USDA FNS SNAP E&T STATE PLAN

| STATE NAME | STATE CODE | FEDERAL FISCAL YEAR | VERSION |
|------------|------------|------------------------|---------------------|
| Montana | MT | 2026 | Original Submission |

FORM STATUS: Approved on 09/11/2025 3:40 PM EDT

KEY PROGRAM STAFF

Provide one contact person for the State E&T Program.

| Name | E-mail | |
|--------------|---------------------|--|
| Leah Burnham | leah.burnham@mt.gov | |

AMENDMENT LOG

NOTE: THE AMENDMENT LOG IS ONLY APPLICABLE WHEN SUBMITTING AN AMENDMENT TO A STATE PLAN

ACRONYMS

State agencies may consider including acronyms for the SNAP State agency, SNAP E&T program name, State's management information system, and SNAP E&T providers or contractors.

The below list includes common acronyms utilized within this plan.

| Acronym | Definition | |
|---------|--|--|
| ABAWD | Able-Bodied Adult without Dependents | |
| CAPNW | Community Action Partnerships of Northwest Montana | |
| CHIMES | Combined Healthcare Information and Montana Eligibility System | |
| DPHHS | Department of Public Health and Human Services | |
| E&T | Employment and Training | |
| FNS | Food and Nutrition Service | |
| FY | Fiscal Year | |
| GA | General Assistance | |
| HRDC | Human Resources Development Council | |
| ITO | Indian Tribal Organization | |
| OPA | Office of Public Assistance | |
| SNAP | Supplemental Nutrition Assistance Program | |
| TANF | Temporary Assistance for Needy Families | |
| USDA | United States Department of Agriculture | |
| WIOA | Workforce Innovation and Opportunity Act | |

SUMMARY OF PROGRAM

Provide the vision and mission of the State E&T program. In addition, describe how your State agency's E&T program meets the purpose of E&T which is to:

- Increase the ability of SNAP participants to obtain regular employment
- Meet State or local workforce needs

The vision of the Montana SNAP E&T program is to help SNAP participants gain the skills, training, or work experience necessary to increase their ability to obtain employment that leads to economic self-sufficiency.

The mission of Montana's SNAP E&T is to provide participants with individualized case management services to achieve the individual's goal of self-sufficiency through employment and/or training, and to successfully transition off public assistance.

Montana is meeting state and/or local workforce needs by providing SNAP E&T participants with the training and support needed to become employed in midlevel skills employment with wages higher than \$10.55 per hour, Montana's state minimum wage.

| Is th | e State's E&T program administered at the State or county level? |
|-------|--|
| | State |
| | County |

Provide the web addresses (URLs) of State E&T policy resources used such as handbooks and State administrative code, if available. Enter a single URL per row.

| URL | Resource Type |
|------------------|---------------|
| Link to resource | Policy Manual |

PROGRAM CHANGES

Summarize changes for the upcoming Federal fiscal year (FY) from the prior FY. Significant changes may include new initiatives, changes in funding or funding sources, policy changes, or significant changes to the number of partners or participants. Significant changes could include those made as a result of management evaluation findings or participation in program improvement initiatives, such as SNAP to Skills. It is not necessary to include changes made as a result of new Federal rulemaking.

Montana will be adding on new third-party partnerships throughout FFY2026 to enhance stability and sustainability in funding. The six-month time limit for participation from previous state plans will be eliminated in FFY2026. The monthly time requirement for non-ABAWDS will be reduced from 80 hours to 12 hours monthly in FFY2026. Additionally, participant reimbursement caps will be raised specifically for education-related activities.

Highlight any changes from above that the State agency is making to the E&T program based on the prior year's performance, for instance changes made as a result of E&T outcome and participation data.

The six-month time limit for participation from previous state plans will be eliminated in FFY2026 to encourage increased participation in educational programs, many of which are longer than 6 months. The monthly time requirement for non-ABAWDS will be reduced from 80 hours to 12 hours monthly to reduce barriers to participation among non-ABAWDS who want to participate and improve their self-sufficiency. Additionally, as a way to encourage participation in education-related activities leading to higher wages, education-related participant reimbursement caps will be raised specifically for the vocational component to align with increased costs for tuition, certifications, etc.

CONSULTATION AND COORDINATION WITH THE WORKFORCE DEVELOPMENT SYSTEM

State agencies must design the E&T program in consultation with the State workforce development board and operate the E&T program through the statewide workforce development system (7 CFR 273.7(c)(5)). The goal of this section is to explain the relationship between the State agency and other organizations it plans to consult and coordinate with for the provision of services, including organizations in the statewide workforce development system. The statewide workforce development system refers to a network of providers, which may include government and the public sector; community-based organizations and non-profits; employers and industry; occupational training providers; and post-secondary institutions, such as community colleges. Please note the State workforce development board is an entity that establishes Regional strategic plans and sets funding priorities for their area. They are distinct from State workforce agencies.

Consultation

Consultation with the workforce development system generally includes discussions to learn about services provided in the community and how each organization functions and coordinates with others in the community. State agencies can demonstrate they consulted with their State workforce development board by noting the dates of conversations, who they spoke with, what they spoke about, and how they incorporated this information into the design of their E&T program.

| Did | the State agency consult the State workforce development board? |
|-----|---|
| | Yes |
| | No |

Describe how the State agency consulted with the State workforce development board in designing its SNAP E&T program. Include the names, dates and outcomes of the consultation.

| Date | State Workforce Development Board Name | Title(s) of Person Consulted | Outcome of Consultation |
|------------|---|----------------------------------|--|
| 04/04/2025 | Department of Labor and Industry State Workforce Innovation Board | Department of Labor and Industry | This collaboration is being used to influence and bolster employment opportunities for clients participating in the SNAP E&T program. Additionally, these meetings provide: (1) resources and guidance for identifying qualifying training opportunities, (2) identifying urgent employer needs for individuals entering the workforce, (3) potentially identifying and establishing relationships with Maximus, and (4) obtain information necessary to create structured training curricula. Throughout these conversations, DPHHS promotes and educates all |

| | State Plan MT FY26 - Original Submission |
|---|--|
| | parties on SNAP and the SNAP E&T programs. |
| Coordination | |
| Coordination | |
| | m consists of efforts to partner with workforce providers the flow or types of services offered across programs. |
| * * | initiated or through State legislation) that include SNAP to coordinate these programs, services, partners, and/or |
| None | |
| | |
| | |
| Describe the extent to which the State agency is carr I programs under the Workforce Innovation and Opp | rying out SNAP E&T programs in coordination with title portunity Act (WIOA). |
| According to Montana's Workforce Innovation and industry is expected to have the highest job demand | d Opportunity Act (WIOA) State Plan, the health care ds, annual growth of 1,240 jobs through 2027. |
| | , , , , |

Maximus works with local employers and employment agencies to locate employment opportunities for SNAP E&T participants and to better understand the staffing, skills, and training needs for local employment opportunities. This information is passed on to the SNAP E&T participant during their case management meetings to assist in accomplishing the SNAP E&T participant's goals of self-sufficiency. Maximus also partners with the workforce system at the state and local level and work together to promote integrated services for mutual clients. By co- enrolling SNAP E&T participants in WIOA to braid funding and further aid participant's goals. For example: WIOA funds may be used to pay for a CNA class and SNAP E&T funds may be used to provide a uniform and books required for the class.

| Is SI | NAP E&T included as a partner in the State's WIOA Combined Plan? |
|-------|--|
| | Yes |
| | No |

Describe how the State agency is coordinating with TANF/GA programs, services, partners, and/or activities. Describe any TANF/GA special initiatives targeting specific populations and any actions taken to coordinate with these efforts.

Maximus verifies that SNAP E&T participants are not receiving TANF cash. However, Maximus also houses TANF/Pathways program staff and when a participant is no longer participating in TANF cash program and is receiving SNAP then a reverse referral is made for the participant to request a referral from the SNAP eligibility staff to participate in SNAP E&T.

Describe how the State agency is coordinating its SNAP E&T program with any other Federal or State employment program (e.g. HUD, child support, re-entry, refugee services).

Montana is working with the Matching Grant Employment and Training Program, administered by International Rescue Committee (IRC) and the Montana Refugee Support Services Employment and Training Program administered by MT DPHHS Refugee Support Services (RSS) Contractors: Maximus and its subcontractors, International Rescue Committee (IRC) in Missoula, and Lutheran Family Services Rocky Mountains (LFSRM) in Billings. SNAP recipients will be exempt from work registration if verified to be participating in the Matching Grant Employment and Training Program.

CONSULTATION WITH INDIAN TRIBAL ORGANIZATIONS (ITOs)

State agencies are required to consult with Tribes about the SNAP State Plan of Operations, which includes the E&T State Plan, per 7 CFR 272.2(b) and 272.2(e)(7). The consultations must pertain to the unique needs of Tribal members. State agencies are required to document the availability of E&T programs for Tribal members living on reservations in accordance with 7 CFR 273.7(c)(6)(xiii). The goal of this section is to describe how the State agency consulted with Indian Tribal Organizations (ITOs), describe the results of the consultation, and document the availability of E&T programs for Tribal members living on reservations.

| Did | the State agency consult with ITOs in the State? |
|-----|--|
| | Yes |
| | Yes, but not all ITOs |
| | No |
| | There are no ITOs in my State |

List the ITOs consulted and describe the outcomes of the consultation(s). Provide specific examples of how the State agency incorporated feedback from ITOs into the design of the E&T program (e.g. unique supportive service, new component, in-demand occupation). Include the title of the person you consulted and the date.

| Date | Name of ITO | Title(s) of Person Consulted | Outcome of Consultation |
|------------|---------------------------------------|---------------------------------|--|
| 06/25/2025 | Chippewa Cree | Chairman | One consultation for all Montana ITOs was held virtually on June 25, 2025, via Teams Meeting. Topics included SNAP services in Montana including application process, access issues regarding the Public Assistance Helpline (PAHL) and using SNAP for online grocery shopping, ABAWDs, SNAP E&T and SNAP-Ed. Highlights of the FFY2025 SNAP E&T plan were discussed and it was explained that some components may be adjusted for the next plan, feedback from ITOs was requested. SNAP E&T supportive services and E&T counties were discussed. The state plan was sent to each ITO with request for plan feedback within 30 days. |
| 06/25/2025 | Confederated Salish Kootenai Tribe | Chairman | One consultation for all Montana ITOs was held virtually on June 25, 2025, via Teams Meeting. Topics included SNAP services in Montana including application process, access issues regarding the Public |

| | | | Assistance Helpline (PAHL) and using SNAP for online grocery shopping, ABAWDs, SNAP E&T and SNAP-Ed. Highlights of the FFY2025 SNAP E&T plan were discussed and it was explained that some components may be adjusted for the next plan, feedback from ITOs was requested. SNAP E&T supportive services and E&T counties were discussed. The state plan was sent to each ITO with request for plan feedback within 30 days. |
|------------|---|----------|--|
| 06/25/2025 | Little Shell Tribe of Chippewa Indians | Chairman | One consultation for all Montana ITOs was held virtually on June 25, 2025, via Teams Meeting. Topics included SNAP services in Montana including application process, access issues regarding the Public Assistance Helpline (PAHL) and using SNAP for online grocery shopping, ABAWDs, SNAP E&T and SNAP-Ed. Highlights of the FFY2025 SNAP E&T plan were discussed and it was explained that some components may be adjusted for the next plan, feedback from ITOs was requested. SNAP E&T supportive services and E&T counties were discussed. The state plan was sent to each ITO with request for plan feedback within 30 days. |
| 06/25/2025 | Crow Tribe | Chairman | One consultation for all Montana ITOs was held virtually on June 25, 2025, via Teams Meeting. Topics included SNAP services in Montana including application process, access issues regarding the Public Assistance Helpline (PAHL) and using SNAP for online grocery shopping, ABAWDs, SNAP E&T and SNAP-Ed. Highlights of the FFY2025 SNAP E&T plan were discussed and it was explained that some components may be adjusted for the next plan, feedback from ITOs was requested. SNAP E&T supportive services and E&T counties were discussed. The state plan was sent to each ITO with |

| | | | request for plan feedback within 30 days. |
|------------|-------------|-----------|--|
| 06/25/2025 | Gros Ventre | President | One consultation for all Montana ITOs was held virtually on June 25, 2025, via Teams Meeting. Topics included SNAP services in Montana including application process, access issues regarding the Public Assistance Helpline (PAHL) and using SNAP for online grocery shopping, ABAWDs, SNAP E&T and SNAP-Ed. Highlights of the FFY2025 SNAP E&T plan were discussed and it was explained that some components may be adjusted for the next plan, feedback from ITOs was requested. SNAP E&T supportive services and E&T counties were discussed. The state plan was sent to each ITO with request for plan feedback within 30 days. |
| 06/25/2025 | Assiniboine | President | One consultation for all Montana ITOs was held virtually on June 25, 2025, via Teams Meeting. Topics included SNAP services in Montana including application process, access issues regarding the Public Assistance Helpline (PAHL) and using SNAP for online grocery shopping, ABAWDs, SNAP E&T and SNAP-Ed. Highlights of the FFY2025 SNAP E&T plan were discussed and it was explained that some components may be adjusted for the next plan, feedback from ITOs was requested. SNAP E&T supportive services and E&T counties were discussed. The state plan was sent to each ITO with request for plan feedback within 30 days. |
| 06/25/2025 | Blackfeet | Chairman | One consultation for all Montana ITOs was held virtually on June 25, 2025, via Teams Meeting. Topics included SNAP services in Montana including application process, access issues regarding the Public Assistance Helpline (PAHL) and using SNAP for online grocery shopping, ABAWDs, SNAP E&T |

| | | | and SNAP-Ed. Highlights of the FFY2025 SNAP E&T plan were discussed and it was explained that some components may be adjusted for the next plan, feedback from ITOs was requested. SNAP E&T supportive services and E&T counties were discussed. The state plan was sent to each ITO with request for plan feedback within 30 days. |
|------------|-------------------|-----------|--|
| 06/25/2025 | Northern Cheyenne | President | One consultation for all Montana ITOs was held virtually on June 25, 2025, via Teams Meeting. Topics included SNAP services in Montana including application process, access issues regarding the Public Assistance Helpline (PAHL) and using SNAP for online grocery shopping, ABAWDs, SNAP E&T and SNAP-Ed. Highlights of the FFY2025 SNAP E&T plan were discussed and it was explained that some components may be adjusted for the next plan, feedback from ITOs was requested. SNAP E&T supportive services and E&T counties were discussed. The state plan was sent to each ITO with request for plan feedback within 30 days. |

| Will the State agency be seeking enhanced reimbursement for E&T services (75%) for ITO members who are |
|--|
| residents of reservations, either on or off the reservation? |
| Yes |
| No |

UTILIZATION OF STATE OPTIONS

State agencies have the flexibility to implement policy options to adapt and meet the unique needs of State populations. Check which options the State agency will implement.

| Doe | s the State agency offer an E&T | prog | gram statewide? | |
|------|----------------------------------|--------|------------------------|--------------------|
| | Yes | | | |
| | No | | | |
| | | | | |
| Indi | cate the type of E&T program the | he Sta | ate agency operates. | |
| | Mandatory per 7 CFR 273.7(e) |) | | |
| | Voluntary per 7 CFR 273.7(e) | (5)(i) | | |
| | Combination of mandatory and | d volu | ıntary | |
| | | | | |
| Indi | cate which counties offer an E& | zT pro | ogram. | |
| | Beaverhead County | | Granite County | Powell County |
| | Big Horn County | | Hill County | Prairie County |
| | Blaine County | | Jefferson County | Ravalli County |
| | Broadwater County | | Judith Basin County | Richland County |
| | Carbon County | | Lake County | Roosevelt County |
| | Carter County | | Lewis and Clark County | Rosebud County |
| | Cascade County | | Liberty County | Sanders County |
| | Chouteau County | | Lincoln County | Sheridan County |
| | Custer County | | Madison County | Silver Bow County |
| | Daniels County | | McCone County | Stillwater County |
| | Dawson County | | Meagher County | Sweet Grass County |
| | Deer Lodge County | | Mineral County | Teton County |
| | Fallon County | | Missoula County | Toole County |
| | Fergus County | | Musselshell County | Treasure County |
| | Flathead County | | Park County | Valley County |
| | Gallatin County | | Petroleum County | Wheatland County |
| | Garfield County | | Phillips County | Wibaux County |
| | Glacier County | | Pondera County | Yellowstone County |
| | Golden Valley County | | Powder River County | |

| Does the State agency serve the following populations? Select all that apply. |
|---|
| Applicants per 7 CFR 273.7(e)(2) |
| Exempt members of zero benefit households that volunteer for SNAP E&T per 7 CFR 273.10(e)(2)(iii)(B)(7) |
| Categorically eligible households per 7 CFR 273.2(j) |
| |
| Does the State agency enable ABAWDs to regain SNAP eligibility through E&T and verify that the |
| ABAWD will meet the work requirement within 30 days? |
| Yes |
| No |

CHARACTERISTICS OF INDIVIDUALS SERVED BY E&T

State agencies are required to include information about the categories and types of individuals they plan to exempt from mandatory E&T participation (7 CFR 273.7 (c)(6)(iv)), as well as the characteristics of the population they plan to place in E&T (7 CFR 273.7 (c)(6)(v)).

What are the characteristics of the population the State agency intends to serve in E&T (e.g. target population)? This question applies to both mandatory and voluntary participants.

| ABAWDs |
|--|
| Homeless |
| Veterans |
| Students |
| Single parents |
| Returning citizens (aka: ex-offenders) |
| Underemployed |
| Those that reside in rural areas |

Estimated Participant Levels

Project participation in E&T for the upcoming Federal fiscal year. In determining the estimated participation, it is important to be as accurate as possible. As appropriate, projections should be based upon actual figures from the current Federal fiscal year.

| Anticipated number of work registrants | 20,435 |
|--|--------|

State Exemptions

List State exemptions from E&T and the participation, such as individuals to be exempted under each category.

| EXEMPTION | TOTAL INDIVIDUALS |
|--|-------------------|
| Montana has all voluntary E&T programs and exempts all work registrants. | 20,435 |

| Total estimated number of work registrants exempt from mandatory E&T | 20,435 |
|--|---------|
| Percent of all work registrants exempt from E&T | 100.00% |

ABAWDs

| Anticipated number of ABAWDs in the State | 10,000 |
|---|--------|
| Anticipated number of ABAWDs in waived areas of the State | 3,974 |
| Anticipated number of ABAWDs to be exempted under the State's ABAWD discretionary exemption allowance | 2,000 |
| Anticipated number of ABAWDs in the State who meet the criteria under 7 CFR 273.7(d)(3)(i) | 4,026 |

E&T Participants

| Anticipated number of mandatory E&T participants | 0 |
|--|-----|
| Anticipated number of voluntary E&T participants | 539 |
| Total anticipated number of E&T participants | 539 |
| Anticipated number of ABAWDs to be served in E&T | 215 |

| How | frequently will the State plan to re-evaluate these exemptions from mandatory E&T? |
|-----|--|
| | Annually |
| | Bi-annually |
| | Other |

ORGANIZATIONAL RELATIONSHIPS

State agencies are required to include information on the organizational relationship between the units responsible for certification and the units operating the E&T components, including units of the statewide workforce development system, if available. For the purposes of the questions below, E&T providers are considered to include units of the statewide workforce development system. FNS is specifically interested in ensuring that the lines of communication are efficient and that, if applicable, noncompliance with mandatory E&T is reported to the certification unit within 10 working days after the noncompliance occurs, per 7 CFR 273.7(c)(4). State agencies must also include information on the relationship between the State agency and other organizations it plans to coordinate with for the provision of services.

The following questions are about how the E&T program is structured in your State agency.

Indicate which division within the SNAP State agency is responsible for the E&T program. (i.e. establishes E&T policy, contracts for E&T services, monitors providers). For example, explain if the E&T program unit is separate from the SNAP certification unit, and if there are separate E&T units at the county level.

Montana's SNAP E&T program policy contracts for E&T services, and monitoring is provided by the SNAP E&T Coordinator and Food Security Program and Compliance Supervisor statewide as a separate unit from the SNAP eligibility unit. SNAP E&T services are provided through Maximus who provides E&T services directly to Deer Lodge, Gallatin, Lewis & Clark, Missoula, Silver Bow, and Ravalli Counties. Maximus also subcontracts E&T services at the county level with E&T services providers in Big Horn, Yellowstone, Flathead, Lincoln, Fergus, Petroleum, Musselshell, Golden Valley, Wheatland, and Judith Basin Counties.

How does the E&T unit coordinate and communicate on an ongoing basis with the units responsible for certification policy?

The SNAP E&T Coordinator shares information with the Food Security Program and Compliance Supervisor and develops, updates and/or changes in SNAP E&T policy. SNAP E&T policy changes that affect eligibility and referral are included in the SNAP policy manual and SNAP business process manual. Changes are communicated to eligibility staff via email, SNAP Policy, and SNAP Business Process manuals, and/or training updates.

Describe the State's relationships and communication with intermediaries or E&T providers.

The SNAP E&T Coordinator has open communication with Maximus the SNAP E&T contractor. If needed, Maximus passes information on to the SNAP E&T sub-contractors within Big Horn, Yellowstone (HRDC7), Flathead, Lincoln (CAPNW), and Fergus, Petroleum, Musselshell, Golden Valley, Wheatland, and Judith Basin counties (HRDC6). Maximus has view only access to Montana's CHIMES system and the state document management system Perceptive. SNAP E&T case managers can determine that participants have been determined SNAP eligible at referral and monthly. This access reduces errors of participants receiving benefits they are not entitled to.

If errors or concerns are discovered, the E&T case managers working for Maximus and the E&T case managers working with the sub-contractors, communicates with the Maximus supervisor who then communicate directly with the SNAP E&T Coordinator via email, TEAMS meeting or phone call.

Maximus notifies SNAP eligibility staff of a participant's status by emailing the Employment and

Training Participant Status form (DPHHS-HCS/SNAP-010) within 10 days of a participants change in status.

- Participant enrolled in SNAP E&T program and is actively participating in a qualifying component.
- Participant is no longer participating in a qualifying component in the SNAP E&T program.
- Participant participated in SNAP E&T program for 80 hours in a 30 consecutive day period (more than 40 hours in a qualifying component).
- Participant is not suited for SNAP E&T (Provider Determination), reassess for other ABAWD exemptions.

Describe how the State agency shares new policies, procedures, or other information with the intermediary or other E&T provider.

SNAP E&T Coordinator conducts bi-weekly meeting with Maximus. SNAP E&T Coordinator will also meet with Maximus when needed for updates on SNAP E&T policies and procedures. The E&T Coordinator will work with Maximus to ensure quarterly meetings are provided to conduct trainings on topics such as referrals, client status forms, Civil Rights, provider determinations, participant activities, counting participant hours, reporting measures and tracking.

Montana maintains and revises the SNAP E&T Contractors Handbook which contains SNAP E&T policies and procedures. Once revised the handbook is emailed to Maximus. Montana's SNAP E&T Coordinator also maintains open communication through email, phone calls, and additional meetings if needed.

Describe how the State agency, intermediaries, and E&T providers share participant data and information. Include the names of any MIS systems (or other modes of communication) used.

The SNAP E&T Coordinator has open communication with Maximus the SNAP E&T contractor. If needed, Maximus passes information on to the SNAP E&T sub-contractors within Big Horn, Yellowstone (HRDC7), Flathead and Lincoln Counties (CAPNW), and Fergus, Petroleum, Musselshell, Golden Valley, Wheatland, and Judith Basin counties (HRDC6). Maximus has view only access to Montana's CHIMES system and the state document management system Perceptive. SNAP E&T case managers can determine that participants have been determined SNAP eligible at referral and monthly. This access reduces errors of participants receiving benefits they are not entitled to.

If errors or concerns are discovered, the E&T case managers working for Maximus and the E&T case managers working with the sub-contractors, communicates with the Maximus supervisor who then communicate directly with the SNAP E&T Coordinator via email, TEAMS meeting or phone call.

Maximus notifies SNAP eligibility staff of a participant's status by emailing the Employment and Training Participant Status form (DPHHS-HCS/SNAP-010) within 10 days of a participants change in status.

If the State uses a MIS system, describe the E&T related data that is tracked and stored in those systems (e.g. referrals, noncompliance with program requirements, provider determination, etc.), and whether the system(s) interact with each other.

Maximus has view only access to the CHIMES MIS system which collects referral and eligibility data. The SNAP E&T referral is inputted into CHIMES by the eligibility worker. Maximus uses TuaPath, their case management system which collects SNAP E&T data for the annual report and the FNS-583. CHIMES sends SNAP E&T referrals directly to TuaPath.

Describe the State agency's process for monitoring E&T providers' program and fiscal operations. Include plans for direct monitoring such as visits, as well as indirect monitoring such as reviewing program data, financial invoices, etc.

Montana SNAP E&T Coordinator conducts management and fiscal evaluation reviews of at least three local SNAP E&T program sites and SNAP E&T contractor per fiscal year, either in person or virtually as the environment allows.

During the program review, the Montana SNAP E&T Coordinator notifies Maximus in writing at least 30 days in advance of an in person or virtual site review. SNAP E&T Coordinator does an annual review of SNAP E&T providers' case records reviews, interviews with participants, provider staff, eligibility staff, and other community partners using a standardize questionnaire. Fiscal reviews may be conducted separately and use a Fiscal Monitoring Tool and a random selection of invoices with backup documentation. A written report is provided to the provider within 60 days of the review, regarding areas of commendation, improvement and any corrective actions is provided to the contractor after the review is complete. Contractor is given the opportunity to respond and provide corrective action plans 30 days after receipt of receiving the Program and/or Fiscal monitoring reports.

The SNAP E&T Coordinator also monitors all monthly invoices sent by Maximus. The E&T Coordinator selects cases to be reviewed for accuracy in CHIMES and TuaPath. Also, all supportive services reported to the monthly invoice are reviewed in CHIMES making sure the participant receiving the reimbursement is open for SNAP during the invoice month. If any discrepancies are found the E&T Coordinator returns the invoice to Maximus and Maximus resubmits a corrected invoice if necessary.

| How | frequently does the State agency monitor E&T providers' program and fiscal operations? |
|-----|--|
| | Daily |
| | Weekly |
| | Monthly |
| | Quarterly |
| | Bi-Annually |
| | Annually |
| | Other |

Describe how the State agency evaluates the performance of providers in achieving the purpose of E&T (assisting members of SNAP households in gaining skills, training, work, or experience that will increase their ability to obtain regular employment and meets State or local workforce needs).

Montana evaluates the number of participants served and number of participants that participate in SNAP E&T that gain employment. Montana also evaluates five indicators:

- 14-day Job Placement
- Job Retention 180 Days
- Job Advancement 180 Days
- Post Secondary Completion
- Completion of GED/HiSET

| How | frequently does the State agency evaluate the performance of providers in achieving the purpose of |
|-----|--|
| E&1 | [? |
| | Daily |
| | Weekly |
| | Monthly |
| | Quarterly |
| | Bi-Annually |
| | Annually |
| | Other |

SCREENING FOR WORK REGISTRATION

State agency eligibility staff must screen for federal exemptions from work registration, per 7 CFR 273.7(a).

Describe how the State agency screens applicants to determine if they are work registrants.

SNAP applicants are screened by both the eligibility staff and the CHIMES system to determine their work registrant status. Business rules within CHIMES include applicable exemptions based on data entered by the eligibility staff from the application and interactive interview. CHIMES can recognize that the participant is exempt from the work registration rules if the participant is working over 30 hours per week, 60 or older, 16 or 17 and attending school, or an eligible student. Eligibility staff must enter "Yes" or "No" in the SNAP Work Registration question "Is there anyone in the household that has a work registration exemption?", if for example: the participant is caring for a child under the age of 6 or caring for an incapacitated person the staff would enter "Yes."

How does the State agency work register non-exempt individuals?

The signed SNAP application and recertification forms are the only verification needed to meet the requirement of registering for work.

| what point in the certification process does the State agency provide the written explanation of the licable work requirements? Select all that apply. |
|--|
| Point of Intake |
| Point of Certification |
| Reported change in the work registrant status of household members |
| Point of Recertification |
| State does not provide written explanation |
| what point in the certification process does the State agency provide the oral explanation of the applicable k requirements? Select all that apply. |
| 1 |
| Point of Intake |
| Point of Intake Point of Certification |
| |
| Point of Certification |

SCREENING FOR REFERRAL TO E&T

The State agency must screen each work registrant to determine if it is appropriate, based on State-specific criteria, to refer them to the E&T program per 7 CFR 273.7 (c)(2). State agencies may operate program components in which individuals elect to participate, per 7 CFR 273.7(e)(4).

List the State-specific criteria eligibility workers use to screen individuals to determine if it is appropriate to refer them to the State's SNAP E&T program.

SNAP eligibility staff screen and refer all work registrants that reside in a county with SNAP E&T based on the following criteria:

- Unemployed or underemployed?
- Ready and able to work?
- Interested in gaining skills that may lead to a new or better career?
- Interested in basic job skills needed to secure employment?
- Could use support to obtain employment (gas assistance, bus pass, etc.)?
- Interested in self-employment or know of a business need in community?
- Need to gain work experience?
- Interested in an apprenticeship?
- Interested in obtaining a high school diploma?
- Interested in participating in SNAP E&T?

If Maximus does not have any appropriate and available openings in the E&T program a wait list would be developed, ABAWDS would be given priority, and referrals would cease. SNAP clients would be referred to other community employment programs, if available

What information does the State provide to a SNAP recipient to explain SNAP E&T participation criteria?

Eligibility staff will explain the SNAP E&T program by using a script during the application and recertification interview to SNAP recipients who reside in a SNAP E&T county. Once the applicant has been determined eligible for SNAP benefits, screens eligible for SNAP E&T, and is interested in participating in SNAP E&T, they will then receive a SNAP E&T referral. The SNAP E&T referral will contain Maximus contact information. Maximus will reach out to the E&T recipient once the referral is received in the SNAP E&T Referral inbox located in CHIMES. A referral is also handed to the participant or mailed to their address.

How does the State document that the information has been provided?

State eligibility staff are expected to case note that the information has been provided to the client. The case note is uploaded into each case within the State's eligibility system.

What is the State's model for screening and referral to SNAP E&T? Select all that apply.

Reverse Referral

Direct Referral

| When does screening for referral to E&T occur? Select all that apply. |
|---|
| Initial Certification |
| Recertification |
| Reported change in the work registrant status of households |
| Other |
| |
| Describe the process for screening for direct referral to E&T, including the staff involved. |
| Eligibility staff will explain the SNAP E&T program by using a script during the application and recertification interview to SNAP recipients who reside in a SNAP E&T county. Once the applicant has been determined eligible for SNAP benefits, screens eligible for SNAP E&T, and is interested in participating in SNAP E&T, they will then receive a SNAP E&T referral. The SNAP E&T referral will contain Maximus contact information. Maximus will reach out to the E&T recipient once the referral is received in the SNAP E&T Referral inbox located in CHIMES. A referral is also handed to the participant or mailed to their address. |
| When does the screening for a reverse referral request occur? |
| Primary source of reverse referrals are former TANF Pathways participants that are no longer receiving TANF Cash and are interested in participating in the SNAP E &T program. Former Pathways participants are redirected back to the eligibility staff. |
| |
| Describe the process for screening during the reverse referral request process, including the staff involved. |
| When an interested individual walks into a SNAP E&T provider's office, the provider refers the individual to the eligibility staff to determine if the individual is SNAP and SNAP E&T eligible before providing a referral to the individual and SNAP E&T program. |
| |
| Are participants informed about participant reimbursements before the individual is referred to E&T by eligibility staff? Yes No |
| How are participants informed about participant reimbursements? |
| The eligibility staff script includes information to inform potential SNAP E&T participants of participant reimbursement during the explanation of the SNAP E&T program. Staff also ask if potential participants need assistance getting to or contacting the SNAP E&T provider. |

SNAP E&T provider also inform participants about participant reimbursement during the SNAP E&T

orientation and throughout case management meetings as the need arises.

REFERRAL TO E&T

In accordance with 7 CFR 273.7(c)(2), in order to participate in SNAP E&T, the State agency must make the referral. The referral method may vary from participant to participant.

| | t information does the State provide to E&T participants when they are referred? Select all that apply. Information about accessing E&T services Case Management Dates Contact information Other |
|---|---|
| How | is the referral communicated? Select all that apply. |
| | Orally |
| | Electronic Forms |
| | Physical Forms |
| | Emails |
| | Text Messages |
| Ш | Other |
| If the State receives a reverse referral request from an E&T provider, what steps does the State take? The eligibility worker informs the participant of work requirements and SNAP E&T program services including participant reimbursements. The eligibility worker creates the Maximus referral in CHIMES then mails the SNAP recipient the E&T referral (HCS SNAP-001) to their address. Additionally, if they | |
| | re opted to receive notices electronically via the Self-Service Portal they will receive the referral etronically. |
| | does the State communicate to the SNAP participant that they are in SNAP E&T? Select all that apply. Orally Electronic Forms Physical Forms Emails Text Messages Other |

Explain the other methods the State uses to communicate to the SNAP participant that they are in SNAP E&T.

When the SNAP recipient receives a referral from eligibility staff, they are given the contact information for Maximus and notified that someone from a Maximus will be reaching out. Maximus makes every

effort to complete participant enrollment as quickly as possible. Maximus provides in-person and virtual orientations that are led by a facilitator or self-led orientations. During the orientation individuals are given information regarding the SNAP E&T program:

- Introduction to E&T program and services available to participants
- Participant civil rights
- Participant reimbursement
- SNAP E&T requirements
- Difference between qualifying and non-qualifying SNAP E&T components.
- SNAP E&T providers also explain the Supplemental Nutrition Assistance Program Employment and Training Contractual Agreement (DPHHS-HCS SNAP-009) to the SNAP participant, this document explains the SNAP E&T program and outlines the E&T participant rights and responsibilities for participating in the SNAP E&T program (not a SNAP certification function).

If the participant does not attend the orientation Maximus follows up with the client via phone, email, and text message. Each referral is good for 30 days.

| How does the State communicate to the SNAP participant about their rights to receive participant reimbursements? Select all that apply. Orally Electronic Forms Physical Forms Emails Text Messages Other | |
|---|--|
| How is information about the referral communicated to E&T providers, as applicable? | |
| Once a participant has been determined SNAP eligible a referral is created within CHIMES. This referral includes name, case number, phone number, email address and ABAWD status. Currently the referral is sent directly from CHIMES to Maximus's case management system, TuaPath. | |
| How is information about the referral communicated within the State agency? | |
| Eligibility staff send the referral to the SNAP eligible client using the CHIMES system and enters a case note. All E&T referrals are sent to the SNAP E&T Coordinator monthly via a report created in CHIMES and sent via File Transfer. | |
| After referral, what additional steps does the E&T participant take to access the program? Select all that apply. Assessment Orientation Meet with case manager Other | |

| Is ori | entation mandatory? |
|--------|--|
| | Yes |
| | No |
| | |
| Who | runs the orientation? Select all that apply. |
| | State Agency |
| | Intermediary |
| | E&T Provider |
| | County or Local Office |
| | |
| How | is the orientation conducted? Select all that apply. |
| | In Person |
| | Virtually |
| | Online |
| | Self-Paced |
| | Other |
| | |

What happens during the orientation?

The orientation is provided in multiple formats based on the participant's preference such as in person with the case manager, virtually on Teams or Zoom with a orientation coordinator using PowerPoint slides, or online and self-paced using orientation modules developed by Maximus. The orientation includes information such as qualifying and non-qualifying components and allowable activities, participant reimbursements, case management expectations, timesheet requirements, ABAWD time requirements to meet exceptions, and civil rights.

ASSESSMENT

| Does | s the State require or provide an assessment? |
|-----------------------|--|
| | Yes No |
| ш | |
| Who | conducts the assessment? Select all that apply. State Agency E&T Provider Self-Assessment Intermediary Local Office Other |
| Whe | n are participants assessed? |
| | e E&T provider, Maximus, conducts the employability assessment at the initial case management pointment |
| Desc | cribe the assessment. List the tools used in the assessment. |
| SN hel em SN | eximus conducts an oral and written employability assessment. SNAP E&T case manager assists the AP E&T participant in identifying their employment goals and barriers; the E&T case manager also ps to develop an Individual Employability Plan (IEP) and locates resources to accomplish identified ployment goals. Maximus maintains a database which contains participant employability assessments. AP E&T participants may request a copy of the assessment and contact information for community ources to assist them in overcoming barriers. |
| res | eximus also provides a wellbeing assessment to address where the participant may need community ources. If the wellbeing assessment identifies a need for local community resources, Maximus will neet the E&T participant with the appropriate community resource agency. |
| Does | s the assessment result in the completion of an individual employment plan? Yes No |

| How are assessment results shared with State agency staff? Select all that apply. | |
|---|--------------------------|
| Orally | |
| Electronic Forms | |
| Physical Forms | |
| MIS System | |
| Email | |
| Other | |
| Assessment is not shared with State agency staff | |
| | |
| Explain how else assessment results are shared with State agency staff. | |
| Assessments are available electronically in Maximus's case management system | ı, TuaPath. |
| | |
| | |
| How are assessment results shared with E&T providers? Select all that apply. | |
| Orally | |
| Electronic Forms | |
| Physical Forms | |
| MIS System | |
| Email | |
| Other | |
| Assessment is not shared with E&T providers | |
| | |
| Explain how else assessment results are shared with E&T providers. | |
| Maximus and their subcontractors assist the participants with completing their a | accecements Accecements |
| are available electronically in Maximus's case management system, TuaPath. | issessments. Assessments |
| | |
| How are assessment results shared with E&T participants? Select all that apply. | |
| Orally | |
| Electronic Forms | |
| | |
| Physical Forms Email | |
| Email Other | |
| Other | |
| Assessment is not shared with E&T participants | |

Explain how else assessment results are shared with E&T participants.

Participants have access to view their assessments in Maximus's case management system, TuaPath. Additionally, participants may request a copy from their case manager if they wish to receive an electronic or paper copy.

| Are participants reassessed? |
|--|
| Yes |
| □ No |
| |
| When are participants reassessed? |
| Participants are re-assessed at a minimum of every 3 months. |
| |
| How are participants reassessed? |

Participants can complete the assessment through a self-paced module in TuaPath, or they may do the

assessments in person or virtually with their case manager using the forms in TuaPath.

CONCILIATION PROCESS

In accordance with 7 CFR 273.7(c)(3), State agencies have the option to offer a conciliation period to noncompliant E&T participants. The conciliation period provides mandatory E&T participants with an opportunity to comply before the State agency sends a notice of adverse action. The conciliation process is not a substitute for the determination of good cause when a client fails to comply.

| Doe | s the State agency offer a conciliation process? |
|-----|--|
| | Yes |
| | No |

CASE MANAGEMENT SERVICES

The State E&T program must provide case management services to all E&T participants. In accordance with 7 CFR 273.7(c)(6)(ii), State agencies are required to include specific information about the provision of case management services in the E&T State plan.

| What types of E&T case management services will be offered to the participant? Select all that apply. | |
|---|--|
| | Comprehensive Intake Assessments |
| | Individualized Service Plans |
| | Progress Monitoring |
| | Coordination with Service Providers |
| | Reassessment |
| | Other |
| | |
| Who | delivers the case management services in your State? Select all that apply. |
| | SNAP State agency |
| | Local Office(s) |
| | Intermediary |
| | E&T Providers |
| | |
| How | are case management services delivered in your State? Select all that apply. |
| | Group Meeting (virtual) |
| Ш | Group Meeting (in person) |
| | Individual (virtual) |
| | Individual (in person) |
| | Phone |
| | Text |
| | Email |
| | Other |

Describe how E&T case managers coordinate with other staff and services. Coordination can involve tracking E&T participation, sharing information that may be relevant to participation in E&T (e.g. information related to good cause or a work exemption), and referral to additional services.

| QUESTION | RESPONSE FIELD |
|--|---|
| How do E&T case managers coordinate with: SNAP eligibility staff | Maximus and sub-contractors will notify the SNAP eligibility staff of a participant status by emailing the Employment and Training Participant Status Form (DPHHS-HCS/SNAP-010) within 10 days of a participant's change in status: |
| | Participant enrolled in the SNAP E&T program and is actively |

| | participating in a qualifying component Participant is no longer participating in a qualifying component in the SNAP E&T program. Participant participated in the SNAP E&T program for 80 hours in a 30 consecutive day period (more than 40 hours in a qualifying component. Participant is not suited for SNAP E&T, reassess for other ABAWD exemptions. Why the participant not suited for SNAP E&T. Maximus and sub-contractors will provide a provider determination when a participant is not suited for SNAP E&T program within 10 days of determination by faxing or emailing the Employment and Training Client Status Form (DPHHS- HCS/SNAP-010) to the OPA. Eligibility staff will receive a 'task' when the form is scanned into Perceptive. When the task is received, the eligibility staff member attempts to determine good cause by sending a notice within 10 days. If the participant does not respond within 10 days, or if there is no good cause or an exemption does not exist, the eligibility staff member will update the data in the CHIMES system. A case note will be completed, and a Notice of Adverse Action will be sent using timely notice guidelines. |
|---|---|
| How do E&T case managers coordinate with: State E&T staff | Maximus is the only E&T provider contracted with Montana. Maximus has three subcontractors that provide E&T services in Montana: District 7 Human Resources Development Council (HRDC7), District 6 Human Resources Development Council (HRDC6), and Community Action Partnership of Northwest Montana (CAPNW). The State of Montana communicates directly with Maximus, and Maximus communicates with its subcontractors. |
| How do E&T case managers coordinate with: Other E&T providers | Maximus is the only E&T provider contracted with Montana. Maximus has three subcontractors that provide E&T services in Montana: District 7 Human Resources Development Council (HRDC7), District 6 Human Resources Development Council (HRDC6), and Community Action Partnership of Northwest Montana (CAPNW). The State of Montana communicates directly with Maximus, and Maximus communicates with its subcontractors. |
| How do E&T case managers coordinate with: Community resources | Case management staff are involved in local communities and are aware of available community resources to better assist SNAP E&T participants in overcoming barriers to employment by providing appropriate referrals. Community coordination and non-duplication of services are essential. Case managers coordinate services with the Maximus outreach team to provide participants with referrals for employment, community resources, and education training. Case managers are expected to provide documentation that such coordination exists as part of their ongoing case management portfolio when working with an E&T participant. E&T participation is tracked by participants on timesheets, and they are reviewed weekly by E&T case managers during case management meetings. Case managers review for work exemptions and provider determinations during all interactions with participants. |

How does the State agency ensure E&T participants receive targeted case management services through an efficient administrative process, per 7 CFR 273.7(c)(6)(ii)?

Case Mangers assist all E&T participants with targeted case management services through completing initial and ongoing assessments to determine agreed upon goals which meet a qualifying and/or non-qualifying component(s). Once a SNAP E&T case manager is aware of a participant's ABAWD status, they provide targeted case management services to ABAWD participants by encouraging participation in a qualifying component as soon as possible in order to qualify for an exemption from time limited benefits and meeting their training and employment goals. Case managers are provided training and guidance on how to provide efficient case management and handle unique or challenging situations. When necessary, issues are elevated to Maximus's leadership and subsequently the State Agency when needed to interpret guidance. The State Agency also conducts three ME reviews per year to ensure case management services are provided efficiently and appropriately.

How do your offered case management services support the participant in the E&T program and provide activities and resources that help the participant achieve program goals?

SNAP E&T case managers provide targeted case management services to ABAWD participants by encouraging participation in a qualifying component as soon as possible in order to qualify for an exemption from time limited benefits and meeting their training and employment goals.

How does the SNAP State agency ensure the case management services offered do not act as an impediment to successful participation in E&T?

Case management meetings are scheduled weekly; however, if a participant shares that weekly does not work for their schedule or if weekly is determined to not be needed based on the participant's progress and reporting of activities then an alternative meeting schedule can be made. Case management can either be done in-person or virtually with the case manager based on the participant's preference. Additionally, supportive services in gas cards are offered if transportation to case management meetings is a barrier to participation.

GOOD CAUSE

2. A household emergency.

In accordance with 7 CFR 273.7(i), the State agency is responsible for determining good cause when a SNAP recipient fails or refuses to comply with SNAP work requirements. Since it is not possible for FNS to enumerate each individual situation that should or should not be considered good cause, the State agency must take into account the facts and circumstances, including information submitted by the employer and by the household member involved, in determining whether or not good cause exists.

| | does the State agency reach out to the SNAP participant to determine good cause? Select all that apply. Phone Call Email Text Message Physical Form |
|-----|---|
| _ | does the State agency reach out to the employers to determine good cause? Select all that apply. Phone Call Email Text Message Physical Form |
| How | does the State agency reach out to E&T providers to determine good cause? Select all that apply. Phone Call Email Text Message Physical Form MIS System |
| | many attempts are made to reach out to the SNAP participant for additional information? One Two Three More than three |
| Mo | ntana's good cause criteria including and not limited to the following, since eligibility staff must sider the facts and circumstance in determining whether or not good cause exits: llness of the individual or another household member requiring the presence of the individual in the |

- 3. The lack of adequate childcare for children who have reached age 6 but are under age 12.
- 4. Discrimination by an employer based on age, race, sex, color, handicap, national origin, or religious or political beliefs.
- 5. Work demands or conditions that are not reasonable, such as working without being paid on schedule.
- 6. Accepting other employment or enrolling at least half-time in any recognized school training program or institution of higher education that requires the individual to leave employment.
- 7. Acceptance by any other household member of employment or enrollment at least half-time in any recognized school, training program or institution of higher education in another geographic area that requires the household to move and thereby requires the individual to leave employment.
- 8. Resignations by persons under the age of 60 which are recognized by the employer as retirement.
- 9. Leaving a job in connection with patterns of employment in which workers often move from one employer to another, such as migrant farm labor or construction work.

The job is not suitable as described below:

- a) The wage offered is less than the highest of the applicable Federal minimum wage is applicable State minimum wage, or eighty percent (80%) of the Federal minimum wage if neither the Federal nor State minimum wage is applicable.
- b) The employment offered is on a piece rate basis and the employee does not expect to earn the wage specified in item (a) above.
- c) The household member, as a condition of employment or continuing employment, is required to join, resign from, or refrain from joining any legitimate labor organization. Note: an individual required to pay representation fees to the union but not required to actually join the union does not have good cause. (e.g., state or federal employees)
- d) The work offered is at a site subject to a strike or lockout at the time of offer, unless the strike is declared unlawful by a court of law.
- e) The degree of risk to health and safety is not reasonable.
- f) The member is physically or mentally unfit to perform the employment, as documented by medical evidence or by reliable information from another source.
- g) The daily, round trip, commute to the place of employment is more than two hours from the individual's home. Do not include the time required to transport a child to and from day care in the daily commuting time.
- h) A move, which results in more than 2 hours commuting time from the job, is good cause for voluntary quit.
- i) The distance to the place of employment is too far to walk, and neither public nor private transportation is available to the job site.
- j) The working hours or nature of employment interferes with the individual's religious observances, convictions, or beliefs.

The employment offered within the first 30 days of registration is not in the individual's major field of experience.

Describe the State agency's process to determine good cause if there is not an appropriate and available opening for an E&T participant.

If SNAP E&T providers do not have any appropriate and available openings in the E&T program a wait list would be developed, ABAWDS would be given priority, and referrals would cease. SNAP clients would be referred to other community employment programs, if available.

PROVIDER DETERMINATIONS

In accordance with 7 CFR 273.7(c)(18) a State agency must ensure that E&T providers are informed of their authority and responsibility to determine if an individual is ill-suited for a particular E&T component.

Describe the process used by E&T providers to communicate provider determinations to the State agency.

Maximus is routinely informed they have the authority and responsibility to deem that participants are not fit for the E&T program. Maximus may make a provider determination from the time a participant is referred to the component until completion of the component. Maximus may place or switch participants in components based on their employability assessment, individualized employment goals, and abilities to assist in the participant's success.

Maximus must notify eligibility staff when a participant has been determined not suited for the SNAP E&T program and why they are not suited for the SNAP E&T program within 10-days of determination by faxing or emailing the Employment and Training Client Status Form (DPHHS-HCS/SNAP-010) to the OPA Scanning unit.

Eligibility staff will receive a 'task' when the form is scanned into Perceptive (data management system.)

The eligibility staff may consult Maximus for additional information that would assist in making the most suitable decision for the participant. It is possible for the eligibility staff to re-refer the participant back to the SNAP E&T program.

Describe how the State agency notifies clients of a provider determination.

Once eligibility staff receive the task with the provider determination, the eligibility worker will attempt to contact the client to discuss the provider determination which also includes sending a general correspondence to the client within 10 days of receipt of the provider determination. The eligibility worker will discuss the following with the client as well as provide the following in the general correspondence letter sent in the mail. The eligiblity worker & general correspondence will detail that a provider determination was received from Maximus, Montana's E&T Contractor. That the contractor has authority and responsibility to notify Montana DPHHS of their decision, and the client has been deemed ineligible for SNAP E&T services, and the client has not been disqualified from SNAP. If they are an ABAWD, they will accrue countable months towards the three-month participation limit the next full benefit month after the month they received the provider determination, unless the ABAWD fulfills the work requirement, has good cause or lives in a waived area or is otherwise exempt. The correspondence directs the client to contact the OPA within 10 days of receipt of the letter by calling 1-888-706-1535. Eligibility staff will reassess the participant by taking one of the below steps: 1) Re-refer the client to the E&T program by re-screening for E&T appropriateness by following the SNAP E&T Referral and Screening Business Process. (2) Reassess the physical and mental fitness of the client. If the client is found to not physically or mentally fit the client is exempt from the work requirement. If the client is found to be physically and mentally fit the eligibility worker must consider if one of the other actions in this paragraph are appropriate for the client. (3) Coordinate with other federal, state of local workforce assistance opportunities or assistance programs to identify work opportunities or assistance for the client.

In the case of an ABAWD who has received a provider determination, the ABAWD will accrue countable months toward their three-month participation time limit the next full benefit month during which the eligibility staff notifies the ABAWD of the provider determination, unless ABAWD fulfills the work requirements or the ABAWD has good cause, lives in a waived area, or is otherwise exempt.

| What is the timeframe for contacting clients after receiving a provider determination? | |
|--|--|
| 1-3 Days | |
| 4-7 Days | |
| 8-10 Days | |

DISQUALIFICATION POLICY FOR GENERAL WORK REQUIREMENTS

This section applies to the General Work Requirements, not just to E&T, and should be completed by all States, regardless of whether they operate a mandatory or voluntary E&T program.

All work registrants are subject to SNAP work requirements at 7 CFR 273.7(a). A nonexempt individual who refuses or fails to comply without good cause, as defined at 7 CFR 273.7(2), (3), and (4), with SNAP work requirements will be disqualified and subject to State disqualification periods. Noncompliance with SNAP work requirements includes voluntarily quitting a job or reducing work hours below 30 hours a month, and failing to comply with SNAP E&T (if assigned by the State agency).

| What period before application does the State agency use to determine voluntary quit and/or reduction in work effort without good cause per 7 CFR 273.7(j)(1)? | |
|--|-----|
| 30 Days | |
| 60 Days | |
| For all occurrences of non-compliance discussed below, must the individual also comply to receive benefit again? | ts |
| Yes No | |
| For the first occurrence of non-compliance per 7 CFR 273.7(f)(2), the individual will be disqualified until later of: | the |
| One month or until the individual complies, as determined by the State agency Up to 3 months | |
| For the second occurrence of non-compliance per 7 CFR 273.7(f)(2)(ii), the individual will be disqualified until the later of: | l |
| Three months or until the individual complies, as determined by the State agency Up to 6 months | |
| For the third or subsequent occurrence per 7 CFR 273.7(f)(2)(iii), the individual will be disqualified until t later of: | the |
| 6 months or until the individual complies, as determined by the State agency | |
| A date determined by the State agency | |
| Permanently | |
| The State agency will disqualify the: | |
| Individual | |
| The entire household if the head of household is an ineligible individual | |

PARTICIPANT REIMBURSEMENTS

In accordance with 7 CFR 273.7(d)(4), State agencies are required to pay for or reimburse participants for expenses that are reasonable, necessary, and directly related to participation in E&T. State agencies may impose a maximum limit for reimbursement payments. If a State agency serves mandatory E&T participants, it must meet all costs associated with mandatory participation. If an individual's expenses exceed those reimbursements available by the State agency, the individual must be placed into a suitable component or must be exempted from mandatory E&T.

| Estimated number of E&T participants to receive participant reimbursements | 539 |
|---|--------------|
| Estimated number of E&T participants to receive reimbursements for dependent care participation costs | 0 |
| Estimated number of E&T participants to receive reimbursements for transportation and other participation costs | 539 |
| Percentage of participants expected to receive reimbursements | 100.00% |
| Estimated budget for E&T participant reimbursements in upcoming FY | \$262,500.00 |
| Estimated budget per participant in fiscal year | \$487.01 |
| Estimated number of E&T participants to receive participant reimbursements per month | 60 |
| Estimated budget of participant reimbursements per E&T participant per month | \$364.58 |

PARTICIPANT REIMBURSEMENT DETAILS

Complete the table below with information on each participant reimbursement offered/permitted by the State agency (do not indicate information for each provider). A description of each category is included below. If the participant reimbursement is provided by multiple entities (such as State agencies and E&T providers) or has multiple methods of payment, a separate entry in the table must be completed.

- Allowable Participant Reimbursements. Every State agency must include child care and transportation in this table, as well as other major categories of reimbursements (examples of categories include, but are not limited to: tools, test fees, books, uniforms, license fees, electronic devices, etc.). Mandatory States must meet all costs associated with participating in an E&T program, or else they must exempt individuals from E&T.
- Participant Reimbursement Caps (optional). States have the option to establish maximum levels (caps) for reimbursements available to individuals. Indicate any caps on the amount the State agency will provide for the participant reimbursement.
- Who provides the participant reimbursements? Indicate if the participant reimbursement is provided by the State agency, a provider, or an intermediary. The State agency remains ultimately responsible for ensuring individuals receive participant reimbursements, even if it has contracted with another entity to provide them.
- What is the payment method for Participant Reimbursements? Indicate the mechanism used to disburse payment to E&T participants.
- **Method of disbursement.** Indicate if the participant receives the participant reimbursement in advance or as a reimbursement. Also indicate if the amount of the participant reimbursement is an estimated amount or the actual amount.

| Allowable Participant Reimbursements | Participant Reimbursement Caps (Optional) | Who Provides the Participant Reimbursement? | What is the payment method for Participant Reimbursements? | Method of Disbursement |
|--|---|---|--|---|
| **Other participant reimbursements available on need to need, case by case basis upon approval of SNAP E&T Coordinator. All costs must be reasonable, allowable, and necessary to be approved for supportive services. | \$500 maximum cumulative for all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from the vendor (reimbursement) |
| Apprenticeship Fees | \$500 maximum cumulative for all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from the vendor (reimbursement) |
| Automobile Repairs | \$100 maximum, | SNAP E&T | Direct payment to | Provider |

| | must have prior approval from DPHHS | Provider | vendor(s) | purchases directly from the vendor (reimbursement) |
|----------------------------------|--|----------------------|-----------------------------|---|
| Background check/finger printing | Must be necessary for pending employment and have verification of employer requirement, \$500 maximum cumulative for all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from the vendor (reimbursement) |
| Birth Certificate | \$500 maximum cumulative for all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from the vendor (reimbursement) |
| Books/Training Manuals | Required for approved training, \$1500 maximum cumulative for "Tuition/Fees for Training" and "Books /Training Manuals" | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from the vendor (reimbursement) |
| Business License | Participant must have a business idea and need in their community, \$500 maximum cumulative for all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from the vendor (reimbursement) |
| College Transcripts | \$500 maximum cumulative for | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases |

| | all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | | | directly from the vendor (reimbursement) |
|--------------------------|--|----------------------|-----------------------------|---|
| Driver's License/Real ID | \$500 maximum cumulative for all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from the vendor (reimbursement) |
| Drug Test | Must be necessary for pending employment and have verification of employer requirement, \$500 maximum cumulative for all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from the vendor (reimbursement) |
| Identification/Real ID | \$500 maximum cumulative for all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from the vendor (reimbursement) |
| Interview attire | limit of 2, \$500 maximum cumulative for all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from the vendor (reimbursement) |
| Legal Costs | Such as Criminal records expungement and Driver's | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from |

| | License Reinstatement fee of \$100 maximum, must have prior approval from DPHHS, \$500 maximum cumulative for all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | | | the vendor (reimbursement) |
|----------------------------------|---|----------------------|-----------------------------|--|
| Personal safety items | Must be necessary for pending employment and have verification of employer requirement, \$500 maximum cumulative for all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from the vendor (reimbursement) |
| Pre-paid track phone and minutes | Pre-paid track phones and minutes are intended for SNAP E&T participants, who have no other way for potential employers to contact them, \$500 maximum cumulative for all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from the vendor. (reimbursement) |
| Student activity fees | If required to participate in training, \$500 | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from |

| | maximum cumulative for all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | | | the vendor (reimbursement) |
|---------------------------------------|---|----------------------|-------------------------------|---|
| TB Test | Must be necessary for pending employment, \$500 maximum cumulative for all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from the vendor (reimbursement) |
| Tools and equipment | Must be necessary for pending employment and have verification of employer requirements, \$500 maximum cumulative for all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from the vendor (reimbursement) |
| Transportation | \$500 maximum cumulative for all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | SNAP E&T Provider | Direct payment to participant | Fuel only card or bus pass purchased by the SNAP E&T contractor and distributed to the participant (reimbursement) |
| Tuition/Certificate/fees for training | Required for approved training, \$1500 maximum cumulative for "Tuition/Fees for | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from the vendor. (reimbursement) |

| | Training" and "Books /Training Manuals" | | | |
|----------------|--|----------------------|-----------------------------|---|
| Uniform | limit of 3 uniforms, \$500 maximum cumulative for all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from the vendor (reimbursement) |
| Union dues | Must be necessary for pending employment and have verification of employer requirement, \$500 maximum cumulative for all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from the vendor (reimbursement) |
| Wi-Fi Hotspots | Must be necessary for employment, training and/or participation in E&T, \$500 maximum cumulative for all categories except "Tuition/Fees for Training" and "Books /Training Manuals" | SNAP E&T Provider | Direct payment to vendor(s) | Provider purchases directly from the vendor (reimbursement) |

| 15 uc | pendent care provided? Select yes even if E&T funds are not being used. |
|-------|---|
| | Yes |
| | No |

How does the State agency ensure that the participant has the necessary participant reimbursements to begin participation in the E&T program?

SNAP participants who are referred to SNAP E&T are asked if transportation is a barrier and if they would need a gas card to attend orientation. Montana eligibility staff provide a gas card at the OPA office if the participant indicates gas expenses are a barrier to orientation and participation.

WORK REGISTRANT DATA

The SNAP general work requirements are described at 7 CFR 273.7(a). Individuals who do not meet a federal exemption from the general work requirements, as listed in 7 CFR 273.7(b)(1), are subject to the general work requirement and must register for work. In accordance with 7 CFR 273.7(c)(10), the State agency must submit to FNS the number of work registrants in the State as of October 1st. This information is submitted on the first quarter E&T Program Activity Report (FNS-583).

Describe the process the State agency uses to count all work registrants in the State as of the first day of the new fiscal year (October 1).

Montana's SNAP eligibility staff enter mandatory work registrants using information entered in the CHIMES. Whenever a SNAP application is processed, or registration status changes, the eligibility staff go into the Work Registrant-Summary page and enters the individual's current work registration status. The state agency receives a report from the CHIMES contractor with the number of non-exempt work registrants as of October 1.

Provide information about how work registrant data is pulled from the eligibility system, including the date the data is pulled.

An annual report has been designed to pull all non-exempt work registrants throughout Montana on October 1. This provides the basis for which all other data collected through the year is compared to.

How are work registrants identified in the eligibility system?

Whenever a SNAP application is processed, or registration status changes, the eligibility staff go into the Work Registrant-Summary page and enters the individual's current work registration status.

Describe measures taken to prevent duplicate counting of work registrants within the federal fiscal year.

Montana's eligibility system, CHIMES, tracks changes from one status to another, e.g., mandatory work registrants, statutory exemption, or individual exemption. A CHIMES ad hoc report shows the total work registrant population as of October 1, of the program year and excludes work registrants from being counted in additional months during the Federal Fiscal Year to prevent duplication. A monthly CHIMES ad hoc report providing monthly SNAP eligible new work registrant totals is run at the end of the month (October through September) of the program year.

OUTCOME REPORTING MEASURES

Indicate the data source used for the national reporting measures. Select all that apply.

| Outcome Reporting Measures | Employment & Earnings Measures | Attainment of Credential / Certificate | Measurable Skill Gains | |
|--|-----------------------------------|---|---------------------------|--|
| Quarterly Wage Records (QWR) | | | | |
| National Directory of New Hires (NDNH) | | | | |
| State Management Information System (MIS) | | | | |
| Manual Follow-up with SNAP E&T Participants | | | | |
| Random Sample | | | | |
| Other | | | | |
| Outcome data is collected agency from E&T provide | * | ath and monthly Excel repo | rts provided to the state | |
| Indicate the data source used for the State-specific component measures. Select all that apply. Quarterly Wage Records (QWR) National Directory of New Hires (NDNH) State Management Information System (MIS) Manual Follow-up with SNAP E&T Participants Random Sample | | | | |
| Indicate the MIS used (e.g. SNAP eligibility system, State's Department of Labor MIS.) Combined Healthcare Information and Montana Eligibility System (CHIMES), TuaPath is being used by Maximus to collect participant data for the annual report and FNS-583 (this system is outside of CHIMES) | | | | |
| and all E&T providers, E&T Coordinator have access to the system). | | | | |

Page 47 of 96

COMPONENTS OVERVIEW

| Wh | ich non-education, non-work components does the State agency plan to offer? Select all that apply. |
|-----|--|
| | Job Retention |
| | Job Search Training |
| | Self-Employment Training |
| | Supervised Job Search |
| | Workfare |
| Whi | ich educational components does the State agency plan to offer? Select all that apply. |
| | Basic / Foundational Skills Instruction |
| | Career / Technical Education Programs or other Vocational Training |
| | English Language Acquisition |
| | Integrated Education and Training / Bridge Programs |
| | Other Educational Program |
| | Work Readiness Training |
| Whi | ich work experience components does the State agency plan to offer? Select all that apply. |
| | Work Activity |
| | Work-Based Learning |
| Whi | ich type of Work-Based Learning components are offered? |
| | Apprenticeship |
| | Customized Training |
| | Incumbent Worker Training |
| | Internship |
| | On-the-job Training |
| | Pre-Apprenticeship |
| | Transitional Jobs |

NON-EDUCATION, NON-WORK COMPONENT: JOB RETENTION

Description of the component. Provide a summary of the activities and services.

Job Retention assists participants by providing supportive services for a maximum of 90 days of the participant's new employment. A good faith effort is attempted to provide these services for at least 30 days. Job retention services must be reasonable and necessary may include supportive services and case management. Job retention is a non-qualifying component.

| Indicate the Target Population th | is component will serve. Select all that | apply. | | | |
|--|--|--------------------------|--|--|--|
| ABAWDs | | | | | |
| Homeless | Homeless | | | | |
| Returning citizens (aka: ex- | Returning citizens (aka: ex-offenders) | | | | |
| Single parents | | | | | |
| Students | | | | | |
| Those that reside in rural ar | reas | | | | |
| Underemployed | | | | | |
| Veterans | | | | | |
| <u> </u> | ation. Include the skills, knowledge, or distributed or numeracy levels, recent laborated as a second secon | | | | |
| employment after participating Indicate the geographic areas wh | <u> </u> | | | | |
| Big Horn County | Golden Valley County | Petroleum County | | | |
| Cascade County | Judith Basin County | Ravalli County | | | |
| Deer Lodge County | Lewis and Clark County | Silver Bow County | | | |
| Fergus County | Lincoln County | Wheatland County | | | |
| Flathead County | Missoula County | Yellowstone County | | | |
| Gallatin County | Musselshell County | - | | | |
| Projected Annual Participation. | Projection should reflect a number of ur | nduplicated individuals. | | | |
| 60 | | | | | |

| Estimated Annual | Component A | Administrative | Cos |
|------------------|-------------|----------------|-----|
| | | | |

\$150,600.00

NON-EDUCATION, NON-WORK COMPONENT: JOB SEARCH TRAINING

Description of the component. Provide a summary of the activities and services.

Job Search Training enhances job readiness, through training or education of job skills required by an employer to provide an individual with the ability to obtain employment. Job readiness activities may include but are not limited to the following:

- Job Skills assessment
- Resume writing
- Interviewing techniques
- Soft skills classes (Such as: self-image development of appropriate work behavior and attitudes)

This component centers on pre-employment training to remove barriers from employment to directly enhance the employability of participants. JST is a non-qualifying component.

The participant will participate in a minimum average of 12 weekly hours of allowable SNAP E&T activities or 48 hours in a 30-day period not to exceed 120 hours in any one month. If an ABAWD is in both a qualifying and non-qualifying component, to maintain an ABAWD exemption due to E&T participation the participant will complete 80 hours in a 30-day period not to exceed 120 hours in any one month, and the majority of the 80 hours must be from qualifying component activities.

| Indi | cate the Target Population this component will serve. Select all that apply. |
|-------|---|
| | ABAWDs |
| | Homeless |
| | Returning citizens (aka: ex-offenders) |
| | Single parents |
| | Students |
| | Those that reside in rural areas |
| | Underemployed |
| | Veterans |
| | |
| in th | cribe the criteria for participation. Include the skills, knowledge, or experience necessary for participation ne component. For example, literacy or numeracy levels, recent labor market attachment, computer acy, etc. |
| Ne | eed soft skill development and in order to prepare for participant's continued job search. |

Indicate the geographic areas where this component is offered. Big Horn County Golden Valley County Petroleum County Cascade County Judith Basin County Ravalli County Deer Lodge County Silver Bow County Lewis and Clark County Fergus County Lincoln County Wheatland County Flathead County Missoula County Yellowstone County **Gallatin County** Musselshell County

Projected Annual Participation. Projection should reflect a number of unduplicated individuals.

| 350 | | | |
|-----|--|--|--|
| | | | |

Estimated Annual Component Administrative Cost

| \$309,324.00 | |
|--------------|--|
| | |

| Outcome Measure | Describe the methodology for the outcome reporting measure. Include timeframes being reported (e.g. denominator and numerator) |
|---|---|
| Number and percentage of participants that gained employment after participating in Job Search Training | Numerator will include those participants who gained employment after participating in the Job Search Training component during the period of 10-1-2025 to 9-30-2026. Denominator will include the number of the participants that participated in Job Search Training during the period of 10-1-2025 to 9-30-2026. |
| Of those who gained employment after participating in JST, number and percentage of participants who increased their wage from previous job to their new job. | Numerator will include those participants who meet the following two conditions during the period of 10-1-2025 to 9-30-2026: 1) gained employment after participating in the Job Search Training component and 2) reported a wage increase. Denominator will include the number of the participants who gained employment after participating in Job Search Training during the period of 10-1-2025 to 9-30-2026. |

NON-EDUCATION, NON-WORK COMPONENT: SELF-EMPLOYMENT TRAINING

Description of the component. Provide a summary of the activities and services.

Self-Employment component offers training to improve the employability of participants to design and operate a small business or another self-employment venture. The Self- Employment component will guide participants with sound business ideas for those lacking the skills and knowledge to successfully create and implement a plan for self- employment. SNAP E&T participants receive technical assistance in developing business plans and in creating financial marketing plans. Participants also learn how to access small business grants and other business support services. Self-Employment Training is a non-qualifying component.

The participant will participate in a minimum average of 12 weekly hours of allowable SNAP E&T activities or 48 hours in a 30-day period not to exceed 120 hours in any one month. If an ABAWD is in both a qualifying and non-qualifying component, to maintain an ABAWD exemption due to E&T participation the participant will complete 80 hours in a 30-day period not to exceed 120 hours in any one month, and the majority of the 80 hours must be from qualifying component activities.

| Indi | icate the Target Population this component will serve. Select all that apply. |
|-------|--|
| | ABAWDs |
| | Homeless |
| | Returning citizens (aka: ex-offenders) |
| | Single parents |
| | Students |
| | Those that reside in rural areas |
| | Underemployed |
| | Veterans |
| | |
| in tl | scribe the criteria for participation. Include the skills, knowledge, or experience necessary for participation the component. For example, literacy or numeracy levels, recent labor market attachment, computer racy, etc. |
| | articipants must have a business idea and a demonstrated need for that business in their community sing available community workforce data). |

| indicate the geographic areas whe | ere this component is offered. | |
|-----------------------------------|--------------------------------------|----------------------------|
| Big Horn County | Golden Valley County | Petroleum County |
| Cascade County | Judith Basin County | Ravalli County |
| Deer Lodge County | Lewis and Clark County | Silver Bow County |
| Fergus County | Lincoln County | Wheatland County |
| Flathead County | Missoula County | Yellowstone Count |
| Gallatin County | Musselshell County | |
| 15 | rojection should reflect a number of | i undupricated marviduais. |
| Estimated Annual Component Ad | lministrative Cost | |
| \$40,300.00 | | |

NON-EDUCATION, NON-WORK COMPONENT: WORKFARE

Description of the component. Provide a summary of the activities and services.

Workfare (W) provides individuals with an opportunity to gain work experience and useful workplace skills at a supervised worksite. In lieu of wages, W participants receive compensation in the form of their household's monthly SNAP allotment.

Worksites and worksite agreements are developed and executed by the SNAP E&T provider with non-profit worksites. Each E&T provider has signed an agreement with the worksite that outlines requirements for working conditions and requires data exchanges such as reporting participation hours. By state law Worker's Compensation insurance must be provided for participants in the Workfare component only for the hours the SNAP E&T participant is contracted to work. The hours required for this component are equal to the number of hours equal to the household's allotment for that month divided by the higher of the applicable Federal or State minimum wage. Workfare is a qualifying component.

| Indicate the Target Population this component will serve. Select all that apply. | | | |
|--|--|--|----------------------------------|
| | ABAWDs | | |
| | Homeless | | |
| | Returning citizens (aka: ex-offen | iders) | |
| | Single parents | | |
| | Students | | |
| | Those that reside in rural areas | | |
| | Underemployed | | |
| | Veterans | | |
| | | cy or numeracy levels, recent labor mark | et attachment, computer |
| | eed work experience in key duties | associated with a worksite. | |
| No | | | |
| No | eed work experience in key duties | | Petroleum County |
| No | eed work experience in key duties | nis component is offered. | Petroleum County Ravalli County |
| No | eed work experience in key duties cate the geographic areas where the Big Horn County | nis component is offered. Golden Valley County | ř |
| No | cate the geographic areas where the Big Horn County Cascade County | nis component is offered. Golden Valley County Judith Basin County | Ravalli County |
| No | cate the geographic areas where the Big Horn County Cascade County Deer Lodge County | nis component is offered. Golden Valley County Judith Basin County Lewis and Clark County | Ravalli County Silver Bow County |

| Projected Annual Participation. Projection sho | uld reflect a number of unduplicated individuals. |
|--|---|
| 25 | |
| | |
| | |
| Estimated Annual Component Administrative | Cost |
| \$140,600.00 | |
| | |

EDUCATIONAL COMPONENT: BASIC / FOUNDATIONAL SKILLS INSTRUCTION

Description of the component. Provide a summary of the activities and services.

Indicate the Target Population this component will serve. Select all that apply.

Basic education is designed to assist the participant achieve basic literacy needed to secure unsubsidized employment. Basic education activities may include high school, alternative high school, High School Equivalency Test (HiSET), or basic/remedial education programs.

These activities may be done in a traditional as well as alternative approaches. What constitutes a reasonable length of time monthly is determined by the SNAP E&T staff after considering information provided by the instructors. The participant must have regular and consistent weekly attendance. Basic education is a qualifying component.

The participant will participate in a minimum average of 12 weekly hours of allowable SNAP E&T activities or 48 hours in a 30-day period not to exceed 120 hours in any one month. To maintain an ABAWD exemption due to E&T participation the participant will complete 80 hours in a 30-day period not to exceed 120 hours in any one month. If an ABAWD is in both a qualifying and non-qualifying component, the majority of the 80 hours must be from qualifying component activities.

| | ABAWDs |
|-------|---|
| | Homeless |
| | Returning citizens (aka: ex-offenders) |
| | Single parents |
| | Students |
| | Those that reside in rural areas |
| | Underemployed |
| | Veterans |
| | |
| in th | cribe the criteria for participation. Include the skills, knowledge, or experience necessary for participation e component. For example, literacy or numeracy levels, recent labor market attachment, computer acy, etc. |
| wil | rticipants who have: (1) reading skills below 7th grade level, (2) not completed high school or HiSET, ll be referred to appropriate educational activities at either a Career Learning Center or other munity based educational institution. |

| Indicate the geographic areas where the | is component is offered. | |
|---|--------------------------|--------------------|
| Big Horn County | Golden Valley County | Petroleum County |
| Cascade County | Judith Basin County | Ravalli County |
| Deer Lodge County | Lewis and Clark County | Silver Bow County |
| Fergus County | Lincoln County | Wheatland County |
| Flathead County | Missoula County | Yellowstone County |
| Gallatin County | Musselshell County | |
| 35 | | |
| | | |
| Estimated Annual Component Admin | istrative Cost | |
| \$80,450.00 | | |
| | | |

Not supplanting. Describe how the State agency ensures that costs attributed to the E&T program are not supplanting funds used for other existing educational programs.

The 50/50 match funds used for educational activities are from a non-federal sources from third-party providers, which DPHHS confirms during third-party provider annual plans and invoice reviews. The intermediary provider works with third-party partners to leverage existing funds, so that 50/50 match is for expenses otherwise not reimbursed or paid for by another entity. For example, if an other program covered education fees, the E&T provider would use funds for other necessary participant reimbursements such as required text books or transportation to attend classes. Federal E&T funds used for activities within the education component are not supplanting non-Federal funds for existing educational services and activities.

Cost parity. Describe how the State agency ensures that costs charged to E&T do not exceed the costs charged for non-E&T participants.

SNAP E&T participants are not charged more than non- E&T participants for educational services or activities. If a class is not just SNAP E&T participants, it is cost allocated proportionally. During management evaluations the SNAP E&T Coordinator verifies with the training provider or educational institution that SNAP E&T participants are charged the same cost as non-SNAP E&T participants. SNAP E&T Coordinator also verifies that costs are reasonable and necessary for the client's participation in the component.

EDUCATIONAL COMPONENT: CAREER / TECHNICAL EDUCATION PROGRAMS OR OTHER VOCATIONAL TRAINING

Description of the component. Provide a summary of the activities and services.

The Vocational Education component offers participants an opportunity to access skills that target specific employer needs. Training can be offered by an educational institution, a learning center, employer, or related institution. VE includes referrals to classes such as:

- --Flagging/Construction/Welding
- --Computer/Office Assistant
- --Certified Nurse's Aide (CNA)
- --Certified Driver's License (CDL)
- --Phlebotomy/Certified Medical Assistant (CMA)

Vocational Education component is a qualifying component.

The participant will participate in a minimum average of 12 weekly hours of allowable SNAP E&T activities or 48 hours in a 30-day period not to exceed 120 hours in any one month. To maintain an ABAWD exemption due to E&T participation the participant will complete 80 hours in a 30-day period not to exceed 120 hours in any one month. If an ABAWD is in both a qualifying and non-qualifying component, the majority of the 80 hours must be from qualifying component activities.

| Indica | ate the Target Population this component will serve. Select all that apply. |
|--------|--|
| | ABAWDs |
| | Homeless |
| | Returning citizens (aka: ex-offenders) |
| | Single parents |
| | Students |
| | Those that reside in rural areas |
| | Underemployed |
| | Veterans |
| | |
| in the | ribe the criteria for participation. Include the skills, knowledge, or experience necessary for participation component. For example, literacy or numeracy levels, recent labor market attachment, computer cy, etc. |
| Part | cicipants must have a desire to obtain specific skills and knowledge that lead to employment. |

| Indicate the geographic areas where t | his component is offered. | |
|---------------------------------------|---------------------------|--------------------|
| Big Horn County | Golden Valley County | Petroleum County |
| Cascade County | Judith Basin County | Ravalli County |
| Deer Lodge County | Lewis and Clark County | Silver Bow County |
| Fergus County | Lincoln County | Wheatland County |
| Flathead County | Missoula County | Yellowstone County |
| Gallatin County | Musselshell County | |
| 100 | | |
| Estimated Annual Component Admir | nistrative Cost | |
| \$340,800.00 | | |
| | | |

Not supplanting. Describe how the State agency ensures that costs attributed to the E&T program are not supplanting funds used for other existing educational programs.

The 50/50 match funds used for educational/training activities are from a non-federal sources from third-party providers, which DPHHS confirms during third-party provider annual plans and invoice reviews. The intermediary provider works with third-party partners to leverage existing funds, so that 50/50 match is for expenses otherwise not reimbursed or paid for by another entity. For example, if an other program covered education fees, the E&T provider would use funds for other necessary participant reimbursements such as required text books or transportation to attend classes. Federal E&T funds used for activities within the education component are not supplanting non-Federal funds for existing educational services and activities.

Cost parity. Describe how the State agency ensures that costs charged to E&T do not exceed the costs charged for non-E&T participants.

SNAP E&T participants are not charged more than non- E&T participants for educational services or activities. If a class is not just SNAP E&T participants, it is cost allocated proportionally. During management evaluations the SNAP E&T Coordinator verifies with the training provider or educational institution that SNAP E&T participants are charged the same cost as non-SNAP E&T participants. SNAP E&T Coordinator also verifies that costs are reasonable and necessary for the client's participation in the component.

| Outcome Measure | Describe the methodology for the outcome reporting measure. Include timeframes being reported (e.g. denominator and numerator) |
|--|---|
| Number and percentage of participants that gained employment in a field related to their educational training or certificate after participating in Vocational Education | Numerator will include those participants who gained employment in a field related to their educational training or certificate after participating in the Vocational Education component during the period of 10-1-2025 to 9-30-2026. Denominator will include the number of the participants that participated in Vocational Education during the period of 10-1-2025 to 9-30-2026. |
| Of those who gained employment after participating in Vocational Education, number and percentage of participants who increased their wage from previous job to their new job. | Numerator will include those participants who meet the following two conditions during the period of 10-1-2025 to 9-30-2026: 1) gained employment after participating in the Vocational Education component and 2) reported a wage increase. Denominator will include the number of the participants who gained employment after participating in Vocational Education during the period of 10-1-2025 to 9-30-2026. |

EDUCATIONAL COMPONENT: ENGLISH LANGUAGE ACQUISITION

Description of the component. Provide a summary of the activities and services.

| EPEL is for non- or limited English-speaking individuals who need additional assistance in formal grammar, vocabulary, and pronunciation of spoken and written English to help advance their search and attainment of employment. EPEL is a qualifying component. | | | |
|--|--|---|--|
| The participant will participate in a ractivities or 48 hours in a 30-day per ABAWD exemption due to E&T part not to exceed 120 hours in any one racomponent, the majority of the 80 hours | riod not to exceed 120 hours in any rticipation the participant will comp nonth. If an ABAWD is in both a qu | one month. To maintain an lete 80 hours in a 30-day period ualifying and non-qualifying | |
| Indicate the Target Population this contains ABAWDs Homeless Returning citizens (aka: ex-offend Single parents Students Those that reside in rural areas Underemployed Veterans Describe the criteria for participation. | Include the skills, knowledge, or ex | sperience necessary for participation | |
| in the component. For example, literac literacy, etc. | cy or numeracy levels, recent labor | market attachment, computer | |
| SNAP E&T participants may be refe community colleges, adult education programs which sponsor such activit | centers, state, or local agencies, on | * | |
| | | | |
| Indicate the geographic areas where the | • | | |
| Big Horn County | Golden Valley County | Petroleum County | |
| Cascade County | Judith Basin County | Ravalli County | |
| Deer Lodge County | Lewis and Clark County | Silver Bow County | |
| Fergus County | Lincoln County | Wheatland County | |
| Flathead County | Missoula County | Yellowstone County | |
| Gallatin County | Musselshell County | | |

| Projected Annual Participation. Projection | on should reflect a number of unduplicated individuals. |
|--|---|
| 10 | |
| | |
| Estimated Annual Component Administr | rative Cost |
| | |
| \$10,030.00 | |

Not supplanting. Describe how the State agency ensures that costs attributed to the E&T program are not supplanting funds used for other existing educational programs.

The 50/50 match funds used for educational/training activities are from a non-federal sources from third-party providers, which DPHHS confirms during third-party provider annual plans and invoice reviews. The intermediary provider works with third-party partners to leverage existing funds, so that 50/50 match is for expenses otherwise not reimbursed or paid for by another entity. For example, if an other program covered education fees, the E&T provider would use funds for other necessary participant reimbursements such as required text books or transportation to attend classes. Federal E&T funds used for activities within the education component are not supplanting non-Federal funds for existing educational services and activities.

Cost parity. Describe how the State agency ensures that costs charged to E&T do not exceed the costs charged for non-E&T participants.

SNAP E&T participants are not charged more than non- E&T participants for educational services or activities. If a class is not just SNAP E&T participants, it is cost allocated proportionally. During management evaluations the SNAP E&T Coordinator verifies with the training provider or educational institution that SNAP E&T participants are charged the same cost as non-SNAP E&T participants. SNAP E&T Coordinator also verifies that costs are reasonable and necessary for the client's participation in the component.

WORK EXPERIENCE COMPONENT: APPRENTICESHIP

Description of the component. Provide a summary of the activities and services.

Offers participants a combination of on-the-job training and related instruction to improve employability. Participants move promptly into regular or private employment. Apprenticeship is a qualifying component.

Contains planned, structured learning experience that takes place in a workplace, and operated for a limited time. Is performed in private for-profit sector, the non-profit sector, or the public sector. Follows the Fair Labor standards ACT (FLSA) if there is an employee/employer relationship.

Participants learn the practical and theoretical aspects of a skilled occupation. Can be sponsored by individual employer, joint employers and labor groups, and/or employer associations. WBLA includes apprenticeships such as:

- -- Electrician
- -- Plumber
- -- HVAC systems

The participant will participate in a minimum average of 12 weekly hours of allowable SNAP E&T activities or 48 hours in a 30-day period not to exceed 120 hours in any one month. To maintain an ABAWD exemption due to E&T participation the participant will complete 80 hours in a 30-day period not to exceed 120 hours in any one month. If an ABAWD is in both a qualifying and non-qualifying component, the majority of the 80 hours must be from qualifying component activities.

| Is th | is component subsidized by SNAP E&T? |
|-------|--|
| | Subsidized |
| | Unsubsidized |
| | Both subsidized and unsubsidized |
| | |
| Indi | cate the Target Population this component will serve. Select all that apply. |
| | ABAWDs |
| | Homeless |
| | Returning citizens (aka: ex-offenders) |
| | Single parents |
| | Students |
| | Those that reside in rural areas |
| | Underemployed |
| | Veterans |

Describe the criteria for participation. Include the skills, knowledge, or experience necessary for participation in the component. For example, literacy or numeracy levels, recent labor market attachment, computer literacy, etc.

Participants must have a desire to obtain specific skills and knowledge that lead to unsubsidized employment.

Indicate the geographic areas where this component is offered. Big Horn County Golden Valley County **Petroleum County** Cascade County Judith Basin County Ravalli County Deer Lodge County Lewis and Clark County Silver Bow County Fergus County Lincoln County Wheatland County Flathead County Missoula County Yellowstone County **Gallatin County** Musselshell County Projected Annual Participation. Projection should reflect a number of unduplicated individuals. 5 Estimated Annual Component Administrative Cost \$10,700.00

CONTRACTS OVERVIEW

The State agency must enter every contract or third-party partner. Additionally, the State agency must report if an intermediary directly holds subcontracts with employment and training providers for the delivery of SNAP E&T services. The table below summarizes overall information across all contracts.

| Total Number of Contracts + Subcontracts | Total Participants to be Served by Contracts | Total Admin Costs | Total Participant Reimbursement Costs | Total Budget |
|--|--|--------------------------|---|--------------|
| 6 | 275 | \$652,633.00 | \$262,500.00 | \$915,133.00 |

CONTRACTOR: MAXIMUS

| Is th | is Contractor an Intermediary with Yes No | subcont | tractors? | |
|---|--|--|--|---|
| Indi | Consulting E&T Services Automation/IT Marketing Other | | | |
| Indi | Cate the counties where the service Big Horn County Cascade County Deer Lodge County Fergus County Flathead County Gallatin County | Golden Judith I Lewis a Lincoln Missou | ed by this contractor. Valley County Basin County and Clark County County la County shell County | Petroleum County Ravalli County Silver Bow County Wheatland County Yellowstone County |
| Which E&T Services are offered by this contractor? Basic / Foundational Skills Instruction Career / Technical Education Programs or other Vocational Training Case Management Services English Language Acquisition Job Retention Job Search Training Self-Employment Training WBL - Apprenticeship Workfare | | | | |
| Ann 27: | ual Number of SNAP E&T Partici | pants to | be Served | |

| Are participant reimbursements provided by the Contractor? |
|--|
| Yes |
| □ No |
| |
| Total participant reimbursements costs (inclusive of federal and non-federal shares) |
| \$262,500.00 |
| |
| Amount of 100 percent Federal Funds (includes ABAWD Pledge Funds) |
| \$22,633.00 |
| Total Amount of 50/50 (or 75/25) Admin Funds (inclusive of federal and non-federal shares) |
| \$630,000.00 |
| Will this contract serve members of Indian Tribal Organizations (ITOs) and be reimbursed at 75%? |
| ☐ Yes |
| No |

SUBCONTRACTOR: COMMUNITY ACTION PARTNERSHIP NORTHWEST

| Wh | ich E&T Services are offered by this subcontractor? |
|-----|--|
| | Basic / Foundational Skills Instruction |
| | Career / Technical Education Programs or other Vocational Training |
| | Case Management Services |
| | English Language Acquisition |
| | Job Retention |
| | Job Search Training |
| | Self-Employment Training |
| | WBL - Apprenticeship |
| | Workfare |
| | |
| Anı | nual Number of SNAP E&T Participants to be Served |
| 5 | |
| | |
| Are | e participant reimbursements provided? If so, how are they provided? |
| | Yes, by the intermediary |
| | Yes, by the subcontractor |
| | No |

SUBCONTRACTOR: GREAT FALLS COLLEGE

| Whi | ch E&T Services are offered by this subcontractor? |
|-----|--|
| | Basic / Foundational Skills Instruction |
| | Career / Technical Education Programs or other Vocational Training |
| | Case Management Services |
| | English Language Acquisition |
| | Job Retention |
| | Job Search Training |
| | Self-Employment Training |
| | WBL - Apprenticeship |
| | Workfare |
| Ann | nual Number of SNAP E&T Participants to be Served |
| | |
| | |
| Are | participant reimbursements provided? If so, how are they provided? |
| | Yes, by the intermediary |
| | Yes, by the subcontractor |
| П | No |

SUBCONTRACTOR: HUMAN RESOURCED DEVELOPMENT COUNCIL DISTRICT $\mathbf{6}$

| Whi | ich E&T Services are offered by this subcontractor? |
|-----|---|
| | Basic / Foundational Skills Instruction |
| | Career / Technical Education Programs or other Vocational Training |
| | Case Management Services |
| | English Language Acquisition |
| | Job Retention |
| | Job Search Training |
| | Self-Employment Training |
| | WBL - Apprenticeship |
| | Workfare |
| Ann | nual Number of SNAP E&T Participants to be Served |
| 21 | |
| Are | participant reimbursements provided? If so, how are they provided? Yes, by the intermediary Yes, by the subcontractor |
| = | No. |

SUBCONTRACTOR: HUMAN RESOURCES DEVELOPMENT COUNCIL DISTRICT 7

| h E&T Services are offered by this subcontractor? |
|--|
| Basic / Foundational Skills Instruction |
| Career / Technical Education Programs or other Vocational Training |
| Case Management Services |
| English Language Acquisition |
| Job Retention |
| Job Search Training |
| Self-Employment Training |
| WBL - Apprenticeship |
| Workfare |
| al Number of SNAP E&T Participants to be Served |
| |
| |
| |

SUBCONTRACTOR: MISSOULA WORKS

INTERMEDIARY: MAXIMUS

| | · · · · · · · · · · · · · · · · · · · |
|-----|--|
| | Basic / Foundational Skills Instruction |
| | Career / Technical Education Programs or other Vocational Training |
| | Case Management Services |
| | English Language Acquisition |
| | Job Retention |
| | Job Search Training |
| | Self-Employment Training |
| | WBL - Apprenticeship |
| | Workfare |
| ш | Workland |
| Ann | nual Number of SNAP E&T Participants to be Served |

WBL PROGRAMS OVERVIEW

State agencies must report on each provider that plans to offer a Work-Based Learning (WBL) component, whether it is unsubsidized or subsidized by SNAP E&T funds.

WBL ACTIVITY: COMMUNITY ACTION PARTNERSHIP NORTHWEST

PROVIDER: COMMUNITY ACTION PARTNERSHIP NORTHWEST **COMPONENT: WBL - APPRENTICESHIP** What is the length of the activity? 1 month 2 months 3 months 4 months 5 months 6 months Greater than 6 months (limited exceptions) Provide a justification for why the length of the activity is greater than 6 months. Additional time needed to gain necessary skills and experience. What is the industry field of the activity? Construction Education Foodservice Healthcare service Landscape and Horticultural Leisure and Hospitality Manufacturing Retail services Transportation and Warehousing Other

| What is the projected annual number of participants to participate? |
|---|
| 2 |
| |
| What are the training objectives for the activity? |
| Attainment of a Credential or Certificate |
| Basic skill gains |
| Industry skill gains |
| Will the participants interact with industry professionals in a real-world setting? |
| Yes |
| L No |
| Will participants receive wages subsidized by another program? |
| Yes |
| No |
| Were employers or industry sector representatives consulted in the design and training curriculum? |
| Yes |
| No |
| Does the provider use a curriculum that includes career-training objectives that the participant is expected to |
| learn and be able to do by the completion of the training? Yes |
| No No |
| |
| Are employers or industry professionals involved in the development and/or execution of the training element of the activity? |
| Yes |
| □ No |
| Are the training objectives provided to the participant? |
| Yes, by the Provider |
| Yes, by Employer of Record |
| □ No |

| Is there a process for the provider/employer of record to give feedback to the participant on their progress toward meeting the training objective? |
|--|
| Yes |
| □ No |
| |
| Provide a brief explanation that describes how the provider focuses on moving participants promptly into regular, unsubsidized employment. |
| Provider has established employer partners that hire participants out of the program. |
| |
| Does the work site employer or other industry employer partners hire the majority of the activity graduates? |
| Yes |
| ∐ No |
| ∐ N/A |
| Are participant reimbursements/support services provided to SNAP E&T participants for expenses that are reasonable, necessary and directly related to participating in the activity? |
| Yes |
| □ No |

WBL ACTIVITY: HUMAN RESOURCED DEVELOPMENT COUNCIL DISTRICT 6

PROVIDER: HUMAN RESOURCED DEVELOPMENT COUNCIL DISTRICT 6

COMPONENT: WBL - APPRENTICESHIP

| What is the length of the activity? 1 month 2 months 3 months 4 months 5 months Greater than 6 months (limited exception | s) |
|--|--------------------------------------|
| Provide a justification for why the length of th | e activity is greater than 6 months. |
| Additional time needed to gain necessary ski | lls and experience. |
| What is the industry field of the activity? Construction Education Foodservice Healthcare service Landscape and Horticultural Leisure and Hospitality Manufacturing Retail services Transportation and Warehousing Other | |
| What is the projected annual number of particle 2 | pants to participate? |

| Wha | at are the training objectives for the activity? |
|------|--|
| | Attainment of a Credential or Certificate |
| | Basic skill gains |
| | Industry skill gains |
| Will | the participants interact with industry professionals in a real-world setting? Yes No |
| Will | participants receive wages subsidized by another program? Yes No |
| Wer | e employers or industry sector representatives consulted in the design and training curriculum? Yes No |
| | s the provider use a curriculum that includes career-training objectives that the participant is expected to and be able to do by the completion of the training? Yes No |
| | employers or industry professionals involved in the development and/or execution of the training nent of the activity? Yes No |
| Are | the training objectives provided to the participant? Yes, by the Provider Yes, by Employer of Record No |
| | ere a process for the provider/employer of record to give feedback to the participant on their progress and meeting the training objective? Yes No |

| regular, unsubsidized employment. |
|--|
| Provider has established employer partners that hire participants out of the program. |
| Does the work site employer or other industry employer partners hire the majority of the activity graduates? Yes No N/A |
| Are participant reimbursements/support services provided to SNAP E&T participants for expenses that are reasonable, necessary and directly related to participating in the activity? Yes No |

Provide a brief explanation that describes how the provider focuses on moving participants promptly into

WBL ACTIVITY: HUMAN RESOURCES DEVELOPMENT COUNCIL DISTRICT 7

PROVIDER: HUMAN RESOURCES DEVELOPMENT COUNCIL DISTRICT 7

COMPONENT: WBL - APPRENTICESHIP

| What is the length of the activity? 1 month 2 months 3 months 4 months 5 months Greater than 6 months (limited exception | s) |
|--|--------------------------------------|
| Provide a justification for why the length of th | e activity is greater than 6 months. |
| Additional time needed to gain necessary ski | lls and experience. |
| What is the industry field of the activity? Construction Education Foodservice Healthcare service Landscape and Horticultural Leisure and Hospitality Manufacturing Retail services Transportation and Warehousing Other | |
| What is the projected annual number of particle 2 | pants to participate? |

| What a | are the training objectives for the activity? |
|---------|--|
| A | Attainment of a Credential or Certificate |
| □ B | Basic skill gains |
| I | ndustry skill gains |
| Y | ne participants interact with industry professionals in a real-world setting? Yes No |
| Y | articipants receive wages subsidized by another program? Yes No |
| Y | employers or industry sector representatives consulted in the design and training curriculum? Yes No |
| learn a | the provider use a curriculum that includes career-training objectives that the participant is expected to and be able to do by the completion of the training? Yes |
| elemen | mployers or industry professionals involved in the development and/or execution of the training nt of the activity? Yes |
| Y | e training objectives provided to the participant? Yes, by the Provider Yes, by Employer of Record No |
| toward | re a process for the provider/employer of record to give feedback to the participant on their progress d meeting the training objective? Yes |

| regular, unsubsidized employment. |
|---|
| Provider has established employer partners that hire participants out of the program. |
| Does the work site employer or other industry employer partners hire the majority of the activity graduates? Yes No N/A |
| Are participant reimbursements/support services provided to SNAP E&T participants for expenses that are reasonable, necessary and directly related to participating in the activity? Yes No |

Provide a brief explanation that describes how the provider focuses on moving participants promptly into

| COMPONENT: WBL - APPRENTICESHIP |
|--|
| |
| What is the length of the activity? |
| 1 month |
| 2 months |
| 3 months |
| 3 months 4 months 5 months |
| 5 months |
| 6 months |
| Greater than 6 months (limited exceptions) |
| |
| Provide a justification for why the length of the activity is greater than 6 months. |
| |
| Additional time needed to gain necessary skills and experience. |
| |
| What is the industry field of the activity? |
| Construction |
| Education |
| Foodservice |
| Foodservice Healthcare service Landscape and Horticultural Leisure and Hospitality |
| Landscape and Horticultural |
| Leisure and Hospitality |
| Manufacturing |
| Retail services |
| Transportation and Warehousing |
| Other |
| |
| What is the projected annual number of participants to participate? |
| projected unital number of puriterpules to participate. |
| 2 |
| |
| |

WBL ACTIVITY: MAXIMUS

PROVIDER: MAXIMUS

| Wha | at are the training objectives for the activity? |
|------|--|
| | Attainment of a Credential or Certificate |
| | Basic skill gains |
| | Industry skill gains |
| Will | the participants interact with industry professionals in a real-world setting? Yes No |
| Will | participants receive wages subsidized by another program? Yes No |
| Wer | e employers or industry sector representatives consulted in the design and training curriculum? Yes No |
| | s the provider use a curriculum that includes career-training objectives that the participant is expected to a and be able to do by the completion of the training? Yes No |
| | employers or industry professionals involved in the development and/or execution of the training nent of the activity? Yes No |
| Are | the training objectives provided to the participant? Yes, by the Provider Yes, by Employer of Record No |
| | ere a process for the provider/employer of record to give feedback to the participant on their progress and meeting the training objective? Yes No |

| regular, unsubsidized employment. |
|--|
| Provider works directly with employers to hire participants out of the program. |
| Does the work site employer or other industry employer partners hire the majority of the activity graduates? Yes No N/A |
| Are participant reimbursements/support services provided to SNAP E&T participants for expenses that are reasonable, necessary and directly related to participating in the activity? Yes No |

Provide a brief explanation that describes how the provider focuses on moving participants promptly into

COMPONENT: WBL - APPRENTICESHIP What is the length of the activity? 1 month 2 months 3 months 4 months 5 months 6 months Greater than 6 months (limited exceptions) Provide a justification for why the length of the activity is greater than 6 months. Additional time needed to gain necessary skills and experience. What is the industry field of the activity? Construction Education Foodservice Healthcare service Landscape and Horticultural Leisure and Hospitality Manufacturing Retail services Transportation and Warehousing Other What is the projected annual number of participants to participate? 2

WBL ACTIVITY: MISSOULA WORKS

PROVIDER: MISSOULA WORKS

| What a | are the training objectives for the activity? |
|---------|--|
| A | Attainment of a Credential or Certificate |
| □ B | Basic skill gains |
| I | ndustry skill gains |
| Y | ne participants interact with industry professionals in a real-world setting? Yes No |
| Y | articipants receive wages subsidized by another program? Yes No |
| Y | employers or industry sector representatives consulted in the design and training curriculum? Yes No |
| learn a | the provider use a curriculum that includes career-training objectives that the participant is expected to and be able to do by the completion of the training? Yes |
| elemen | mployers or industry professionals involved in the development and/or execution of the training nt of the activity? Yes |
| Y | e training objectives provided to the participant? Yes, by the Provider Yes, by Employer of Record No |
| toward | re a process for the provider/employer of record to give feedback to the participant on their progress d meeting the training objective? Yes |

| Provide a brief explanation that describes how the provider focuses on moving participants promptly into regular, unsubsidized employment. |
|--|
| Provider has established employer partners that hire participants out of the program. |
| Does the work site employer or other industry employer partners hire the majority of the activity graduates? Yes |
| No N/A |
| Are participant reimbursements/support services provided to SNAP E&T participants for expenses that are reasonable, necessary and directly related to participating in the activity? |
| Yes |
| l l No |

OPERATING BUDGET

The regulations at 7 CFR 273.7(c)(6) outline State agencies must include an operating budget for the year. Complete all cost categories, as applicable. Note that the cost categories, outside of the contractual or county administered program line items, apply only to the State agency costs. The calculated values will automatically display upon selecting the Quick Save button.

Direct Program and Admin Costs

| | Non-Federal Share | Federal Share | Total |
|----------------------------------|-------------------|---------------|-------------|
| Salary/Wages (State agency only) | \$0.00 | \$87,755.20 | \$87,755.20 |

List Full Time Equivalent (FTE) staff positions, percentage of time spent on the project, and average annual salary of each position. Example: E&T Manager - \$60,000 * .50 FTE = \$30,000; 5 E&T Counselors = \$25,000 * 1.00 FTEs * 5 = \$125,000.

E&T Coordinator: \$68,508.96 x 1.0 FTE = \$68,536.00 Program Supervisor: \$76,876.80 x 0.25 FTE= \$19,219.20

| | Non-Federal Share | Federal Share | Total |
|-----------------|-------------------|---------------|-------------|
| Fringe Benefits | \$0.00 | \$35,102.08 | \$35,102.08 |

Explain how fringe benefits are calculated and clearly explain how the amount listed was determined. If charging fringe benefits to the E&T program, provide the approved fringe rates.

E&T Coordinator: \$68,508.96 x 0.4 = \$27,414.40 fringe benefits Program Supervisor: Wages \$19,219.20 x 0.4 = \$7,687.68 fringe benefits

| | Non-Federal Share | Federal Share | Total |
|-----------------------|-------------------|---------------|----------|
| Non-Capital Equipment | \$0.00 | \$240.00 | \$240.00 |

Describe non-capital equipment and supplies to be purchased with E&T funds.

\$240 is for workers compensation coverage for participants in a workfare placement. Estimating \$9.60 per participant per year (25 participants estimated)

| | Non-Federal Share | Federal Share | Total |
|-----------|-------------------|---------------|----------|
| Materials | \$0.00 | \$790.51 | \$790.51 |

Describe materials to be purchased with E&T funds.

Office supplies: paper, pens, printing, postage/shipping, electronic equipment or accessories such as headset, speakers, external webcam, etc.

| | Non-Federal Share | Federal Share | Total |
|--------|-------------------|---------------|------------|
| Travel | \$0.00 | \$9,160.30 | \$9,160.30 |

Describe the purpose and frequency of staff travel charged to the E&T program. This should not include E&T participant reimbursements for transportation. Include planned staff training and registration costs for training that will be charged to E&T funds.

DPHHS staff will travel to provide SNAP E&T training to Maximus and monitor local SNAP E&T programs sites.

DPHHS staff will attend any regional or national FNS SNAP E&T trainings.

| | Non-Federal Share | Federal Share | Total |
|----------------|-------------------|---------------|------------|
| Building Space | \$0.00 | \$8,652.00 | \$8,652.00 |

Explain how building space is calculated and clearly explain how the amount listed above was determined. If charging building space to the E&T program, describe the method used to calculate space value.

Administrative Specialist Office Rent \$8,652/Year.

Method used to calculate: They take the value of the lease divided by the total square footage of the building. This gives us the value per square ft. We then measure every cube/office before move in and as they are assigned we then know how many square feet will be charged to the program occupying the space. Common areas and conference rooms are then based on a percentage. The programs that are occupying the building (or floor) are assigned a percentage based on the occupied space. Then the unoccupied space (common areas and conference rooms) are then charged out by percentage.

| | Non-Federal Share | Federal Share | Total |
|--|-------------------|---------------|--------|
| Equipment and other capital expenditures | \$0.00 | \$0.00 | \$0.00 |

Describe equipment and other capital expenditures over \$5,000 per item that will be charged to E&T funds. (In accordance with 2 CFR 200.407, prior written approval from FNS is required.)

| None | | |
|------|--|--|
| | | |

| | Non-Federal Share | Federal Share | Total |
|---|-------------------|---------------|--------------|
| Subtotal / State Agency Costs Only | \$0.00 | \$141,700.09 | \$141,700.09 |
| Contractual Costs | \$315,000.00 | \$337,633.00 | \$652,633.00 |
| County Administered Direct Program Admin Cost | \$0.00 | \$0.00 | \$0.00 |
| Total Direct Program and Admin Costs | \$315,000.00 | \$479,333.09 | \$794,333.09 |

Indirect Costs - Using Indirect Cost Rate

| | Non-Federal Share | Federal Share | Total |
|----------------|-------------------|---------------|--------|
| Indirect Costs | \$0.00 | \$0.00 | \$0.00 |

Indirect costs (also called overhead costs) are allowable activities that support the E&T program, but are charged directly to the State agency. If using an indirect cost rate approved by the contingent agency, upload the approval letter.

| No File Uploaded | | | |
|------------------|--|--|--|
| | | | |

Indirect Costs - Using Federally Approved Cost Allocation Plan

| | Non-Federal Share | Federal Share | Total |
|--|-------------------|---------------|-------------|
| Federally Approved Cost Allocated Costs - State agency only | \$0.00 | \$25,970.91 | \$25,970.91 |
| County Administered Allocated Costs (only applicable to County Administered Programs) | \$0.00 | \$0.00 | \$0.00 |
| Total Allocated Costs based on Cost Allocation Plan | \$0.00 | \$25,970.91 | \$25,970.91 |

In-kind Contribution

| | Non-Federal Share | Federal Share | Total |
|-------------------------------|-------------------|---------------|--------------|
| State In-kind Contribution | \$0.00 | \$0.00 | \$0.00 |
| Total Administrative Costs | \$315,000.00 | \$505,304.00 | \$820,304.00 |

Participant Reimbursements

| | Non-Federal Share | Federal Share | Total |
|---|-------------------|---------------|--------------|
| Dependent Care | \$0.00 | \$0.00 | \$0.00 |
| Transportation & Other Costs | \$131,250.00 | \$131,250.00 | \$262,500.00 |
| State Agency Cost for Dependent Care | \$0.00 | | \$0.00 |
| Total Participant Reimbursements | \$131,250.00 | \$131,250.00 | \$262,500.00 |

Total Costs

| | Non-Federal Share | Federal Share | Total |
|------------|-------------------|---------------|----------------|
| Total Cost | \$446,250.00 | \$636,554.00 | \$1,082,804.00 |

FUNDING SOURCES

Fields for the Funding Sources section will populate from other sections, such as the Operating Budget section or annual allocations decided by FNS OET.

The system will provide the States 100 percent allocation as well as the target for the total 50/50 funds, as provided in the annual E&T final allocation memo.

State agencies may enter funds into the field "100 Percent Federal Grant - Additional Funds" for planning purposes. This field must be blank before initial submission. State agencies that wish to request additional 100% funds can do so via the Funding Requests tab. If the request is approved, State agencies will see the approved amount populated in this field, and a new State Plan Amendment must be submitted.

The system utilizes a formula that distributes administrative costs to the various funding sources (i.e. 100 percent Federal, 50 percent Federal Admin and 50 percent Non-Federal Admin.) The formula also establishes a funding hierarchy for the use of all available 100 percent Federal funds. This funding hierarchy will assign the planned administrative expenses against the regular 100 Federal grant first, then depending upon availability, against additional 100 percent funds, able-bodied adults without dependents (ABAWD) pledge funds, if applicable. Any planned costs over the available 100 percent funds will be evenly distributed against the 50 percent Admin funds.

The planned expenses shown for the field "100% Federal Grant" will be inclusive of the formula allocation, as well as any additional Federal funds approved. Fields in the column "Distribution of Planned Expenses" are populated from the planned expenses table. States can use this table to extrapolate figures, but cannot submit the form until 100% of Federal additional funds under the "Allocation or Target" column has been removed.

SNAP Employment and Training Funding Sources

| Source Type | Funding Sources | Allocation or Target | Distribution of Planned Expenses | Over/Under Allocation/Target or Over/Under Planned Expenses | Percent of Allocation Planned Use |
|----------------|--|-------------------------|--|---|---|
| Federal | 100 Percent Federal Grant | \$190,304.00 | \$190,304.00 | \$0.00 | 100.00% |
| Federal | 100 Percent Federal Grant - Additional Funds | \$0.00 | \$0.00 | \$0.00 | |
| Federal | ABAWD Pledge Grant | | \$0.00 | \$0.00 | |
| Federal | Total - All 100 Percent Funds | \$190,304.00 | \$190,304.00 | \$0.00 | |
| Federal | 50 Percent Administrative | | \$315,000.00 | | |
| Non-Federal | 50 Percent Administrative | | \$315,000.00 | | |
| Federal | 50 Percent Participant Reimbursements | | \$131,250.00 | | |
| Non-Federal | 50 Percent Participant Reimbursements | | \$131,250.00 | | |
| Federal | Total 50 Percent Federal Target | \$553,880.00 | \$446,250.00 | (\$107,630.00) | |
| | Total | \$744,184.00 | \$1,082,804.00 | | |

Total Fiscal Year Plan Funding

| Funding Sources | Non-Federal Share | Federal Share | Total |
|---|-------------------|---------------|----------------|
| 100 Percent Federal Grant | | \$190,304.00 | \$190,304.00 |
| ABAWD Pledge Grant | | \$0.00 | \$0.00 |
| 50 Percent Administrative | \$315,000.00 | \$315,000.00 | \$630,000.00 |
| 50 Percent Dependent Care | \$0.00 | \$0.00 | |
| 50 Percent Transportation/Other | \$131,250.00 | \$131,250.00 | |
| 50 Percent Total Participant Reimbursements | \$131,250.00 | \$131,250.00 | \$262,500.00 |
| Total 50 Percent Funds | \$446,250.00 | \$446,250.00 | \$892,500.00 |
| Total | \$446,250.00 | \$636,554.00 | \$1,082,804.00 |

PLEDGE TO SERVE ALL ABAWDS

The Act authorizes FNS to allocate \$20 million annually to State agencies that commit, or pledge, to ensuring the availability of education, training, or workfare opportunities that permit able-bodied adults without dependents (ABAWDs) to remain eligible beyond the 3-month time limit.

To be eligible for these additional funds (pledge funds), State agencies must pledge to offer and provide an opportunity in a work program that meets the participation requirements of 7 CFR 273.24 to every applicant and recipient who is in the last month of the 3-month time limit and not otherwise exempt. Individuals are exempt from the time limit if they meet an exception under 7 CFR 273.24(c), reside in an area covered by a waiver in accordance with 7 CFR 273.24(f), or who are exempted by the State under 7 CFR 273.24(g).

| Is the State agency pledging to offer qualifying activities to all ABAWDs subject to the criteria under 7 CFF |
|---|
| 273.7(d)(3)(i)? |
| Yes |
| No |