use a Bridges out of Poverty approach with clients to help identify barriers & resources

2. \*What types of job development do you do? Check all that apply.

☐ Sector job development☒ Individual job development☐ Other – specify: 

3. \* Do you have an ongoing job development partnership or sector based job development with community employers to help participants with employment?

☐ No ☒ Yes – check all activities employer provides:☐ Interview opportunities☒ Job skills training☒ Job placement☐ Job shadowing☒ On-site job training☒ Work experience☐ Helps plan training programs☒ Other – specify:  WIOA Adult Program

4. \* Do you provide the following services to prepare participants for work?

☐ No ☒ Yes – check all that apply:☒ Transportation☒ Soft skills training☒ Financial planning☒ Mentoring☐ Other – specify: 

5. \* Do you provide job retention services to employed participants while they are receiving MFIP?

☐ No ☒ Yes – check all that apply and answer the follow up question below:☒ Available to assist with issues that develop on the job☒ Financial planning☒ Soft skills training☐ Mentoring☒ Transportation☒ Personal contact with the employee

HOW OFTEN?

☐ Other – specify: 

If yes, how long do you provide job retention services?

☒ Less than 3 months☐ 3-6 months☐ 7-12 months☐ More than one year

6. \* Do you provide job advancement services to employed participants?

☐ No ☒ Yes – check all that apply:☐ Career laddering☐ Networking☐ Coaching/mentoring☒ Ongoing job search☒ Education/training☐ Other – specify: 

7. \* Do you utilize any career pathways programs or skill assessment and credentialing programs for your participants?

☐ No ☒ Yes – check all that apply:☒ Pathways to Prosperity (P2P)☐ Work Keys☐ National Career Readiness Certificate (NCRC)☐ Other – specify:

**E. Service Models** (continued)**Family Stabilization Services (FSS)**

1. \* Do you have qualified professionals available to assist with FSS cases in your service area who meet the licensure and accreditation requirements below?

☐ No ☒ Yes – check all that apply:

- |                                                        |                                                                |                                                                |
|--------------------------------------------------------|----------------------------------------------------------------|----------------------------------------------------------------|
| <input checked="" type="checkbox"/> Licensed physician | <input checked="" type="checkbox"/> Physician assistant        | <input type="checkbox"/> Advanced practice registered nurse    |
| <input checked="" type="checkbox"/> Physical therapist | <input checked="" type="checkbox"/> Occupational therapist     | <input checked="" type="checkbox"/> Licensed social worker     |
| <input type="checkbox"/> Licensed psychologist         | <input type="checkbox"/> Certified school psychologist         | <input checked="" type="checkbox"/> Mental health professional |
| <input type="checkbox"/> Certified psychometrist       | <input type="checkbox"/> Other – specify: <input type="text"/> |                                                                |

2. \* Do you make referrals for children of FSS participants?

☐ No ☒ Yes – check all that apply:

- |                                                                               |                                                                                |                                                              |
|-------------------------------------------------------------------------------|--------------------------------------------------------------------------------|--------------------------------------------------------------|
| <input checked="" type="checkbox"/> Children's Mental Health Services         | <input checked="" type="checkbox"/> Public Health Nurse home visiting services | <input checked="" type="checkbox"/> Child Wellness Check-ups |
| <input checked="" type="checkbox"/> Women, Infants and Children Program (WIC) | <input type="checkbox"/> Follow Along Program                                  |                                                              |
| <input type="checkbox"/> Other – specify: <input type="text"/>                |                                                                                |                                                              |

3. \* Are any of these services for children offered to non-FSS families?

☐ No ☒ Yes

**Services for families under 200% of Federal Poverty Guideline (FPG)**

1. \* Do you serve families not receiving MFIP/DWP that are under 200% of the Federal Poverty Guideline (FPG)?

☐ No ☒ Yes

DESCRIBE

Through Partner staff and community resources.

2. \* Do you provide services to families who have exited MFIP/DWP or families at risk of receiving MFIP or the Diversionary Work Program (DWP), but are under 200% of the Federal Poverty Guideline (FPG)?

☐ No ☒ Yes – check all the services that apply:

- |                                                                |                                                            |                                                      |                                                                   |
|----------------------------------------------------------------|------------------------------------------------------------|------------------------------------------------------|-------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Child care                 | <input checked="" type="checkbox"/> Job retention services | <input type="checkbox"/> GED                         | <input checked="" type="checkbox"/> ABE/ELL classes               |
| <input checked="" type="checkbox"/> Job postings               | <input checked="" type="checkbox"/> Computer lab access    | <input checked="" type="checkbox"/> Support services | <input checked="" type="checkbox"/> Transportation/vehicle repair |
| <input type="checkbox"/> Other – specify: <input type="text"/> |                                                            |                                                      |                                                                   |

If yes, how long do you provide these services?

☐ Up to 3 months ☐ 6 months ☐ 12 months ☐ Other – specify:

3. \* Do you provide services to Non-Custodial Parents (NCPs) that are under 200% of the Federal Poverty Guideline (FPG)?

☐ No ☒ Yes

Describe below, including how many NCPs you are currently serving:

Through Partner Staff and Community Resources

4. \* Describe the process you have in place to verify income below 200% FPG for participants that are not on MFIP or DWP.

MAXIS

## 8. Service Models (continued)

### Minnesota Family Investment Program (MFIP) Services for Teen Parents

1. \* Are there specialized workers who work primarily with teens?

☐ No ☒ Yes – check all that apply for each age group:

| Minors<br>(under age 18) | Age<br>18/19                        |                                                |
|--------------------------|-------------------------------------|------------------------------------------------|
| <input type="checkbox"/> | <input type="checkbox"/>            | Financial worker                               |
| <input type="checkbox"/> | <input type="checkbox"/>            | Employment service worker                      |
| <input type="checkbox"/> | <input type="checkbox"/>            | Social worker                                  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Public health nurse                            |
| <input type="checkbox"/> | <input type="checkbox"/>            | Child care worker                              |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | Child protection worker                        |
| <input type="checkbox"/> | <input type="checkbox"/>            | Other job role – specify: <input type="text"/> |

2. \* Is there a single point of contact for teens, that is, one staff with primary responsibility for keeping in contact with the teen, working with the teen, and making connections to other services? Respond for each age group separately. If yes for an age group, check the one position that serves this function within that age group.

☐ No ☒ Yes

#### Minors (under age 18)

- ☐ Financial worker  
☐ Employment service worker  
☒ Social worker (Social Services)  
☐ Public health nurse  
☐ Child care worker  
☐ Child protection worker  
☐ Other job role

#### Age 18/19

- ☐ Financial worker  
☒ Employment service worker  
☐ Social worker (Social Services)  
☐ Public health nurse  
☐ Child care worker  
☐ Child protection worker  
☐ Other job role

3. \*Does your County/Tribal Nation have an active partnership with the local public health agency to get teen parents enrolled and engaged in public health nurse home visiting services? *Check one for each age group.*

#### Minors (under age 18)

- ☐ Yes, mandatory  
☒ Yes, voluntary  
☐ No

#### Age 18/19

- ☐ Yes, mandatory  
☒ Yes, voluntary  
☐ No

### C. Addressing Equity

1. \* Describe how you are ensuring your services are inclusive and accessible for all.

2. \* How are you working to advance equity in service delivery in your county/Tribal Nation?

3. \* Do you provide equity and diversity training for workers?

- ☒ No  
☐ Yes, voluntary  
☐ Yes, mandatory

4. \* Do you have culturally specific employment services for different racial/ethnic groups?

- ☒ No ☐ Yes – check all that apply:

- |                                                       |                                            |                                                  |                                         |
|-------------------------------------------------------|--------------------------------------------|--------------------------------------------------|-----------------------------------------|
| <input type="checkbox"/> African American             | <input type="checkbox"/> African immigrant | <input type="checkbox"/> American Indian         | <input type="checkbox"/> Asian American |
| <input type="checkbox"/> Asian immigrant              | <input type="checkbox"/> Hispanic/Latino   | <input type="checkbox"/> Newly arrived immigrant |                                         |
| <input type="checkbox"/> Other – specify: <div></div> |                                            |                                                  |                                         |



**D. Data Collection and Communication with Others****Workforce One**

1. \* How many Financial Workers have access to Workforce One?

2. \* How many Child Care assistance workers have access to Workforce One?

3. \* How many support staff have access to Workforce One?

**Workforce One Connect App**

1. \* Does your county/Tribal Nation have the Workforce One Connect app available to participants?

☐ No – explain:

☐ Yes – indicate which of the following groups are utilizing the app features in Workforce One:

☐ Employment services ☐ Financial workers ☐ Child care workers

☐ Other – specify:

**MAXIS**

1. \* How many employment services staff have MAXIS access?

2. \* How many managers/supervisors have MAXIS access?

3. \* Describe the process your service area uses to identify and resolve discrepancies between MAXIS and WF1 data in areas such as Family Stabilization Services coding, employment/hours, sanction status, etc.

Eligibility Workers and Employment Service Counselors utilize the MFIP/DWP status update form (DHS-3165) when communicating coding changes, as well as regular communication via email and phone calls. We strive for open communication at all times. When discrepancies arise, we address them as stated prior or at our in-person monthly meetings. This allows for discussion between the eligibility workers and employment services to ensure we are both privy to up-to-date information using our Bridges Out of Poverty approach; which allows us to address and tackle barriers with a client-first approach.

**D. Collaboration and Communication with Others (continued)****Child Care Assistance Program**

1. \*What strategies does your agency use that involve MFIP and/or Employment Services staff to support timely and consistent receipt of child care assistance through the Child Care Assistance Program? *Check all that apply.*

- ☐ Shared electronic document management system
- ☒ Regular case consultation meetings
- ☒ Workers with dual MFIP and CCAP role
- ☐ Workers with dual Employment Services and CCAP role
- ☒ Specific CCAP workers process MFIP child care cases
- ☐ MFIP and/or Employment Services workers receive training related to CCAP
- ☒ Communication with CCAP worker via phone, email or fax
- ☐ Use of agency-developed forms or documents
- ☐ MFIP and/or Employment Services workers assist families with completing CCAP paperwork (for example, the CCAP application)
- ☐ MFIP and/or Employment Services workers have MEC2 Inquiry access
- ☐ Other – specify:

2. \* What barriers prevent timeliness?

High workload for our CCAP workers. Our CCAP workers process several programs, not just CCAP. Barriers can be EXP/SNAP which takes priority and HC renewals.

7840 characters remaining

**F. Emergency Services**

1. \* Does your County/Tribal Nation provide emergency or crisis services from your Consolidated Fund?

☐ No ☒ Yes

2. \*Submit a copy of your Emergency Assistance policy as an attachment.

Describe any major changes you've made to this policy below.

We reduced our Maximum benefit amount and added provisions for EGA.

7933 characters remaining

## F. Performance

### Performance Measures

Performance-based funding is determined by a service area's annualized Self-Support Index value. Review the information and report links in this section to see the effect of performance on funding and reporting, based on [MN Statute 256J.626, Subdivision 7](#).

Each year a bonus to a service area's Consolidated Fund allocation will be based on its performance on the Self-Support Index in the previous April to March year.

The three-year Self-Support Index (S-SI): This measure starts with all adults receiving MFIP or DWP cash assistance in a quarter and tracks what percentage of them, three years later, are no longer receiving family cash assistance or are working an average of 30 hours a week if still receiving cash assistance. Those who left MFIP after reaching 60 counted months and those who left due to 100 percent sanction are only counted as a success if they worked an average of 30 hours per week in their last month of eligibility or if they began receiving Supplemental Security Income (SSI) after family cash assistance ended. To provide fair comparisons across service areas, DHS calculates a "Range of Expected Performance" for the S-SI that is based on local caseload characteristics and economic conditions. The service area's Self-Support Index value is whether the service area was above, within, or below its expected Range.

The S-SI and Range are annualized for the four quarters in the April through March year ending in the reporting year before the funding year. See the annualized report on the MFIP Reports page on the DHS website for 2023: [Minnesota Family Investment Program 2023 Annualized Self-Support Index \(state.mn.us\)](#). A service area with an annualized S-SI above its customized Range of Expected Performance for 2023 will receive a 2.5 percent bonus added to its Consolidated Fund allocation for calendar year 2024.

If your service area is receiving a bonus, congratulations! Please share a success strategy here:

9999 characters remaining

If your service area performed "above" or "within," you can go to Section G.

If your service area performed "below" for two consecutive years, you will have to **negotiate a multi-year improvement plan** with DHS. If no improvement is shown by the end of the multi-year plan, the next year's allocation must be decreased by 2.5 percent, to remain in effect until the service area performs within or above its Range of Expected Performance.

## F. Measures (continued)

### Racial/Ethnic Disparities

A racial/ethnic disparity is defined as a one-year Self Support Index that is five or more percentage points lower for a non-white racial/ethnic group than for the white group of MFIP/DWP-eligible adults in the County/Tribal Nation or consortium. The report "Annualized MFIP Performance Measures by Racial/Ethnic or Immigrant Group and by County, County Consortium, and Tribal Provider" is now available at <https://public.tableau.com/app/profile/tyler.borgmann/viz/AnnualizedS-SISuccessRatebyRacialEthnicorImmigrantGroup/SSISuccessRateDashboard-intro>

To view your agency's measurement, click on the "S-SI Success Rate by Agency" button. This will bring you to the statewide data for 2022. From the first drop down you can select your county, county consortium or Tribal Nation. If you note any groups that are below the line (indicated by a green bar) your county, county consortium or Tribal Nation will answer the next question below:

What strategies and action steps for each of the groups below the disparities reference line do you plan to implement for the coming biennium to reduce these disparities?

9999 characters remaining

## 6. Program Monitoring and Compliance

1. \*What procedures do you have in place to ensure that program funds are being used appropriately as directed in law? *Check all that apply.*

- ☐ Budget control procedures for approving expenditures
- ☐ Cash management procedures for ensuring program income is used for permitted activities
- ☐ Internal policies around use of funds (i.e. participant support services)
- ☐ Other – specify:

2. \*What procedures do you have in place to ensure program policies are followed and applied accurately? *Check all that apply.*

- ☒ Case consultation
- ☐ Sample case review by supervisors
- ☐ Sample case review by lead worker/mentor
- ☐ Sample case reviews by peers
- ☐ Other – specify:

3. Effective August 1st, 2023, counties and Tribal Nations are no longer required to administer random drug tests to MFIP participants who are convicted drug felons but may do so at the county or Tribal Nation's option. If applicable, what procedures/policies do you have in place for administering random drug tests to MFIP participants who are convicted drug felons as allowed by MN Statute 256J.26, Subdivision 1? **Select one.**

- ☐ Written policy within the MFIP unit
- ☐ Coordination with Corrections
- ☐ Currently establishing new policy/procedure(s)
- ☐ Other – specify:

**Submit a copy of your written policy as an attachment.**

#### H. Administrative Cap Waiver

Minnesota Family Investment Program (MFIP) allows counties to request a waiver of the MFIP administrative cap (currently at 7.5%) for providing supported employment, uncompensated work, or a community work experience program for a major segment of the county's MFIP population. Counties that are operating such a program may request up to 15% administrative costs per MN Statute 256J.626, Subdivision 2.

If your County/Tribal Nation is interested in applying for the waiver for the coming biennium, please complete the following four questions.

1. Describe the activity(s) you will provide.

4000 characters remaining

2. Explain the reasons for the increased administrative cost.

4000 characters remaining

3. Describe the target population and number of people expected to be served.

4000 characters remaining

4. Describe how the unpaid work experience is designed to impart skills and what steps are taken to help participants move from unpaid work to paid work.

4000 characters remaining

If your County/Tribal Nation is providing unpaid work experience activities for MFIP participants and you don't already have an Injury Protection Plan (IPP) in place, please click on [eDocs](#) to fill out the IPP form. Email the completed form to: [Jonathan.Hausman@state.mn.us](mailto:Jonathan.Hausman@state.mn.us).

## I. Provider Choice

MFIP provisions require counties to provide a choice of at least two employment service providers available to participants unless a workforce center is being utilized (MN Statute 256J.50, Subdivision 8). Counties may request an exception if meeting this requirement results in a financial hardship (MN Statute 256J.50, Subdivision 9).

Does your County/Tribal Nation:

- ☐ Have at least two employment and training services providers. Go to Section J.
- ☒ Have a CareerForce center that provides multiple employment and training services, offers multiple services options under a collaborative effort and can document that participants have choice among employment and training services designed to meet specialized needs. Go to Section J.
- ☐ Intend to submit a financial hardship request.



## 1. Provider Choice (continued)

### Financial Hardship Request

A financial hardship is defined as a county's inability to provide the minimum level of service for all programs if a disproportionate amount of the MFIP consolidated fund must be used to cover the costs of purchasing employment services from two providers or the cost of contracting with a workforce center.

To request approval of a financial hardship exception from the choice of provider requirement, please provide the following information.

1. If the County/Tribal Nation had a choice of providers in calendar year 2023, describe:
  - factors that have changed which indicate a financial hardship,
  - why the hardship is expected to continue, and
  - the magnitude of the hardship, which makes limiting delivery of employment services the best financial option for the County/Tribal Nation.

2000 characters remaining

2. Summarize options explored by the county, including use of other partners in a workforce center or other community agencies, such as a Community Action Program or a technical college. The summary should also include:
  - major factors which prevent the County/Tribal Nation from utilizing these options and include a cost analysis of each option considered; and
  - the process used to determine the cost of other options (RFP or other County/Tribal Nation process).

2000 characters remaining

3. If the County/Tribal Nation proposes to directly deliver MFIP employment services, provide a budget and staffing plan that clearly indicates consolidated funds will not be used to supplant County/Tribal Nation funds. The description should include information about what steps will be taken to ensure that staff have the experience and skills to deliver employment services.

2000 characters remaining

Financial Hardship requests will be reviewed by the Department of Human Services (DHS) and the Department of Employment and Economic (DEED) leadership. DHS and DEED will also look at the amount budgeted by the County/Tribal Nation for employment and training during calendar year 2023 and use this amount as a guide to determine whether the amount budgeted by the County/Tribal Nation for calendar year 2024 is reasonable.

If a financial hardship is approved, DHS and DEED will closely monitor County/Tribal Nation programs to ensure outcomes are achieved and services are being delivered consistent with state law. For additional information or if you have questions, please email Pamela McCauley at [Pamela.McCauley@state.mn.us](mailto:Pamela.McCauley@state.mn.us).

**1. Budget**

Click on the link below to review your service area's 2024 MFIP allocation and Federal Funding Sources:

[MFIP Consolidated Fund \(PDF\)](#)

In the budget table below, indicate the amount and percentage for each item listed for the budget line items for calendar years 2024-2025. Also note:

- Refer to the 2024-25 Minnesota Family Investment Program (MFIP) Biennial Service Agreement (BSA) Guidelines Bulletin section, "Allowable Services under MFIP Consolidated Fund."
- Total percent must equal 100.
- Income maintenance administration is reasonable in comparison to the whole budget.
- Ensure the Emergency Assistance/Crisis Services plan is included if funds are allocated.
- All services must be an allowable expenditure under the MFIP Consolidated Fund.
- Allocation amounts must be spent by the end of calendar year, remaining amounts does not roll over into the following year.
- Medical expenditures are NOT allowable.

**2024 Budget**

Budgeted Amount Percent Line Items [Email Arina Preston at Arina.Preston@state.mn.us](mailto:Arina.Preston@state.mn.us), if you need assistance or have questions with the budget section.

|                     |                |                                                                                                                            |
|---------------------|----------------|----------------------------------------------------------------------------------------------------------------------------|
| 25,111.00           | 5.56%          | Employment Services (DWP)                                                                                                  |
| 313,060.00          | 69.36%         | Employment Services (MFIP)                                                                                                 |
| 20,000.00           | 4.43%          | Emergency Services/Crisis Fund                                                                                             |
| 25,454.00           | 5.64%          | Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver)                                       |
| 67,699.00           | 15.00%         | Income Maintenance Administration                                                                                          |
|                     | 0.00%          | Incentives (Include the total amount of funds budgeted for participant incentives but don't include support services here) |
|                     | 0.00%          | Under 200% Services                                                                                                        |
|                     | 0.00%          | Capital Expenditures                                                                                                       |
|                     | 0.00%          | Other: <input type="text"/>                                                                                                |
| <b>\$451,324.00</b> | <b>100.00%</b> | <b>Total</b>                                                                                                               |

**2025 Budget**

| Budgeted Amount     | Percent        | Line Items                                                                                                                 |
|---------------------|----------------|----------------------------------------------------------------------------------------------------------------------------|
| 25,111.00           | 5.56%          | Employment Services (DWP)                                                                                                  |
| 313,060.00          | 69.36%         | Employment Services (MFIP)                                                                                                 |
| 20,000.00           | 4.43%          | Emergency Services/Crisis Fund                                                                                             |
| 25,454.00           | 5.64%          | Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver)                                       |
| 67,699.00           | 15.00%         | Income Maintenance Administration                                                                                          |
|                     | 0.00%          | Incentives (Include the total amount of funds budgeted for participant incentives but don't include support services here) |
|                     | 0.00%          | Under 200% Services                                                                                                        |
|                     | 0.00%          | Capital Expenditures                                                                                                       |
|                     | 0.00%          | Other: <input type="text"/>                                                                                                |
| <b>\$451,324.00</b> | <b>100.00%</b> | <b>Total</b>                                                                                                               |

**K. Certifications and Assurances****Public Input**

\* Prior to submission, did the County/Tribal Nation solicit public input for at least 30 days on the contents of the agreement?

☐ No ☐ Yes

Was public input received?

☐ No ☐ Yes

If received but not used, please explain.

4000 characters remaining

## K. Certifications and Assurances

### Assurances

It is understood and agreed by the County/Tribal Nation board that funds granted pursuant to this service agreement will be expended for the purposes outlined in Minnesota Statutes, section 256J; that the commissioner of the Minnesota Department of Human Services (hereafter department) has the authority to review and monitor compliance with the service agreement, that documentation of compliance will be available for audit; that the County/Tribal Nation make reasonable efforts to comply with all MFIP requirements, including efforts to identify and apply for available state and federal funding for services within the limits of available funding; and that the County/Tribal Nation agrees to operate MFIP in accordance with state law and federal law and guidance from the department.

Counties and Tribal Nations may use the funds for any allowable expenditures under subdivision 2, including case management outlined in Minnesota Statutes, section 256J.

This allocation is funded with 8% state funds and 92% federal TANF funds and paid quarterly.

**Federal funds.** Payments are to be made from federal funds. If at any time such funds become unavailable, this CONTRACT shall be terminated immediately upon written notice of such fact by STATE to County/Tribal Nation. In the event of such termination, County/Tribal Nation shall be entitled to payment, determined on a pro rata basis, for services satisfactorily performed. An amendment must be executed any time any of the data elements listed in 2 CFR 200.332 and this clause, including the Assistance Listing number, are changed, such as additional funds from the same federal award or additional funds from a different federal award. STATE has determined that County/Tribal Nation is a "contractor" and not a "subrecipient" pursuant to 2 C.F.R section 200.331.

**Pass-through requirements.** County/Tribal Nation acknowledges that, if it is a subrecipient of federal funds under this CONTRACT, County/Tribal Nation may be subject to certain compliance obligations. County/Tribal Nation can view a table of these obligations in the Health and Human Services Grants Policy Statement,<sup>[1]</sup> Exhibit 3 on page II-3, in addition to specific public policy requirements related to the federal funds here. To the degree federal funds are used in this contract. STATE and County/Tribal

County/Tribal Nation:  
Na Faribault Martin

200.332 (Requirements for pass-through Unique Entity Identifier) §§ 200.501-521 (Subpart F – Audit Requirements).<sup>[2]</sup>

#### 2. County/Tribal Nation Unique Entity Identifier (EUI):

22FBM597

Effective April 4, 2022, the Unique Entity Identifier is the 12 character alphanumeric identifier established and assigned at SAM.gov to uniquely identify business entities and must match County/Tribal Nation name.

#### 3. Federal Award Identification Number (FAIN): 2201MNTANF and 2301MNTANF

#### 4. Federal Award Date: October 1, 2022 (projected) (The date of the award to the MN Dept. of Human Services.)

#### 5. Period of Performance: January 1, 2024 – December 31, 2025

#### 6. Budget period start and end date: January 1, 2024 – December 31, 2025

#### 7. \*Amount of federal funds:

A. Total Amount Awarded to DHS for this project: \$103,290,000 (projected)

B. Total Amount Awarded by DHS for this project to County/Tribal Nation named above: \$

#### 8. Federal Award Project description: Temporary Assistance for Needy Families (TANF)

#### 9. Name:

A. Federal Awarding Agency: Administration for Children and Families

B. MN Dept. of Human Services (DHS)

C. Contact information of DHS's awarding official: Jovon Perry, Jovon.perry@state.mn.us

#### 10. \*Assistance Listings Number & Name (formerly known as CFDA No.):

Payments are to be made from federal funds obtained by STATE through Catalog of Federal Domestic Assistance (CFDA) No.:

NUMBER: 93.558

NAME: Temporary Assistance for Needy Families (TANF)

Total amount made available at time of disbursement: \$

#### 11. \* Is this federal award related to research and development? ☐ No ☐ Yes

#### 12. Indirect Cost Rate for this federal award is: up to 15% (including if the de minimis rate is charged)

**Service Agreement Certification**

- ☐ Checking this box certifies that this 2024 - 2025 MFIP Biennial Service Agreement has been prepared as required and approved by the County/Tribal Nation board(s) under the provisions of Minnesota Statutes, section 256J. In the box below, state the name of the chair of the County/Tribal Nation board of commissioners or authorized designee, their mailing address and the name of the county.

**\* DATE OF CERTIFICATION****\* NAME (CHAIR OR DESIGNEE)****\* COUNTY/TRIBE****\* MAILING ADDRESS****\* CITY****\* STATE****\* ZIP CODE**

If your county/tribal agency is unable to complete your BSA by October 15th, 2023, you will need to request an extension by emailing [Jonathan.Hausman@state.mn.us](mailto:Jonathan.Hausman@state.mn.us). Please provide additional information about why you were not able to complete this form.

**Save or Submit**

**To save your work**, click the 'Save Form for Later' button. Your information will be saved, and you may finish the form later.

**To submit your information to DHS**, click the 'Submit Final Form' button.

