

April 4, 2024

BCC Agenda Date/Item: _____

Board of County Commissioners
 Clackamas County

Approval to apply for the Supplemental Nutrition Assistance Training and Employment Program grant to increase Employment Services in Clackamas County. Anticipated value is \$163,000 for 1 year. Funding is through Oregon Department of Human Services, with match funded through Metro Supportive Housing Services Measure Funds. No County General Funds are involved.

Previous Board Action/Review	Briefed at issues: BCC 4/2/24		
Performance Clackamas	Access to Services - Increased ability of individuals & families to access health & human services Poverty Rate - Reduced number of people with income below the poverty line		
Counsel Review	No	Procurement Review	No
Contact Person	Jennifer Harvey	Contact Phone	503.867.7500

EXECUTIVE SUMMARY: The Children, Family & Community Connections (CFCC) Division of the Health, Housing and Human Services Department, in its role as the Workforce services provider for Clackamas County, requests approval to re-apply for funding from the Oregon Department of Human Services for the Supplemental Nutrition Assistance Training (SNAP) Training & Employment Program (STEP). The program helps recipients gain skills and find work that moves them toward self-sufficiency. Participants have access to training, support services, and job placement to help them enter and move up the workforce.

This funding opportunity provides a direct 1:1 match of funding, allowing CFCC to double the impact of the funding provided by the County. CFCC has received STEP funding for the past seven fiscal years. This would allow for the continuation of employment services to those leaving incarceration and expand the program through the addition of Supportive Housing Services funding to provide employment services to individuals within the Urban Growth Boundary who are homeless, have experienced homelessness within the past three years, or at high risk of homelessness.

CFCC provided employment services to 147 County residents who received SNAP benefits in FY 22-23.

Approval to apply for a total of \$163,000 is requested. The grant period is October 1, 2024 – September 30, 2025.

RECOMMENDATION: The staff respectfully requests that the Board of County Commissioners approve this request and authorize Chair Smith to sign on behalf of Clackamas County.

Respectfully submitted,

Rodney A. Cook
 Rodney A. Cook
 Director of Health, Housing and Human Services

For Filing Use Only

Financial Assistance Application Lifecycle Form

Use this form to track your potential award from conception to submission.

Sections of this form are designed to be completed in collaboration between department program and fiscal staff.

If renewal or direct appropriation, complete sections I, II, IV & V only. Section III is not required.

If Disaster or Emergency Relief Funding, EOC will need to approve prior to being sent to the BCC

****CONCEPTION****

Section I: Funding Opportunity Information - To Be Completed by Requester

Award type: Direct Appropriation (no application)
 Subrecipient Award Direct Award

Award Renewal? Yes No

Lead Fund # and Department:	H3S-CFCC, CLACK 240
Name of Funding Opportunity:	SNAP TRAINING AND EMPLOYMENT PROGRAM (STEP) PROVIDER PROPOSAL

Funding Source: Federal – Direct Federal – Pass through State Local

Requestor Information: (Name of staff initiating form)	Jennifer Harvey
Requestor Contact Information:	jharvey@clackamas.us, 503.867.7500
Department Fiscal Representative:	Scott Vandecoevering/Cade Windell
Program Name & Prior Project #: (please specify)	STEP (SNAP Employment & Training Program) 246-6321-04548; Current: Workforce, 400303

Brief Description of Project:

Enhanced employment and trainings services including job placement to underserved populations receiving SNAP (Supplemental Nutrition Assistance Program; formerly food stamps) benefits. This is a fund matching opportunity that provides a 1:1 match which the workforce unit has leveraged for over seven years. Approximately 120 residents will be served. Prioritized populations include individuals who are homeless, have experienced homelessness within the past three years or at high risk of homelessness, those exiting prison and individuals in recovery programs.

Name of Funding Agency: Oregon Dept of Human Services--Self-Sufficiency Program

Notification of Funding Opportunity Web Address: None

OR

Application Packet Attached: Yes No

Completed By: Jennifer Harvey Date: 2-13-2024

**** NOW READY FOR SUBMISSION TO DEPARTMENT FISCAL REPRESENTATIVE ****

Section II: Funding Opportunity Information - To Be Completed by Department Fiscal Rep

Competitive Application Non-Competing Application Other

Assistance Listing Number (ALN), if applicable:	N/A	Funding Agency Award Notification Date:	July 2024
Announcement Date:	January 2024	Announcement/Opportunity #:	None
Grant Category/Title	Employment Services	Funding Amount Requested:	\$163,000
Allows Indirect/Rate:	Yes/standard federal rules	Match Requirement:	50%
Application Deadline:	April 15, 2024	Total Project Cost:	\$325,000
Award Start Date:	October 1, 2024	Other Deadlines and Description:	None
Award End Date:	September 30, 2025		
Completed By:	Jennifer Harvey	Program Income Requirements:	N/A
Pre-Application Meeting Schedule:			

Additional funding sources available to fund this program? Please describe:

\$120k from Supportive Housing Services to serve those who are or have recently experienced homelessness, or who are at-risk of homelessness and \$42,000 in funding from Community Corrections to provide employment services to those leaving incarceration.

How much General Fund will be used to cover costs in this program, including indirect expenses?
 \$0

How much Fund Balance will be used to cover costs in this program, including indirect expenses?
 \$0

In the next section, limit answers to space available.

Section III: Funding Opportunity Information - To Be Completed at Pre-Application Meeting by Dept Program and Fiscal Staff

Mission/Purpose:

1. *How does the grant/funding opportunity support the Department and/or Division's Mission/Purpose/Goals?*

2. *Who, if any, are the community partners who might be better suited to perform this work?*

3. *What are the objectives of this funding opportunity? How will we meet these objectives?*

4. *Does the grant/financial assistance fund an existing program? If yes, which program? If no, what is the purpose of the program?*

Organizational Capacity:

1. *Does the organization have adequate and qualified staff? If no, can staff be hired within the grant/financial assistance funding opportunity timeframe?*

2. *Are there partnership efforts required? If yes, who are we partnering with and what are their roles and responsibilities?*

3. *If this is a pilot project, what is the plan for sun setting the project and/or staff if it does not continue (e.g. making staff positions temporary or limited duration, etc.)?*

4. *If funded, would this grant/financial assistance create a new program, does the department intend for the program to continue after initial funding is exhausted? If yes, how will the department ensure funding (e.g. request new funding during the budget process, supplanted by a different program, etc.)?*

Collaboration

1. List County departments that will collaborate on this award, if any.

Reporting Requirements

1. What are the program reporting requirements for this grant/funding opportunity?

2. How will performance be evaluated? Are we using existing data sources? If yes, what are they and where are they housed? If not, is it feasible to develop a data source within the grant timeframe?

3. What are the fiscal reporting requirements for this funding?

Fiscal

1. Are there other revenue sources required, available, or will be used to fund the program? Have they already been secured? Please list all funding sources and amounts.

2. For applications with a match requirement, how much is required (in dollars) and what type of funding will be used to meet it (CGF, In-kind, local grant, etc.)?

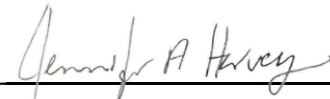
3. Does this grant/financial assistance cover indirect costs? If yes, is there a rate cap? If no, can additional funds be obtained to support indirect expenses and what are those sources?

Other information necessary to understand this award, if any.

Program Approval:

Jennifer Harvey

2/29/2024



Name (Typed/Printed)

Date

Signature

**** NOW READY FOR PROGRAM MANAGER SUBMISSION TO DIVISION DIRECTOR****

****ATTACH ANY CERTIFICATIONS REQUIRED BY THE FUNDING AGENCY. COUNTY FINANCE OR ADMIN WILL SIGN****

Section IV: Approvals

DIVISION DIRECTOR (or designee, if applicable)

Adam Freer

2/29/2024



Name (Typed/Printed)

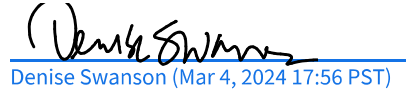
Date

Signature

DEPARTMENT DIRECTOR (or designee, if applicable)

Denise Swanson

Mar 4, 2024


Denise Swanson (Mar 4, 2024 17:56 PST)

Name (Typed/Printed)

Date

Signature

FINANCE ADMINISTRATION

Elizabeth Comfort

Mar 5, 2024



Name (Typed/Printed)

Date

Signature

EOC COMMAND APPROVAL **WHEN NEEDED FOR DISASTER OR EMERGENCY RELIEF APPLICATIONS ONLY**

Name (Typed/Printed)

Date

Signature

Section V: Board of County Commissioners/County Administration

(Required for all grant applications. If your grant is awarded, all grant awards must be approved by the Board on their weekly consent agenda regardless of amount per local budget law 294.338.)

For applications \$150,000 and below:

COUNTY ADMINISTRATOR	Approved:	Denied:
Name (Typed/Printed)	Date	Signature

For applications up to and including \$150,000 email form to Tracy Moreland at TracyMor@clackamas.us for Gary Schmidt's approval.

For applications \$150,000.01 and above, email form with Staff Report to the Clerk to the Board at ClerktotheBoard@clackamas.us to be brought to the consent agenda.

BCC Agenda item #:

Date:


OR

Policy Session Date:

County Administration Attestation

County Administration: re-route to department at
and
Grants Manager at financegrants@clackamas.us
when fully approved.

Department: keep original with your grant file.



OREGON
SNAP TRAINING AND
EMPLOYMENT PROGRAM (STEP)
PROVIDER PROPOSAL FOR
CONTINUING PROVIDERS

FEDERAL FISCAL YEAR 2025

DUE APRIL 15, 2024

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REQUIRED PROPOSAL ELEMENTS AND CRITERIA FOR CONTINUING PROVIDERS

STEP PROVIDER PROPOSAL DUE APRIL 15, 2025

The SNAP Training and Employment Program (STEP) will not open the program to *new* STEP providers for federal fiscal year (FFY) 2025 (October 1, 2024-September 30, 2025). This means, applications to become a *new* STEP provider for FFY25 will not be accepted.

STEP providers currently operating in FFY24 are encouraged and welcome to apply in FFY25 to continue as part of the STEP Provider Network. The decision to close the STEP Provider Network is only in effect for FFY25.

This was not an easy decision for the program to make. With support from ODHS Leadership, in FFY25, the SNAP E&T program will focus on strengthening the STEP program and supporting the current STEP Provider Network. Our vision for the year ahead aims to focus on making a long-lasting difference for Oregon families and communities. Doing anti-poverty work means helping people move from crisis to surviving to thriving, keeping them from returning to a cycle of poverty in the future. To do this, the Oregon SNAP E&T team will utilize their limited capacity to focus on existing providers to offer support and technical assistance, and ensure equitable services are being offered to all eligible Oregonians, to truly help put this vision into action.

The SNAP E&T Team reviews and updates the STEP Provider Proposal documents every year to assist in streamlining, simplifying the process, and meeting federal requirements. For FFY 2025, several changes to the format have been made. Carefully review the guidance and directions.

Each of these sections and sub-sections are required elements in your written narrative and budget proposal. Proposals that do not address all the required elements will be returned for completion by the potential provider.

Directions for completing this proposal for continuing providers only:

For FFY25, the STEP Provider Proposal will have check boxes for most questions for **continuing providers** to report any changes to the responses provided in their FFY24 STEP Provider Proposal.

- Carefully review each section and directions for completing the requested information.
- Complete each section by entering your answer in the check boxes and/or completing the required questions for FFY25.
- Checking the box “ The answer has not changed from the FFY24 STEP Provider Proposal” means:
 - There are no substantial changes to:
 - The organization’s internal STEP program processes or policies.
 - The organization’s STEP components offered to participants.
 - The organization’s STEP participant flow, goals, and outcomes.

For example, a substantial change would be:

Describe your current STEP activities.	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input checked="" type="checkbox"/> There are changes to FFY25, this includes: Organization A has implemented a housing program which supports 100 STEP individuals per year with assistance for deposits and first month’s rent to secure stable housing.
--	--

- **Do not reformat the document or remove the text boxes.**
 - If your organization has specific needs, please connect the SNAP E&T team for prior approval.
- Use the SNAP E&T Criteria Checklist (attached below) to ensure completion of each section and review prior to submitting your organization’s proposal.



Budget Review
Checklist FFY 2025.pdf



Narrative Review
Checklist FFY 2025.pdf

- Review the FFY24 SNAP E&T Handbook for program details.
- **Submit all required documents no later than April 15th, 2024, to SNAP.EmploymentAndTraining@odhsoha.oregon.gov**
 - Required documents include:
 - Proposal Narrative (word document).
 - Proposal Budget (excel document).
 - Federally Approved Negotiated Indirect Rate letter (if using above 10% de minimis indirect rate).
 - All documents provided/utilized during STEP Orientation, Assessment, and Case Plan.
 - If providers do not have paper documents and instead utilize an online system, they may include screenshots with descriptions as an alternative.

The SNAP E&T team reviews each proposal to ensure all required elements are included and clearly defined and will reach out if anything is missing or further clarification is needed. Once the SNAP E&T team internally approves an organization’s proposal, the organization will be notified via email. The contracting process will then begin, and the information will be compiled into Oregon’s SNAP E&T State Plan to be submitted for FNS approval.

FFY 2025 SNAP E&T Proposal Narrative

*** For continuing STEP and ABAWD providers only ***

A: Introduction and Organization Background:

Please provide a brief summary for each of the elements listed below:

1. Summary of your Organization: Please provide a brief overview of your organization. Within the overview, you must include the following elements:

Organization Name	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:
Organization Mission Statement	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:
Date Organization established	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:
Organization Location	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:
Organization funding overview	<p><i>Describe how your agency is funded. For example, you may clarify if you receive donations, do fundraising, receive grants, etc.</i></p> <input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:

2. What are the current activities and/or programs your agency is providing for the community?

Describe your current non-STEP activities	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:
Describe your current STEP activities	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:
Summarize any innovative practices you provide	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:

3. Are participants charged for any E&T related services? Select the appropriate box.

No <input type="checkbox"/>	
Yes <input type="checkbox"/>	If you selected “yes,” you must provide a detailed description about the services and charges. ANSWER:

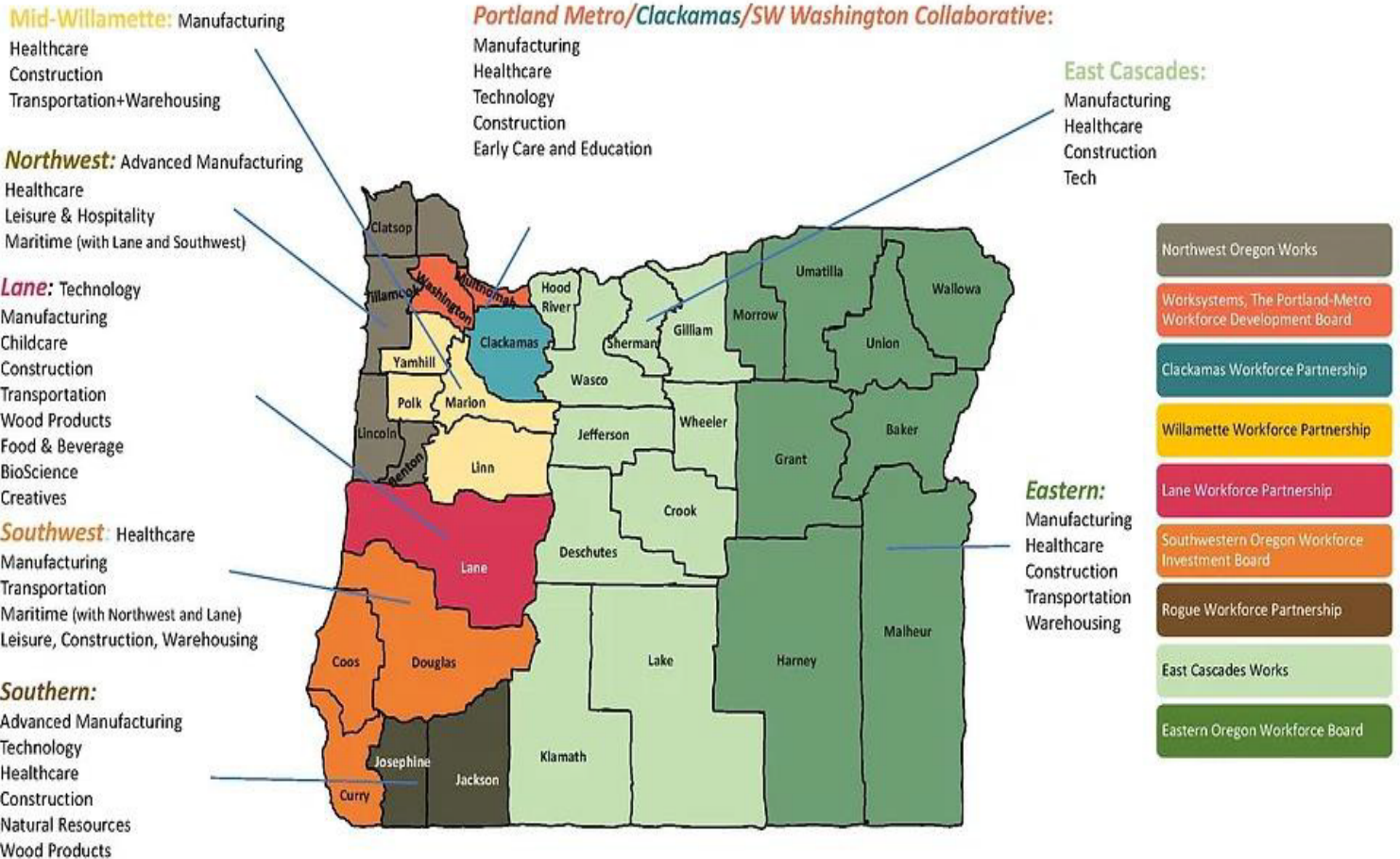
B: Objectives and Program Goals:

Sector Strategies: Review the below graphic and provide information about your sector strategies as indicated below.

Sector Strategies are partnerships of companies, from the same industry and in their natural labor market region, with education, workforce development, economic development and community organizations that focus on a set of key priority issues identified by the target industry.

The goal of SNAP E&T is to help SNAP participants gain the skills and credentials they need to obtain good jobs leading to economic self-sufficiency. The most successful SNAP E&T programs take into account the dual needs of employers and the SNAP participants in need of further education and training. STEP providers can improve the likelihood of strong employment outcomes by considering local labor market needs when operating SNAP E&T programs.

Oregon's Local Workforce Development Boards and Sector Partnerships 2023



<p>Please explain how your program will meet the needs of the sector strategies in your community.</p>	<p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>
<p>What are the specific employment links from</p>	<p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>

your program to local jobs?	
Please describe in detail how your STEP program intends to help individuals move forward to be self-sufficient and employed with a living wage job, which includes a career path.	<p><i>Include details such as how your specific service component(s) will prepare individuals for careers in your area, the wage progression potentials for those careers, etc.</i></p> <p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>
Please list and describe any existing organizational partnerships, with goals related to employment and training, you have already established in your local area.	<p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>

C: Target Population and Geographic Area of Services:

Target Populations are those individuals who your organization will serve. This may include individuals who are Veterans, unstably housed individuals, youth, etc.

How will participants be referred to your organization?	<p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>
Have you discussed serving your target population with your local ODHS leadership and community partners?	<p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>

Enter information in the two tables below. If you do not intend to offer *any* virtual services, please enter "N/A."

Please ensure to list each service area in a separate line on the table – if you anticipate serving participants in multiple areas (ODHS Districts), a separate line should be used for each district.

- The answer has not changed from the FFY24 STEP Provider Proposal.
- There are changes to FFY25, this includes the changes in the tables below:

<u>In-Person Services</u> – Geographic Area	<i>Existing Providers only-</i> Is this an expansion from the previous FFY? Check “yes” or “no”.	Why have you selected this geographic area?	Target population (such as homeless, re-entry population)	Why have you selected this target population?
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Insert rows as needed*

<u>Virtual Services</u> – Geographic Area	<i>Existing Providers only-</i> Is this an expansion from the previous FFY? Check “yes” or “no”.	Why have you selected this geographic area?	Target population (such as homeless, re-entry population)	Why have you selected this target population?
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			
	<input type="checkbox"/> Yes <input type="checkbox"/> No			

**Insert rows as needed*

D: Underserved Populations:

Underserved populations are groups of people who have not traditionally received equitable access to employment and training services. This may include but is not limited to; individuals who are racial/ethnic minorities, disabled, convicted of a felony, elders, or LGBTQIA2S+. This is different than your target population; however, there may be overlap between your target population and the underserved populations your organization will provide services to.

<p>What underserved populations will your organization provide services to?</p>	<p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>
<p>Describe how your organization is working to close opportunity gaps and increase economic mobility, through a lens of diversity, equity and inclusion.</p>	<p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>
<p>How do you engage with the communities you serve to examine how different populations are impacted by the services being offered by your organization?</p>	<p><i>For example, do you have a community forum for unstably housed individuals to provide feedback about your services and accessibility?</i></p> <p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>
<p>If you do not currently engage with communities you serve to examine program impacts, what are your plans to do so in the future?</p>	<p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>

E: Accommodations to provide services for all participants:

Organizations who offer SNAP E&T services, must ensure those services are accessible to all SNAP E&T participants regardless of language/ability, as required by Food and Nutrition Service (FNS) (See [7 CFR 272.4\(b\)](#)).

<p>How does someone who is non-English speaking access your services?</p>	<p><i>For example: Connecting to participants through the language line, utilizing interpreter services, utilizing multi-lingual staff, connecting participants to an ELA program, other community resources, etc.</i></p> <p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>
<p>Describe how you offer accommodations for individuals with disabilities.</p>	<p><i>This may include but is not limited to mobility or learning disabilities.</i></p> <p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>

Limited English Proficiency (LEP) Access: Title VI of the Civil Rights Act of 1964 prohibits recipients of Federal financial assistance from discriminating against or otherwise excluding individuals on the basis of race, color, or national origin in any of their activities. Section 601 of Title VI, 42 U.S.C. § 2000d, provides “No person in the United States shall, on the ground of race, color, or national origin, be excluded from participation in, be denied benefits of, or be subjected to discrimination under any program or activity receiving Federal financial assistance.”

Denying services to participants who are not proficient in English can be interpreted as discrimination based on national origin. It is imperative that SNAP E&T providers have systems in place to provide access.

It is permissible to enroll participants in an English Language Acquisition component with the plan for them to transition to other components when they become more

proficient, but there must still be a method to communicate with the LEP participants and make a case plan.

For more information/supports on providing services to individuals who have limited English proficiency, please visit:

https://www.lep.gov/sites/lep/files/media/document/2021-12/2021_12_07_Website_Language_Access_Guide_508.pdf

ADA Accommodations: Except as otherwise provided in §35.150, no qualified individual with a disability shall, because a public entity's facilities are inaccessible to or unusable by individuals with disabilities, be excluded from participation in, or be denied the benefits of the services, programs, or activities of a public entity, or be subjected to discrimination by any public entity.

F: Specific Type of SNAP E&T Service Component(s) to be Offered:

SNAP E&T Service Components are meant to assist members of a SNAP household in obtaining relevant training, education and/or skills that will increase the likelihood of obtaining and maintaining employment.

- The answer has not changed from the FFY24 STEP Provider Proposal.
- There are changes to FFY25, this includes the changes in the table below:

SNAP E&T Service Components	
Non-Education, Non-Work Service Components:	
Supervised Job Search	<input type="checkbox"/>
Job Search Training	<input type="checkbox"/>
Job Retention	<input type="checkbox"/>
Self-Employment Training	<input type="checkbox"/>
Educational Service Components:	
Basic Education / Foundational Skills Instruction	<input type="checkbox"/>
Career/Technical Education or other Vocational Training	<input type="checkbox"/>
Short-Term Training	<input type="checkbox"/>
English Language Acquisition	<input type="checkbox"/>
Integrated Education and Training / Bridge Programs	<input type="checkbox"/>
Work Readiness Training	<input type="checkbox"/>

Work Experience Service Components:	
Internship	<input type="checkbox"/>
Internship with Subsidized Employment	<input type="checkbox"/>
Pre-Apprenticeship	<input type="checkbox"/>
Apprenticeship	<input type="checkbox"/>
Pre-Apprenticeship with Subsidized Employment	<input type="checkbox"/>
Apprenticeship with Subsidized Employment	<input type="checkbox"/>
On-The-Job Training	<input type="checkbox"/>
Work Activity (formerly known as Work Experience or Work-Based Learning - Other)	<input type="checkbox"/>

**Ensure the above table matches your Budget Template, Component Break-Out Tab.*

G: Specific Type of SNAP E&T Support Services to be Offered:

Support Services **must** be available for SNAP E&T Participants who engage in your program, even if you are not requesting reimbursement for these items. Support Services are meant to remove barriers participants may be encountering when attempting to accomplish their long or short-term E&T goals through participation in the STEP Program. Support Services are tangible items provided to participants and may include but are not limited to items such as: transportation, work clothing, utility assistance, etc. For questions about allowable Support Services, please reference the SNAP E&T Provider Handbook, page #63.

- The answer has not changed from the FFY24 STEP Provider Proposal.
- There are changes to FFY25, this includes the changes in the table below:

Provide information about all the Support Services your organization offers to SNAP E&T Participants.

Support services *must* be available for SNAP E&T Participants who engage in your program. You may select both boxes if you have multiple funding sources. Please list each support service your organization offers. You may include additional lines. Place an "X" in the cell indicating if the support service is STEP or Non-STEP funded.

<i>Example:</i> Support Service Offered:	<i>STEP Funding (place X in cell)</i>	<i>Non-STEP Funding (place X in cell)</i>	<i>Please indicate any limitations or dollar amount (caps) your organization may have.</i>
<i>Transportation</i>	<i>X</i>		<i>\$50.00 per person</i>
Support Service Offered:	STEP Funding (place X in cell)	Non-STEP Funding (place X in cell)	Please indicate any limitations or dollar amount (caps) your organization may have.

**Add lines as needed.*

H: Service Component Descriptions:

A SNAP E&T service component is a broad category of employment or training activities defined by the Food and Nutrition Act of 2008. SNAP E&T activities are specific types of employment or training offerings that compose a SNAP E&T service component.

Activities that make up a service component help to progress a SNAP E&T participant towards a career pathway and self-sufficiency. For instance, the Job Search Training service component is made up of several SNAP E&T activities including employment assessments, assistance with resume writing and interview skills, instruction on performing a job search, and other similar activities.

For each of the service components you have selected in section F, you must fill out the corresponding tables below. **If you are not offering one of these components, please remove the table prior to submitting your proposal.**

**Organizations with Sub-Contractors: You must clearly indicate the specific service components each of your sub-contractors will be providing.*

Details on the information for each section of the table is as follows:

- 1. Details of Service Component:** Provide specific details about:

- A detailed description of the activities included in this service component (*this is not the SNAP E&T definition of the service component; this is how your services will meet the definition and what **specific activities** will be included in this service component*).
 - How your organization will deliver this service component.
 - What participants will do/learn/obtain by engaging in this service component.
 - Related processes for this service component.
 - Related materials and/or curriculum used when delivering this service component.
2. **Ages:** Indicate the age group of individuals you will serve.
 *If you anticipate serving anyone 21 years of age or younger, there is an additional check box at the bottom of each service component section to address supplanting.
3. **Geographic Area and ODHS District:** Provide the specific geographic area (include city/county) and the ODHS District in which your component will be available for participants.
4. **Service Component Enhancement:** Describe your service component enhancement.
- If this service component is also offered to non-STEP participants who receive services in your agency, describe how it will be enhanced or expanded for STEP participants.
 - This means STEP Participants *must* receive additional or different SNAP E&T services than non-STEP Participants. This section *must* include specific details about what STEP participants receive that is not available to non-STEP Participants.
 - *For example, if STEP Participants receive Case Management (a STEP Program requirement) and this is not offered to non-STEP Participants, then Case Management may be your Service Component enhancement.*
 - If this service component is not available to non-STEP Participants (and *only* to STEP Participants), you must clearly indicate this information.

5. **Cost Parity:** Costs charged to STEP cannot exceed the costs charged for non-STEP participants. Please review this statement and select the box to attest you agree.
***If this box is not selected, this service component will not be approved by the SNAP E&T Team.**

6. **Anticipated Outcomes:** What types of program outcomes are you anticipating? These outcomes may include specific skills gained, certificates obtained, job placement, job advancement, etc.
 - Outcomes **do not include** completing the Orientation, Assessment, Case Plan process, participant numbers served, etc.

7. **How will you track these outcomes?** Please describe how you will track your program outcomes. These tracking methods may include iMatchSkills, your own programs (please identify), or other record-keeping software.

8. **Criteria for participation in the service component:** What skills, knowledge, or experience is necessary for the participant to have/obtain, in order to be eligible to engage in the component? For example, literacy or numeracy levels, recent labor market attachment, computer literacy, etc.

9. **Frequency of engagement in the service component:** How many hours will the participant engage in this component, *on the days they engage*? On average, how many days each week or month will this participant engage in this component? Enter the number of hours the participant will be actively participating in this component. Then, enter the number of times the participant will engage, and select the box to indicate if the number is for weekly or monthly. Please select the box which best fits your program.

10. **Duration of engagement in the service component:** Enter a number to reflect, on average, how long the participant is anticipated to engage in this component and select the box to indicate if the number is for days, weeks, or months. Please select the box which best fits your program.

11. **Support Services:** List the specific support services your organization will provide for participants engaged in this service component. Example: Transportation,

personal computers, work tools. The allowable SNAP E&T support services are listed on page 63 of the SNAP E&T Provider Handbook.

<p>Service Component</p>	<p>Supervised Job Search</p> <p>Definition: Supervised Job Search is a collaboration between the organization STEP Staff and the participant. This component is available for participants who are work ready, as determined by assessment and the Work Ready Criteria by region. A case plan including Supervised Job Search will list all of the mutually agreed upon job search leads. Tracking, reviewing, and completing ongoing assessment with the participant at least one time per month is a requirement of this component. All services must be provided in a state approved location.</p> <p>Supervised Job Search does not include requesting participants to find job leads/apply on their own, and report back to the organization. Any job search lead that is not included in the case plan will not count as Supervised Job Search. If a participant would like additional job search leads to be included in their case plan, communication needs to be made with the SNAP E&T provider to have it added. Once added to the case plan, this would be considered Supervised Job Search if all other criteria are met.</p> <p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes the changes below:</p>
<p>1. Details</p>	<p>ANSWER:</p>
<p>2. Ages</p>	<p>Provide the age range of individuals you will serve: <i>For example, "18 and older" or "16 to 24"</i></p> <p><i>*Additional information required below for services to individuals 21 and under</i></p> <p>ANSWER:</p>
<p>3. Geographic Area and ODHS District</p>	<p>ANSWER:</p>
<p>4. Enhancement</p>	<p>ANSWER:</p>
<p>5. Cost Parity</p>	<p><input type="checkbox"/> Check this box to attest you will ensure the following:</p> <p>Costs charged to STEP will not exceed the costs charged for non-STEP participants.</p> <p>*If this box is not selected, this service component will not be approved by the SNAP E&T Team.</p>
<p>6. Anticipated Outcomes</p>	<p><i>*Outcomes do not include completing the Orientation, Assessment, Case Plan process, participant numbers served, etc.</i></p> <p>ANSWER:</p>
<p>7. How will you track outcomes?</p>	<p>ANSWER:</p>

8. Criteria for participation in service component:	ANSWER:
9: Frequency: How often will the participant engage in this component? (<i>ENTER HOURS HERE</i>) Hour(s) per day (<i>ENTER NUMBER HERE</i>) Time(s) per <input type="checkbox"/> Week <input type="checkbox"/> Month	
10. Duration: Overall, how long will the participant engage in this component? (<i>ENTER NUMBER HERE</i>) <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months	
Support Services	
11. Please list the specific support services will you provide for participants engaged in this service component. ANSWER:	
<p>*Additional Required Information for offering services to ages 21 and younger:</p> <input type="checkbox"/> By selecting this box, you are attesting that the services offered by your agency are not supplanting local employment activities otherwise available through the local school district(s) to the SNAP E&T Participant. <input type="checkbox"/> You have read FNS Guidance regarding supplanting services (https://www.law.cornell.edu/cfr/text/7/273.7#d_1_ii – See Use of Funds, Section C.)	
<p>State Approved Locations: If you have chosen Supervised Job Search as a component that your agency will be offering, you must list all the locations that you will be providing services to participants. If you intend to provide virtual services, this must be included in your list below. (For additional information/guidance on State Approved Locations, see page #23 of the STEP Provider Handbook.)</p> <ol style="list-style-type: none"> 1. 2. 3. 4. 5. 	

Service Component	<p>Job Search Training</p> <p>Definition: A component which strives to enhance the job search skills of participants by providing Individualized Career Searching Services. Job Search Training is designed to assist SNAP E&T participants in developing career plans, determining skill levels and training needs, and securing basic employment skills. “Job clubs” are not allowed.</p> <input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes the changes below:
1. Details	ANSWER:
2. Ages	<p>Provide the age range of individuals you will serve: <i>For example, “18 and older” or “16 to 24”</i></p> <p><i>*Additional information required below for services to individuals 21 and under</i></p> <p>ANSWER:</p>
3. Geographic Area and ODHS District	ANSWER:
4. Enhancement	ANSWER:

5. Cost Parity	<input type="checkbox"/> Check this box to attest you will ensure the following: Costs charged to STEP will not exceed the costs charged for non-STEP participants. *If this box is not selected, this service component will not be approved by the SNAP E&T Team.
6. Anticipated Outcomes	<i>*Outcomes do not include completing the Orientation, Assessment, Case Plan process, participant numbers served, etc.</i> ANSWER:
7. How will you track outcomes?	ANSWER:
8. Criteria for participation in service component:	ANSWER:
9: Frequency: How often will the participant engage in this component? (ENTER HOURS HERE) Hour(s) per day (ENTER NUMBER HERE) Time(s) per <input type="checkbox"/> Week <input type="checkbox"/> Month	
10. Duration: Overall, how long will the participant engage in this component? (ENTER NUMBER HERE) <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months	
Support Services	
11. Please list the specific support services will you provide for participants engaged in this service component. ANSWER:	
*Additional Required Information for offering services to ages 21 and younger: <input type="checkbox"/> By selecting this box, you are attesting that the services offered by your agency are not supplanting local employment activities otherwise available through the local school district(s) to the SNAP E&T Participant. <input type="checkbox"/> You have read FNS Guidance regarding supplanting services (https://www.law.cornell.edu/cfr/text/7/273.7#d_1_ii – See Use of Funds, Section C.)	

Service Component	<h3>Job Retention</h3> <p>Definition: This component consists of services provided to SNAP E&T participants who have secured employment after participating in another SNAP E&T component and are <i>no longer</i> receiving SNAP benefits. This component is meant to help retain employment and to increase wage progression. When providing this component, participants must receive at least one month of Job Retention services. Job Retention is limited to a 90-day time frame.</p> <p>The following criteria must be met to be eligible for Job Retention:</p> <ul style="list-style-type: none"> - When SNAP closes due to employment wages, the participant may then engage in Job Retention services. This must be done within 30 days of SNAP closure. - To be eligible for Job Retention services, the participant must have engaged in another SNAP E&T Component within the previous 30 days of SNAP closure. <p>If a participant becomes employed and is still receiving SNAP benefits, services must be provided under another appropriate component, instead of Job Retention.</p> <input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes the changes below:
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1. Details	ANSWER:
2. Ages	Provide the age range of individuals you will serve: <i>For example, "18 and older" or "16 to 24"</i> <i>*Additional information required below for services to individuals 21 and under</i> ANSWER:
3. Geographic Area and ODHS District	ANSWER:
4. Enhancement	ANSWER:
5. Cost Parity	<input type="checkbox"/> Check this box to attest you will ensure the following: Costs charged to STEP will not exceed the costs charged for non-STEP participants. *If this box is not selected, this service component will not be approved by the SNAP E&T Team.
6. Anticipated Outcomes	<i>*Outcomes do not include completing the Orientation, Assessment, Case Plan process, participant numbers served, etc.</i> ANSWER:
7. How will you track outcomes?	ANSWER:
8. Criteria for Participation:	- When SNAP closes due to employment wages, the participant may then engage in Job Retention services. This must be done within 30 days of SNAP closure. - To be eligible for Job Retention services, the participant must have engaged in another SNAP E&T Component within 30 days of SNAP closure. - To be eligible for 90 days of Job Retention services, the participant must have first engaged in Job Retention services within 30 days of SNAP closure. *If you have additional criteria beyond the above information, please include these details here: ANSWER:
9. Frequency: How often will the participant engage in this component?	(<i>ENTER HOURS HERE</i>) Hour(s) per day (<i>ENTER NUMBER HERE</i>) Time(s) per <input type="checkbox"/> Week <input type="checkbox"/> Month
10. Duration: Overall, how long will the participant engage in this component?	(<i>ENTER NUMBER HERE</i>) <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months
Support Services	
11. Please list the specific support services will you provide for participants engaged in this service component.	ANSWER:
*Additional Required Information for offering services to ages 21 and younger: <input type="checkbox"/> By selecting this box, you are attesting that the services offered by your agency are not supplanting local employment activities otherwise available through the local school district(s) to the SNAP E&T Participant. <input type="checkbox"/> You have read FNS Guidance regarding supplanting services (https://www.law.cornell.edu/cfr/text/7/273.7#d_1_ii – See Use of Funds, Section C.)	

Service Component	Self-Employment Training
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	<p>Definition: A curriculum or training which improves the employability of participants by providing training in setting-up and operating a small business or other self-employment ventures.</p> <p>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.</p> <p>Self-Employment Training is for participants with sound business ideas but who lack the skills and knowledge to successfully create and implement a plan for self-employment.</p> <p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes the changes below:</p>
1. Details	ANSWER:
2. Ages	<p>Provide the age range of individuals you will serve: For example, "18 and older" or "16 to 24"</p> <p><i>*Additional information required below for services to individuals 21 and under</i></p> <p>ANSWER:</p>
3. Geographic Area and ODHS District	ANSWER:
4. Enhancement	ANSWER:
5. Cost Parity	<p><input type="checkbox"/> Check this box to attest you will ensure the following:</p> <p>Costs charged to STEP will not exceed the costs charged for non-STEP participants.</p> <p>*If this box is not selected, this service component will not be approved by the SNAP E&T Team.</p>
6. Anticipated Outcomes	<p><i>*Outcomes do not include completing the Orientation, Assessment, Case Plan process, participant numbers served, etc.</i></p> <p>ANSWER:</p>
7. How will you track outcomes?	ANSWER:
8. Criteria for participation in service component:	ANSWER:
9: Frequency: How often will the participant engage in this component? (ENTER HOURS HERE) Hour(s) per day	
(ENTER NUMBER HERE) Time(s) per <input type="checkbox"/> Week <input type="checkbox"/> Month	
10. Duration: Overall, how long will the participant engage in this component? (ENTER NUMBER HERE) <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months	
Support Services	
11. Please list the specific support services will you provide for participants engaged in this service component. ANSWER:	
<p>*Additional Required Information for offering services to ages 21 and younger:</p> <p><input type="checkbox"/> By selecting this box, you are attesting that the services offered by your agency are not supplanting local employment activities otherwise available through the local school district(s) to the SNAP E&T Participant.</p>	

You have read FNS Guidance regarding supplanting services (https://www.law.cornell.edu/cfr/text/7/273.7#d_1_ii)
 – See Use of Funds, Section C.)

<p>Service Component</p>	<p>Basic Education/Foundational Skills Instruction</p> <p>Definition: Programs which offer academic instruction and education services below the postsecondary level. This component includes activities necessary for the attainment of a secondary school diploma or its recognized equivalent. Completion of this component facilitates transition to postsecondary education and training and to subsequently obtain employment. Programs include Adult Basic Education (ABE), basic literacy, and high school equivalency (GED, TASC, HiSET, or other).</p> <p>Activities charged to E&T may not supplant non-federal funds for existing educational services and activities and E&T may not be charged more than what the general public would pay for the same service.</p> <p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes the changes below:</p>	
<p>1. Details</p>	<p>ANSWER:</p>	
<p>2. Ages</p>	<p>Provide the age range of individuals you will serve: <i>For example, "18 and older" or "16 to 24"</i></p> <p><i>*Additional information required below for services to individuals 21 and under</i></p> <p>ANSWER:</p>	
<p>3. Geographic Area and ODHS District</p>	<p>ANSWER:</p>	
<p>4. Enhancement</p>	<p>ANSWER:</p>	
<p>5. Cost Parity</p>	<p><input type="checkbox"/> Check this box to attest you will ensure the following:</p> <p>Costs charged to STEP will not exceed the costs charged for non-STEP participants.</p> <p>*If this box is not selected, this service component will not be approved by the SNAP E&T Team.</p>	
<p>6. Anticipated Outcomes</p>	<p><i>*Outcomes do not include completing the Orientation, Assessment, Case Plan process, participant numbers served, etc.</i></p> <p>ANSWER:</p>	
<p>7. How will you track outcomes?</p>	<p>ANSWER:</p>	
<p>8. Criteria for participation in service component:</p>	<p>ANSWER:</p>	
<p>9: Frequency: How often will the participant engage in this component? <i>(ENTER HOURS HERE)</i> Hour(s) per day</p> <p><i>(ENTER NUMBER HERE)</i> Time(s) per <input type="checkbox"/> Week <input type="checkbox"/> Month</p>		

10. Duration: Overall, how **long** will the participant engage in this component?

(*ENTER NUMBER HERE*) Days Weeks Months

Support Services

11. Please list the specific support services will you provide for participants engaged in this service component.

ANSWER:

***Additional Required Information for offering services to ages 21 and younger:**

By selecting this box, you are attesting that the services offered by your agency are not supplanting local employment activities otherwise available through the local school district(s) to the SNAP E&T Participant.

You have read FNS Guidance regarding supplanting services (https://www.law.cornell.edu/cfr/text/7/273.7#d_1_ii

– See Use of Funds, Section C.)

Service Component	<p>Career/Technical Education / Other Vocational Training</p> <p>Definition: Organized training at the post-secondary level which provides individuals with the academic and technical knowledge and skills necessary to prepare for further education and for careers in current or emerging employment sectors. Programs are primarily designed for those who are beyond the age of compulsory high school attendance. These programs are employer-driven and must lead to industry-recognized certificates or credentials.</p> <p>Activities charged to E&T may not supplant non-federal funds for existing educational services and activities and E&T may not be charged more than what the general public would pay for the same service.</p> <p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes the changes below:</p>
1. Details	ANSWER:
2. Ages	<p>Provide the age range of individuals you will serve: <i>For example, "18 and older" or "16 to 24"</i></p> <p><i>*Additional information required below for services to individuals 21 and under</i></p> <p>ANSWER:</p>
3. Geographic Area and ODHS District	ANSWER:
4. Enhancement	ANSWER:
5. Cost Parity	<p><input type="checkbox"/> Check this box to attest you will ensure the following:</p> <p>Costs charged to STEP will not exceed the costs charged for non-STEP participants.</p> <p>*If this box is not selected, this service component will not be approved by the SNAP E&T Team.</p>
6. Anticipated Outcomes	<p><i>*Outcomes do not include completing the Orientation, Assessment, Case Plan process, participant numbers served, etc.</i></p> <p>ANSWER:</p>
7. How will you track outcomes?	ANSWER:

8. Criteria for participation in service component:	ANSWER:
9: Frequency: How often will the participant engage in this component? (<i>ENTER HOURS HERE</i>) Hour(s) per day (<i>ENTER NUMBER HERE</i>) Time(s) per <input type="checkbox"/> Week <input type="checkbox"/> Month	
10. Duration: Overall, how long will the participant engage in this component? (<i>ENTER NUMBER HERE</i>) <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months	
Support Services	
11. Please list the specific support services will you provide for participants engaged in this service component. ANSWER:	
<p>*Additional Required Information for offering services to ages 21 and younger:</p> <p><input type="checkbox"/> By selecting this box, you are attesting that the services offered by your agency are not supplanting local employment activities otherwise available through the local school district(s) to the SNAP E&T Participant.</p> <p><input type="checkbox"/> You have read FNS Guidance regarding supplanting services (https://www.law.cornell.edu/cfr/text/7/273.7#d_1_ii – See Use of Funds, Section C.)</p>	

Service Component	<h3>Short-Term Training</h3> <p>Definition: Organized training at the post-secondary level which provides individuals with the academic and technical knowledge and skills necessary to prepare for further education and for careers in current or emerging employment sectors. Programs are primarily designed for those who are beyond the age of compulsory high school attendance. These programs are employer-driven and do not lead to industry-recognized certificates or credentials.</p> <p>Activities charged to E&T may not supplant non-federal funds for existing educational services and activities and E&T may not be charged more than what the general public would pay for the same service.</p> <p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes the changes below:</p>
1. Details	ANSWER:
2. Ages	Provide the age range of individuals you will serve: <i>For example, "18 and older" or "16 to 24"</i> <i>*Additional information required below for services to individuals 21 and under</i> ANSWER:
3. Geographic Area and ODHS District	ANSWER:
4. Enhancement	ANSWER:
5. Cost Parity	<input type="checkbox"/> Check this box to attest you will ensure the following: Costs charged to STEP will not exceed the costs charged for non-STEP participants. *If this box is not selected, this service component will not be approved by the SNAP E&T Team.

6. Anticipated Outcomes	*Outcomes do not include completing the Orientation, Assessment, Case Plan process, participant numbers served, etc.	
	ANSWER:	
7. How will you track outcomes?	ANSWER:	
8. Criteria for participation in service component:	ANSWER:	
9: Frequency: How often will the participant engage in this component? (ENTER HOURS HERE) Hour(s) per day		
(ENTER NUMBER HERE) Time(s) per <input type="checkbox"/> Week <input type="checkbox"/> Month		
10. Duration: Overall, how long will the participant engage in this component? (ENTER NUMBER HERE) <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months		
Support Services		
11. Please list the specific support services will you provide for participants engaged in this service component. ANSWER:		
<p>*Additional Required Information for offering services to ages 21 and younger:</p> <input type="checkbox"/> By selecting this box, you are attesting that the services offered by your agency are not supplanting local employment activities otherwise available through the local school district(s) to the SNAP E&T Participant. <input type="checkbox"/> You have read FNS Guidance regarding supplanting services (https://www.law.cornell.edu/cfr/text/7/273.7#d_1_ii – See Use of Funds, Section C.)		

Service Component	<h3>English Language Acquisition</h3> <p>Definition: A component designed to help English language learners achieve competence in reading, writing, speaking, and comprehension of the English language.</p> <p>Activities charged to E&T may not supplant non-federal funds for existing educational services and activities and E&T may not be charged more than what the general public would pay for the same service.</p> <p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes the changes below:</p>
1. Details	ANSWER:
2. Ages	Provide the age range of individuals you will serve: <i>For example, "18 and older" or "16 to 24"</i> <p><i>*Additional information required below for services to individuals 21 and under</i></p> ANSWER:
3. Geographic Area and ODHS District	ANSWER:
4. Enhancement	ANSWER:

5. Cost Parity	<input type="checkbox"/> Check this box to attest you will ensure the following: Costs charged to STEP will not exceed the costs charged for non-STEP participants. *If this box is not selected, this service component will not be approved by the SNAP E&T Team.	
6. Anticipated Outcomes	<i>*Outcomes do not include completing the Orientation, Assessment, Case Plan process, participant numbers served, etc.</i> ANSWER:	
7. How will you track outcomes?	ANSWER:	
8. Criteria for participation in service component:	ANSWER:	
9: Frequency: How often will the participant engage in this component? (ENTER HOURS HERE) Hour(s) per day (ENTER NUMBER HERE) Time(s) per <input type="checkbox"/> Week <input type="checkbox"/> Month		
10. Duration: Overall, how long will the participant engage in this component? (ENTER NUMBER HERE) <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months		
Support Services		
11. Please list the specific support services will you provide for participants engaged in this service component. ANSWER:		
*Additional Required Information for offering services to ages 21 and younger: <input type="checkbox"/> By selecting this box, you are attesting that the services offered by your agency are not supplanting local employment activities otherwise available through the local school district(s) to the SNAP E&T Participant. <input type="checkbox"/> You have read FNS Guidance regarding supplanting services (https://www.law.cornell.edu/cfr/text/7/273.7#d_1_ii – See Use of Funds, Section C.)		

Service Component	Integrated Education and Training / Bridge Programs Definition: Programs which provide adult education and literacy activities concurrently and contextually with workforce preparation activities and workforce training for a specific occupation or group of occupations for the purpose of educational and career advancement. Often, these programs are provided within an educational setting, such as a community college. Activities charged to E&T may not supplant non-federal funds for existing educational services and activities and E&T may not be charged more than what the general public would pay for the same service. <input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes the changes below:
1. Details	ANSWER:
2. Ages	Provide the age range of individuals you will serve: For example, “18 and older” or “16 to 24”

	<i>*Additional information required below for services to individuals 21 and under</i>	
	ANSWER:	
3. Geographic Area and ODHS District	ANSWER:	
4. Enhancement	ANSWER:	
5. Cost Parity	<input type="checkbox"/> Check this box to attest you will ensure the following: Costs charged to STEP will not exceed the costs charged for non-STEP participants. *If this box is not selected, this service component will not be approved by the SNAP E&T Team.	
6. Anticipated Outcomes	<i>*Outcomes do not include completing the Orientation, Assessment, Case Plan process, participant numbers served, etc.</i> ANSWER:	
7. How will you track outcomes?	ANSWER:	
8. Criteria for participation in service component:	ANSWER:	
9: Frequency: How often will the participant engage in this component? (ENTER HOURS HERE) Hour(s) per day (ENTER NUMBER HERE) Time(s) per <input type="checkbox"/> Week <input type="checkbox"/> Month		
10. Duration: Overall, how long will the participant engage in this component? (ENTER NUMBER HERE) <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months		
Support Services		
11. Please list the specific support services will you provide for participants engaged in this service component. ANSWER:		
*Additional Required Information for offering services to ages 21 and younger: <input type="checkbox"/> By selecting this box, you are attesting that the services offered by your agency are not supplanting local employment activities otherwise available through the local school district(s) to the SNAP E&T Participant. <input type="checkbox"/> You have read FNS Guidance regarding supplanting services (https://www.law.cornell.edu/cfr/text/7/273.7#d_1_ii – See Use of Funds, Section C.)		

Service Component	<h3>Work Readiness Training</h3> <p>Definition: Intensive programs which include skill assessment and educational remediation services that prepare individuals for the workforce. Work readiness skills include both foundational cognitive skills such as reading for information, applied mathematics, locating information, problem solving, critical thinking and non-cognitive skills (or soft skills), which are defined as personal characteristics and behavioral skills that enhance an individual’s interactions, job performance, and career prospects such as adaptability, integrity, cooperation, and workplace discipline.</p> <p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes the changes below:</p>
1. Details	ANSWER:

2. Ages	Provide the age range of individuals you will serve: <i>For example, "18 and older" or "16 to 24"</i> <i>*Additional information required below for services to individuals 21 and under</i> ANSWER:
3. Geographic Area and ODHS District	ANSWER:
4. Enhancement	ANSWER:
5. Cost Parity	<input type="checkbox"/> Check this box to attest you will ensure the following: Costs charged to STEP will not exceed the costs charged for non-STEP participants. *If this box is not selected, this service component will not be approved by the SNAP E&T Team.
6. Anticipated Outcomes	<i>*Outcomes do not include completing the Orientation, Assessment, Case Plan process, participant numbers served, etc.</i> ANSWER:
7. How will you track outcomes?	ANSWER:
8. Criteria for participation in service component:	ANSWER:
9: Frequency: How often will the participant engage in this component? <i>(ENTER HOURS HERE)</i> Hour(s) per day <i>(ENTER NUMBER HERE)</i> Time(s) per <input type="checkbox"/> Week <input type="checkbox"/> Month	
10. Duration: Overall, how long will the participant engage in this component? <i>(ENTER NUMBER HERE)</i> <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months	
Support Services	
11. Please list the specific support services will you provide for participants engaged in this service component. ANSWER:	
*Additional Required Information for offering services to ages 21 and younger: <input type="checkbox"/> By selecting this box, you are attesting that the services offered by your agency are not supplanting local employment activities otherwise available through the local school district(s) to the SNAP E&T Participant. <input type="checkbox"/> You have read FNS Guidance regarding supplanting services (https://www.law.cornell.edu/cfr/text/7/273.7#d_1_ii – See Use of Funds, Section C.)	

Service Component	<h3>Internship</h3> <p>Definition: A planned, structured learning experience that takes place in a workplace. Internships are not permanent positions and are limited in duration. Although not required, Internships typically follow another training program, to create a hands-on practicum. The goal of an internship is to increase occupational qualifications or to align with an educational program. Participants in this component are meant to gain exposure to a particular career.</p> <p>The SNAP E&T definition of Internship does not include reimbursable subsidized wages.</p>
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	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes the changes below:	
1. Details	ANSWER:	
2. Ages	Provide the age range of individuals you will serve: <i>For example, "18 and older" or "16 to 24"</i> <i>*Additional information required below for services to individuals 21 and under</i> ANSWER:	
3. Geographic Area and ODHS District	ANSWER:	
4. Enhancement	ANSWER:	
5. Cost Parity	<input type="checkbox"/> Check this box to attest you will ensure the following: Costs charged to STEP will not exceed the costs charged for non-STEP participants. *If this box is not selected, this service component will not be approved by the SNAP E&T Team.	
6. Anticipated Outcomes	<i>*Outcomes do not include completing the Orientation, Assessment, Case Plan process, participant numbers served, etc.</i> ANSWER:	
7. How will you track outcomes?	ANSWER:	
8. Criteria for participation in service component:		ANSWER:
9: Frequency: How often will the participant engage in this component? (ENTER HOURS HERE) Hour(s) per day (ENTER NUMBER HERE) Time(s) per <input type="checkbox"/> Week <input type="checkbox"/> Month		
10. Duration: Overall, how long will the participant engage in this component? (ENTER NUMBER HERE) <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months		
Support Services		
11. Please list the specific support services will you provide for participants engaged in this service component. ANSWER:		
*Additional Required Information for offering services to ages 21 and younger: <input type="checkbox"/> By selecting this box, you are attesting that the services offered by your agency are not supplanting local employment activities otherwise available through the local school district(s) to the SNAP E&T Participant. <input type="checkbox"/> You have read FNS Guidance regarding supplanting services (https://www.law.cornell.edu/cfr/text/7/273.7#d_1_ii – See Use of Funds, Section C.)		

<p>Service Component</p>	<p>Pre-Apprenticeship</p> <p>Definition: A combination of on-the-job training and related instruction in which workers learn the practical and theoretical aspects of a skilled occupation.</p> <p>Pre-Apprenticeship programs provide individuals with the basic and technical skills necessary to enter an apprenticeship program and should be directly linked to an apprenticeship program. They are designed to help participants decide if the trade or occupation is an appropriate fit for them and to increase the likelihood to be accepted into an apprenticeship program. Pre-Apprenticeship programs are generally short-term, six to eight weeks in length.</p> <p>The SNAP E&T definition of Pre-Apprenticeship does not include reimbursable subsidized wages.</p> <p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes the changes below:</p>	
<p>1. Details</p>	<p>ANSWER:</p>	
<p>2. Ages</p>	<p>Provide the age range of individuals you will serve: <i>For example, "18 and older" or "16 to 24"</i></p> <p><i>*Additional information required below for services to individuals 21 and under</i></p> <p>ANSWER:</p>	
<p>3. Geographic Area and ODHS District</p>	<p>ANSWER:</p>	
<p>4. Enhancement</p>	<p>ANSWER:</p>	
<p>5. Cost Parity</p>	<p><input type="checkbox"/> Check this box to attest you will ensure the following:</p> <p>Costs charged to STEP will not exceed the costs charged for non-STEP participants.</p> <p>*If this box is not selected, this service component will not be approved by the SNAP E&T Team.</p>	
<p>6. Anticipated Outcomes</p>	<p><i>*Outcomes do not include completing the Orientation, Assessment, Case Plan process, participant numbers served, etc.</i></p> <p>ANSWER:</p>	
<p>7. How will you track outcomes?</p>	<p>ANSWER:</p>	
<p>8. Criteria for participation in service component:</p>	<p>ANSWER:</p>	
<p>9: Frequency: How often will the participant engage in this component? <i>(ENTER HOURS HERE)</i> Hour(s) per day</p> <p><i>(ENTER NUMBER HERE)</i> Time(s) per <input type="checkbox"/> Week <input type="checkbox"/> Month</p>		
<p>10. Duration: Overall, how long will the participant engage in this component? <i>(ENTER NUMBER HERE)</i> <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months</p>		
<p>Support Services</p>		

11. Please list the specific support services will you provide for participants engaged in this service component.
ANSWER:

***Additional Required Information for offering services to ages 21 and younger:**

- By selecting this box, you are attesting that the services offered by your agency are not supplanting local employment activities otherwise available through the local school district(s) to the SNAP E&T Participant.
- You have read FNS Guidance regarding supplanting services (https://www.law.cornell.edu/cfr/text/7/273.7#d_1_ii – See Use of Funds, Section C.)

Service Component	<p>Apprenticeship Definition: A combination of on-the-job training and related instruction in which workers learn the practical and theoretical aspects of a skilled occupation.</p> <p>Apprenticeship programs can be sponsored by individual employers, joint employer and labor groups, and/or employer associations. Apprenticeships are strongly recommended to be certified by the Bureau of Labor and Industries (BOLI) to allow for portability of the certifications. Apprenticeship programs are generally two to four years long and usually result in a journey level certification.</p> <p>The SNAP E&T definition of Apprenticeship does not include reimbursable subsidized wages.</p> <p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes the changes below:</p>	
1. Details	ANSWER:	
2. Ages	Provide the age range of individuals you will serve: <i>For example, "18 and older" or "16 to 24"</i> <i>*Additional information required below for services to individuals 21 and under</i> ANSWER:	
3. Geographic Area and ODHS District	ANSWER:	
4. Enhancement	ANSWER:	
5. Cost Parity	<input type="checkbox"/> Check this box to attest you will ensure the following: Costs charged to STEP will not exceed the costs charged for non-STEP participants. *If this box is not selected, this service component will not be approved by the SNAP E&T Team.	
6. Anticipated Outcomes	<i>*Outcomes do not include completing the Orientation, Assessment, Case Plan process, participant numbers served, etc.</i> ANSWER:	
7. How will you track outcomes?	ANSWER:	
8. Criteria for participation in service component:	ANSWER:	

9: Frequency: How **often** will the participant engage in this component?

(ENTER HOURS HERE) Hour(s) per day

(ENTER NUMBER HERE) Time(s) per Week Month

10. Duration: Overall, how **long** will the participant engage in this component?

(ENTER NUMBER HERE) Days Weeks Months

Support Services

11. Please list the specific support services will you provide for participants engaged in this service component.

ANSWER:

***Additional Required Information for offering services to ages 21 and younger:**

By selecting this box, you are attesting that the services offered by your agency are not supplanting local employment activities otherwise available through the local school district(s) to the SNAP E&T Participant.

You have read FNS Guidance regarding supplanting services (https://www.law.cornell.edu/cfr/text/7/273.7#d_1_ii – See Use of Funds, Section C.)

Service Component	<p>On-The-Job Training</p> <p>Definition: A work placement made through a work site agreement with an employer or registered apprenticeship program sponsor in the public, private non-profit, or private sector.</p> <p>This component:</p> <ul style="list-style-type: none"> • Provides knowledge or skills essential to the full and adequate performance of the job • Employer must establish an onsite mentor which may be a co-worker, supervisor or other onsite staff • Provides reimbursement to the employer of up to 50% of extraordinary training costs • Is limited in duration to six months for which the participant is being trained; taking into account the content of the training, the prior work experience of the participant, and the service strategy of the participant, as appropriate • Requires unsubsidized job offer after completion of OJT <p>Reference: 20 CFR 680.700</p> <p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes the changes below:</p>
1. Details	ANSWER:
2. Ages	<p>Provide the age range of individuals you will serve: <i>For example, "18 and older" or "16 to 24"</i></p> <p><i>*Additional information required below for services to individuals 21 and under</i></p> <p>ANSWER:</p>
3. Geographic Area and ODHS District	ANSWER:
4. Enhancement	ANSWER:

5. Cost Parity	<input type="checkbox"/> Check this box to attest you will ensure the following: Costs charged to STEP will not exceed the costs charged for non-STEP participants. *If this box is not selected, this service component will not be approved by the SNAP E&T Team.
6. Anticipated Outcomes	<i>*Outcomes do not include completing the Orientation, Assessment, Case Plan process, participant numbers served, etc.</i> ANSWER:
7. How will you track outcomes?	ANSWER:
8. Criteria for participation in service component:	ANSWER:
9: Frequency: How often will the participant engage in this component? (ENTER HOURS HERE) Hour(s) per day (ENTER NUMBER HERE) Time(s) per <input type="checkbox"/> Week <input type="checkbox"/> Month	
10. Duration: Overall, how long will the participant engage in this component? (ENTER NUMBER HERE) <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months	
Support Services	
11. Please list the specific support services will you provide for participants engaged in this service component. ANSWER:	
Additional Subsidized Employment Component Information:	
13. Please describe how your organization will establish subsidized placements. ANSWER:	
14. Where will participants be placed for subsidized employment positions? <input type="checkbox"/> My organization. <input type="checkbox"/> Outside organization/business. <input type="checkbox"/> Both.	
15. Check the box that best describes your training objectives (select only one): <input type="checkbox"/> Attainment of certificate/credential <input type="checkbox"/> Industry Skills Gain	
16. Check the box that best describes the industry you will place participants in (select only one): <input type="checkbox"/> Construction <input type="checkbox"/> Education <input type="checkbox"/> Food Service <input type="checkbox"/> Health Care Services <input type="checkbox"/> Landscape and Horticultural <input type="checkbox"/> Leisure and Hospitality <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation and Warehousing <input type="checkbox"/> Multiple Industries (Ex: Positions fit into more than one of the selections above).	
17. Organizations who choose to offer Subsidized Employment as one of their SNAP E&T Service Components must answer the following: By selecting this box, you are attesting you have read and will comply with all Subsidized Employment requirements as indicated in pages 40-49 of the SNAP E&T Provider Handbook. <input type="checkbox"/> Yes <input type="checkbox"/> No	

***Additional Required Information for Youth Services:**

- By selecting this box, you are attesting that the services offered by your agency are not supplanting local employment activities otherwise available through the local school district(s) to the SNAP E&T Participant.
- You have read FNS Guidance regarding supplanting services (https://www.law.cornell.edu/cfr/text/7/273.7#d_1_ii – See Use of Funds, Section C.)

Service Component	<p>Work Activity (formerly known as Work Experience)</p> <p>Definition: Work Activity is a work experience service component designed to improve the employability of SNAP E&T participants through actual work experience and/or training in public or private sector entities.</p> <p>The Work Activity is an individualized opportunity to acquire general skills which can be applied to any occupation, knowledge, and work experience in a workplace for limited hours based on the Fair Labor Standards Act (FLSA) calculation as determined by ODHS.</p> <p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes the changes below:</p>	
1. Details	ANSWER:	
2. Ages	<p>Provide the age range of individuals you will serve: For example, "18 and older" or "16 to 24"</p> <p><i>*Additional information required below for services to individuals 21 and under</i></p> <p>ANSWER:</p>	
3. Geographic Area and ODHS District	ANSWER:	
4. Enhancement	ANSWER:	
5. Cost Parity	<p><input type="checkbox"/> Check this box to attest you will ensure the following:</p> <p>Costs charged to STEP will not exceed the costs charged for non-STEP participants.</p> <p>*If this box is not selected, this service component will not be approved by the SNAP E&T Team.</p>	
6. Anticipated Outcomes	<p><i>*Outcomes do not include completing the Orientation, Assessment, Case Plan process, participant numbers served, etc.</i></p> <p>ANSWER:</p>	
7. How will you track outcomes?	ANSWER:	
8. Criteria for participation in service component:	ANSWER:	
9: Frequency: How often will the participant engage in this component? (ENTER HOURS HERE) Hour(s) per day (ENTER NUMBER HERE) Time(s) per <input type="checkbox"/> Week <input type="checkbox"/> Month		

10. Duration: Overall, how **long** will the participant engage in this component?

(*ENTER NUMBER HERE*) Days Weeks Months

Support Services

11. Please list the specific support services will you provide for participants engaged in this service component.
ANSWER:

***Additional Required Information for offering services to ages 21 and younger:**

By selecting this box, you are attesting that the services offered by your agency are not supplanting local employment activities otherwise available through the local school district(s) to the SNAP E&T Participant.

You have read FNS Guidance regarding supplanting services (https://www.law.cornell.edu/cfr/text/7/273.7#d_1_ii – See Use of Funds, Section C.)

I. Subsidized Employment (SE) Service Components:

For the SNAP E&T Program, subsidized employment is employment in the public or private sector where the employer receives a subsidy from SNAP E&T to cover up to 50% of the wages for the SNAP E&T participant.

Subsidized Employment is allowable for Internship, Pre-Apprenticeship, Apprenticeship.

See *SNAP E&T Provider Handbook* pg. 54 for additional SE guidance.

If you plan on providing any Subsidized Employment Components, you must complete the corresponding table(s) below:

The detail section must clearly address the bullets in the Subsidized Employment definition.

****Organizations with Sub-Contractors: You must clearly indicate the specific service components each of your sub-contractors will be providing.***

Service Component	<h3>Internship with Subsidized Employment</h3> <p>Definition: A planned, structured learning experience that takes place in a workplace. Internships are not permanent positions and are limited in duration. Although not required, Internships typically follow another training program, to create a hands-on practicum. The goal of an internship is to increase occupational qualifications or to align with an educational program. Participants in this component are meant to gain exposure to a particular career.</p> <p>The SNAP E&T definition of Internship with Subsidized Employment includes reimbursable subsidized wages.</p> <p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes the changes below:</p>
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1. Details	ANSWER:	
2. Ages	Provide the age range of individuals you will serve: <i>For example, "18 and older" or "16 to 24"</i> <i>*Additional information required below for services to individuals 21 and under</i> ANSWER:	
3. Geographic Area and ODHS District	ANSWER:	
4. Enhancement	ANSWER:	
5. Cost Parity	<input type="checkbox"/> Check this box to attest you will ensure the following: Costs charged to STEP will not exceed the costs charged for non-STEP participants. *If this box is not selected, this service component will not be approved by the SNAP E&T Team.	
6. Anticipated Outcomes	<i>*Outcomes do not include completing the Orientation, Assessment, Case Plan process, participant numbers served, etc.</i> ANSWER:	
7. How will you track outcomes?	ANSWER:	
8. Criteria for participation in service component:	ANSWER:	
9: Frequency: How often will the participant engage in this component? <i>(ENTER HOURS HERE)</i> Hour(s) per day <i>(ENTER NUMBER HERE)</i> Time(s) per <input type="checkbox"/> Week <input type="checkbox"/> Month		
10. Duration: Overall, how long will the participant engage in this component? <i>(ENTER NUMBER HERE)</i> <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months		
Support Services		
11. Please list the specific support services will you provide for participants engaged in this service component. ANSWER:		
Additional Subsidized Employment Component Information:		
13. Please describe how your organization will establish subsidized placements. ANSWER:		
14. Where will participants be placed for subsidized employment positions? <input type="checkbox"/> My organization. <input type="checkbox"/> Outside organization/business. <input type="checkbox"/> Both.		
15. Check the box that best describes your training objectives (select only one): <input type="checkbox"/> Attainment of certificate/credential <input type="checkbox"/> Industry Skills Gain		
16. Check the box that best describes the industry you will place participants in (select only one): <input type="checkbox"/> Construction <input type="checkbox"/> Education <input type="checkbox"/> Food Service <input type="checkbox"/> Health Care Services <input type="checkbox"/> Landscape and Horticultural <input type="checkbox"/> Leisure and Hospitality		

Manufacturing
 Transportation and Warehousing
 Multiple Industries (Ex: Positions fit into more than one of the selections above).

17. Organizations who choose to offer Subsidized Employment as one of their SNAP E&T Service Components **must** answer the following:

By selecting this box, you are attesting you have read and will comply with all Subsidized Employment requirements as indicated in pages 40-49 of the SNAP E&T Provider Handbook.

Yes No

***Additional Required Information for Youth Services:**

By selecting this box, you are attesting that the services offered by your agency are not supplanting local employment activities otherwise available through the local school district(s) to the SNAP E&T Participant.
 You have read FNS Guidance regarding supplanting services
https://www.law.cornell.edu/cfr/text/7/273.7#d_1_ii – See Use of Funds, Section C.)

Service Component	Pre-Apprenticeship with Subsidized Employment Definition: A combination of on-the-job training and related instruction in which workers learn the practical and theoretical aspects of a skilled occupation. Pre-Apprenticeship programs provide individuals with the basic and technical skills necessary to enter an apprenticeship program and should be directly linked to an apprenticeship program. They are designed to help participants decide if the trade or occupation is an appropriate fit for them and to increase the likelihood to be accepted into an apprenticeship program. Pre-Apprenticeship programs are generally short-term, six to eight weeks in length. The SNAP E&T definition of Pre-Apprenticeship with Subsidized Employment includes reimbursable subsidized wages. <input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes the changes below:
1. Details	ANSWER:
2. Ages	Provide the age range of individuals you will serve: <i>For example, "18 and older" or "16 to 24"</i> <i>*Additional information required below for services to individuals 21 and under</i> ANSWER:
3. Geographic Area and ODHS District	ANSWER:
4. Enhancement	ANSWER:
5. Cost Parity	<input type="checkbox"/> Check this box to attest you will ensure the following: Costs charged to STEP will not exceed the costs charged for non-STEP participants. *If this box is not selected, this service component will not be approved by the SNAP E&T Team.

6. Anticipated Outcomes	<i>*Outcomes do not include completing the Orientation, Assessment, Case Plan process, participant numbers served, etc.</i> ANSWER:	
7. How will you track outcomes?	ANSWER:	
8. Criteria for participation in service component:	ANSWER:	
9: Frequency: How often will the participant engage in this component? (ENTER HOURS HERE) Hour(s) per day (ENTER NUMBER HERE) Time(s) per <input type="checkbox"/> Week <input type="checkbox"/> Month		
10. Duration: Overall, how long will the participant engage in this component? (ENTER NUMBER HERE) <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months		
Support Services		
11. Please list the specific support services will you provide for participants engaged in this service component. ANSWER:		
Additional Subsidized Employment Component Information:		
13. Please describe how your organization will establish subsidized placements. ANSWER:		
14. Where will participants be placed for subsidized employment positions? <input type="checkbox"/> My organization. <input type="checkbox"/> Outside organization/business. <input type="checkbox"/> Both.		
15. Check the box that best describes your training objectives (select only one): <input type="checkbox"/> Attainment of certificate/credential <input type="checkbox"/> Industry Skills Gain		
16. Check the box that best describes the industry you will place participants in (select only one): <input type="checkbox"/> Construction <input type="checkbox"/> Education <input type="checkbox"/> Food Service <input type="checkbox"/> Health Care Services <input type="checkbox"/> Landscape and Horticultural <input type="checkbox"/> Leisure and Hospitality <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation and Warehousing <input type="checkbox"/> Multiple Industries (Ex: Positions fit into more than one of the selections above).		
17. Organizations who choose to offer Subsidized Employment as one of their SNAP E&T Service Components must answer the following: By selecting this box, you are attesting you have read and will comply with all Subsidized Employment requirements as indicated in pages 40-49 of the SNAP E&T Provider Handbook. <input type="checkbox"/> Yes <input type="checkbox"/> No		
*Additional Required Information for Youth Services: <input type="checkbox"/> By selecting this box, you are attesting that the services offered by your agency are not supplanting local employment activities otherwise available through the local school district(s) to the SNAP E&T Participant. <input type="checkbox"/> You have read FNS Guidance regarding supplanting services (https://www.law.cornell.edu/cfr/text/7/273.7#d_1_ii – See Use of Funds, Section C.)		

<p>Service Component</p>	<h2 style="text-align: center;">Apprenticeship with Subsidized Employment</h2> <p>Definition: A combination of on-the-job training and related instruction in which workers learn the practical and theoretical aspects of a skilled occupation.</p> <p>Apprenticeship programs can be sponsored by individual employers, joint employer and labor groups, and/or employer associations. Apprenticeships are strongly recommended to be certified by the Bureau of Labor and Industries (BOLI) to allow for portability of the certifications. Apprenticeship programs are generally two to four years long and usually result in a journey level certification.</p> <p>The SNAP E&T definition of Apprenticeship with Subsidized Employment includes reimbursable subsidized wages.</p> <p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes the changes below:</p>	
<p>1. Details</p>	<p>ANSWER:</p>	
<p>2. Ages</p>	<p>Provide the age range of individuals you will serve: <i>For example, "18 and older" or "16 to 24"</i></p> <p><i>*Additional information required below for services to individuals 21 and under</i></p> <p>ANSWER:</p>	
<p>3. Geographic Area and ODHS District</p>	<p>ANSWER:</p>	
<p>4. Enhancement</p>	<p>ANSWER:</p>	
<p>5. Cost Parity</p>	<p><input type="checkbox"/> Check this box to attest you will ensure the following:</p> <p>Costs charged to STEP will not exceed the costs charged for non-STEP participants.</p> <p>*If this box is not selected, this service component will not be approved by the SNAP E&T Team.</p>	
<p>6. Anticipated Outcomes</p>	<p><i>*Outcomes do not include completing the Orientation, Assessment, Case Plan process, participant numbers served, etc.</i></p> <p>ANSWER:</p>	
<p>7. How will you track outcomes?</p>	<p>ANSWER:</p>	
<p>8. Criteria for participation in service component:</p>	<p>ANSWER:</p>	
<p>9: Frequency: How often will the participant engage in this component? <i>(ENTER HOURS HERE)</i> Hour(s) per day</p> <p><i>(ENTER NUMBER HERE)</i> Time(s) per <input type="checkbox"/> Week <input type="checkbox"/> Month</p>		
<p>10. Duration: Overall, how long will the participant engage in this component? <i>(ENTER NUMBER HERE)</i> <input type="checkbox"/> Days <input type="checkbox"/> Weeks <input type="checkbox"/> Months</p>		
<p>Support Services</p>		

11. Please list the specific support services will you provide for participants engaged in this service component. ANSWER:
Additional Subsidized Employment Component Information:
13. Please describe how your organization will establish subsidized placements. ANSWER:
14. Where will participants be placed for subsidized employment positions? <input type="checkbox"/> My organization. <input type="checkbox"/> Outside organization/business. <input type="checkbox"/> Both.
15. Check the box that best describes your training objectives (select only one): <input type="checkbox"/> Attainment of certificate/credential <input type="checkbox"/> Industry Skills Gain
16. Check the box that best describes the industry you will place participants in (select only one): <input type="checkbox"/> Construction <input type="checkbox"/> Education <input type="checkbox"/> Food Service <input type="checkbox"/> Health Care Services <input type="checkbox"/> Landscape and Horticultural <input type="checkbox"/> Leisure and Hospitality <input type="checkbox"/> Manufacturing <input type="checkbox"/> Transportation and Warehousing <input type="checkbox"/> Multiple Industries (Ex: Positions fit into more than one of the selections above).
17. Organizations who choose to offer Subsidized Employment as one of their SNAP E&T Service Components must answer the following: By selecting this box, you are attesting you have read and will comply with all Subsidized Employment requirements as indicated in pages 40-49 of the SNAP E&T Provider Handbook. <input type="checkbox"/> Yes <input type="checkbox"/> No
*Additional Required Information for Youth Services: <input type="checkbox"/> By selecting this box, you are attesting that the services offered by your agency are not supplanting local employment activities otherwise available through the local school district(s) to the SNAP E&T Participant. <input type="checkbox"/> You have read FNS Guidance regarding supplanting services (https://www.law.cornell.edu/cfr/text/7/273.7#d_1_ii – See Use of Funds, Section C.)

J. Orientation, Assessment, Case Plan (OAC) and Case Management processes:

1. **Orientation:** For the STEP Program, Orientation is defined as: “An overview of the organization, programs, requirements, and services offered as part of the SNAP E&T program.”

Please outline the following for the Orientation:

<p>Please describe the orientation you provide for each individual who seeks out STEP services from your organization.</p>	<p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>
<p>What is the process to identify if/when a participant needs the orientation in a different language?</p>	<p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>
<p>Do you conduct one-on-one orientations or group orientations?</p>	<p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>
<p>When is the orientation provided?</p>	<p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>
<p>Who will conduct the orientation?</p>	<p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>
<p>When is it determined the participant will enter your program as a STEP Participant or as a non-STEP Participant (i.e. checking iMatchSkills for STEP Program eligibility)?</p>	<p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>
<p>For FFY25-STEP Providers must include (as an attachment) your organization's orientation documents.</p>	<p><input type="checkbox"/> Yes, I included my documents with my proposal submission.</p> <ul style="list-style-type: none"> • If providers do not have paper documents and instead utilize an online system, they may include screenshots with descriptions as an alternative. <p><input type="checkbox"/> No, I do not have materials to provide for this item.</p>

2. **Assessment:** For the STEP Program, an Assessment is a one-on-one meeting with a potential SNAP E&T participant to identify strengths and challenges they may face in obtaining and maintaining employment. This assessment will evaluate general information collected by the provider about the potential SNAP E&T participant’s: demographics, educational attainment, basic skills, literacy, work experience, public benefits, medical and disability considerations, criminal background, family composition, housing circumstances, childcare needs, transportation needs, cultural and religious considerations, short and long-term goals.

Please outline the following for the STEP program assessment.	
When will the assessment be performed?	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:
Who conducts the assessment?	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:
What is included in the assessment conversation?	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:
Do you have more than one assessment tool? Please explain the difference between the assessment tools.	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:
How often is the assessment re-evaluated?	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:
Please describe how you will ensure different formats or languages are available to accommodate an individual’s needs?	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:
For FFY25-STEP Providers must include (as an attachment) your organization’s	<input type="checkbox"/> My organizations assessment documents are attached. <i>*If this box is not selected and you have not attached the assessment the proposal will not be approved by the SNAP E&T Team.</i>

assessment documents.	<ul style="list-style-type: none"> • If providers do not have paper documents and instead utilize an online system, they may include screenshots with descriptions as an alternative.
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3. **Case Plan:** For the STEP Program, a Case Plan is a written outline, developed together with the participant and provider staff, listing approved SNAP E&T components that will be case managed, and administered or purchased by the provider. The service components are identified during the assessment and are intended to reduce the effect of barriers to the participant’s employment, job retention, and wage enhancement.

The case plan must at minimum include short and long-term goals, dates for activity completion, provider contact information, participant signature, and at least one approved SNAP E&T component that will be administered, purchased, or attendance recorded (per ODHS) by the provider.

The case plan is an essential document outlining the progression of a SNAP E&T participant. **Case notes must be included with the case plan.** Case notes must be clear, concise and outline actions, decisions, agreements, changes, and any other information documenting how the STEP participant is achieving the goals included in the case plan. Case notes should also document dates, times, and services provided during case management. Case notes must be made available for review by the SNAP E&T team if needed. Case notes should not include opinions, speculation, HIPAA information or any privileged information of the STEP participant.

Please outline the following for STEP program case plan.	
Who is responsible for creating the case plan?	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:
When is the case plan created?	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:
How are service components that best fit an individual’s needs determined?	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:

<p>What role does the participant have in determining their plan?</p>	<p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>
<p>Describe your method of developing, tracking progress, and making adjustments with the participant to their case plan as needed.</p>	<p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>
<p>Where is the case plan kept? For example: Hard copy and/or uploaded to iMatchSkills.</p>	<p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>
<p>Where are case notes kept?</p>	<p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>
<p>How often are case notes updated?</p>	<p><input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.</p> <p><input type="checkbox"/> There are changes to FFY25, this includes:</p>
<p>Do you ensure participants understand their participation in the STEP program is voluntary and disengagement in the program will not impact their SNAP benefits?</p>	<p><input type="checkbox"/> Yes</p> <p><input type="checkbox"/> No</p>
<p>Do you ensure the case plan is signed by the participant and they receive a copy?</p>	<p><input type="checkbox"/> Yes, the case plan is always signed by the STEP participant.</p> <p><input type="checkbox"/> No, the case plan is not signed by the STEP participant.</p> <p><input type="checkbox"/> Yes, the STEP participant receives a copy.</p> <p><input type="checkbox"/> No, the STEP participant does not receive a copy.</p> <p>Other:</p>
<p>For FFY25-STEP Providers must include (as an attachment) your organization's case plan documents.</p>	<p><input type="checkbox"/> My organizations case plan documents are attached. <i>*If this box is not selected and you have not attached the case plan the proposal will not be approved by the SNAP E&T Team.</i></p>

	<ul style="list-style-type: none"> • If providers do not have paper documents and instead utilize an online system, they may include screenshots with descriptions as an alternative.
--	--

4. **Case Management:** For the STEP Program, case management must be provided with each E&T service component. Case management includes guiding, motivating, and supporting job seekers by continually assessing their needs and challenges, identifying resources, and advising on career and training opportunities. Case management also includes tracking of case plan progress and making adjustments as needed, no less than one time per month.

Case Management Outline	
What is included in the case management provided to STEP participants?	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:
How often are you providing case management? For example: daily, weekly, bi-weekly, monthly.	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:
How do you communicate with STEP participants for case management? For example: phone call, virtual (zoom, Skype, Teams), in-person, or a combination.	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:
How many times will you attempt to make contact before disengaging?	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:
Does your organization provide case management for non-STEP participants?	<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes:

K: Program Details:

- a. Describe the process flow for participants in your program. Include descriptions for each of the following scenarios, **if you insert a flow chart you must still answer b. and c. below:**

i. Program Entry:

- | |
|--|
| <input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. |
| <input type="checkbox"/> There are changes to FFY25, this includes: |

ii. Program Engagement/Participation:

- | |
|--|
| <input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. |
| <input type="checkbox"/> There are changes to FFY25, this includes: |

iii. Program Exit: How will you know when a participant has completed or ended an activity?

- | |
|--|
| <input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. |
| <input type="checkbox"/> There are changes to FFY25, this includes: |

b. For your STEP Program, what does participant success look like?

- | |
|--|
| <input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. |
| <input type="checkbox"/> There are changes to FFY25, this includes: |

c. If someone loses their SNAP eligibility and therefore, is no longer eligible for the STEP program, will you continue to serve them?

i. If yes, what services are available to them?

- | |
|--|
| <input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. |
| <input type="checkbox"/> There are changes to FFY25, this includes: |

- ii. If no, please describe how you exit them from your program. For example, they are referred to a non-STEP provider.

- | |
|--|
| <input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. |
| <input type="checkbox"/> There are changes to FFY25, this includes: |

L: Verification of STEP Eligibility and Services Provided:

Using iMatchSkills is a program requirement. This software is managed by Oregon Employment Department (OED) and will require a data sharing agreement between your provider agency and OED. They will provide technical support and required training. This software will assist with data tracking, as well as determining if a participant is currently receiving SNAP (and not TANF) benefits, and ABAWD status. The SNAP indicator in iMatchSkills **must** be displayed to provide STEP services to participants.

- a. When will staff utilize iMatchSkills to ensure STEP participants are eligible and are not already receiving the same service component from another STEP provider? (Daily, Weekly, Monthly, at the time of each participant interaction, etc.?)

**As a reminder, STEP eligibility can change from month to month.*

- | |
|--|
| <input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. |
| <input type="checkbox"/> There are changes to FFY25, this includes: |

M: Civil Rights Compliance:

The Oregon Department of Human Services (ODHS) mandates that all partner organizations are in compliance with applicable laws, regulations and policies for Food and Nutrition Service (FNS) customers and employees regardless of race, color, national origin, religion, sex, gender identity, sexual orientation, disability, marital status, family /parental status, income derived from public assistance program, and political beliefs.

This includes:

- Displaying “And Justice for All Posters” visibly in workspaces.
- SNAP Civil Rights Training for all staff that serve SNAP participants.
- FNS non-discrimination and funding statements on any materials funded with *any* amount of FNS dollars.

See pg. 77 of the SNAP E&T provider Handbook for specific information about the USDA Non-Discrimination (NDS) and Funding Statements.

Please check the box that applies to your organization. Organizations who check “no” will not be approved to be a STEP provider:

1. Does/will your organization visibly display the “And Justice for All” posters visibility in workspaces?

Yes No

2. Does/will your organization include both a funding statement and a nondiscrimination statement on all SNAP E&T materials produced for public information, public education, and/or public distribution?

Yes No

N: Filing Civil Rights Complaints:

The process to file a discrimination includes contacting the ODHS branch nearest you. Age discrimination complaints must be filed within 5 days and all other complaints within 90 days of receipt. ODHS will contact the Governor’s Advocacy Office for review and submission to FNS.

You may also file your discrimination complaint directly with FNS:

To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at:

<https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>

from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant’s name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. Mail:

U.S. Department of Agriculture
Office of the Assistant Secretary for Civil Rights
1400 Independence Avenue, SW
Washington, D.C. 20250-9410; or

2. Fax:

(833) 256-1665 or (202) 690-7442; or

3. Email:

Program.Intake@usda.gov

Please check the box that applies to your organization. Organizations who check “no” will not be approved to be a STEP provider:

1. My organization will ensure the process outlined above to file a discrimination complaint is followed.

Yes No

O: Required Trainings:

As a contracted ODHS STEP Partner, you are required to take online trainings every Federal Fiscal Year (FFY). The trainings must be completed by all staff who work with SNAP participants in any capacity or whose positions are funded by SNAP E&T dollars. STEP providers are required to maintain a log of staff who have successfully completed each training.

Required trainings include SNAP Civil Rights, Mandatory Reporter Trainings, Information Security and Privacy Awareness Training.

Please check the box that applies to your organization. Organizations who check “no” will not be approved to be a STEP provider:

1. Will your organization ensure all three required trainings (for all staff who serve SNAP participants or positions that are funded with SNAP E&T dollars) are completed, passed, documented (tracked) and be readily available to the SNAP E&T team if needed?

Yes No

P: Organization STEP Staff:

Please refer to your budget template to answer the following questions for section P.

- a. Describe how you determined the percent of time a position will be dedicated to the STEP program. Provide descriptions for each of the positions included in the budget template, program tab, staff salary table.

<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.
<input type="checkbox"/> There are changes to FFY25, this includes:

For example, if you outlined in your budget template, you have staff person(s) dedicated to the STEP program for 60% of their work time, what factors went into this calculation?

Position Title	Description and/or methodology demonstrating how the percent of time dedicated to STEP was determined.

- b. If you have staff 100% dedicated to the STEP Program, you must clearly indicate how they will ensure they do not spend any of their work time with non-STEP participants or on non-STEP programming/services.
- *Note: It is unlikely providers will have staff who work 100% of their time with the STEP program as we recognize individual's SNAP status can change from one month to the next.*

<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal.
<input type="checkbox"/> There are changes to FFY25, this includes:

- c. If you have staff 100% dedicated to the STEP Program, how will these staff utilize their worktime if your organization is not serving the number of STEP participants you indicated in your proposal?

- The answer has not changed from the FFY24 STEP Provider Proposal.
- There are changes to FFY25, this includes:

- d. If you have staff 100% dedicated to the STEP Program: Please check the box that applies to your organization. Organizations who check “no” will need to re-evaluate their staff time and clearly indicate in the budget template the time dedicated to the STEP program:

If you have staff who are 100% dedicated to the STEP Program, you attest these staff are:

1. ONLY providing STEP services to STEP eligible participants.
2. Spending 100% of their worktime on STEP program activities.

- Yes No N/A

Q: Organization Costs:

- a. Does/will your organization use time sheets?

- The answer has not changed from the FFY24 STEP Provider Proposal.
- There are changes to FFY25, this includes:

- b. Does your organization use/will use actual hours worked or a percentage to determine charges to SNAP E&T?

- The answer has not changed from the FFY24 STEP Provider Proposal.
- There are changes to FFY25, this includes:

- c. Please describe the process your organization used/will use to track staff time in the STEP Program versus other programs.

- The answer has not changed from the FFY24 STEP Provider Proposal.
- There are changes to FFY25, this includes the changes below :

d. Describe the system in place to track program and participant expenditures and costs.

The answer has not changed from the FFY24 STEP Provider Proposal.

There are changes to FFY25, this includes the changes below :

e. What is your process for internal review and approval of expenditures to ensure the program and administration costs are reasonable and allowable?

The answer has not changed from the FFY24 STEP Provider Proposal.

There are changes to FFY25, this includes the changes below :

R: Continuing Providers:

a. For FFY 24, do you project your organization will be:

- Overspent
- Underspent
- On-Target

b. If you indicated your organization is projected to be overspent or underspent, please explain why.

c. What corrective measures are you taking to meet the budget for FFY25 outlined in your budget template?

d. For FFY 24, do you project your organization will meet the target number of individuals you anticipated to serve, as outlined in your STEP proposal?

Yes

No

If no, please provide an explanation why you will not meet your goal.

e. What corrective measures are you taking to meet the target number of individuals you anticipate serving for FFY25?

S: Organizations with Sub-Contractors:

Organizations who are a primary contractor with ODHS *and* also hold sub-contracts for other agencies to provide SNAP E&T services have multiple responsibilities. These primary organizations are responsible for all administrative tasks, budgets, invoicing, and oversight of the program for all levels of their sub-contractors. They are also responsible for consulting with sub-contractors on program design, discussing outreach strategies, sharing tools, providing training, providing technical assistance, and providing overall program support.

Sub-contractors and *their* sub-contractors are held to the same program requirements as the primary contractor. The primary contractor must ensure compliance of all sub-contractors and the primary contractor understands they are liable for the program compliance of their sub-contractors. Any organization serving SNAP E&T participants with SNAP E&T funding, no matter the degree of the relationship, is bound to SNAP E&T program requirements.

a. Please list all your STEP Sub-Contractors. Ensure this list matches the Sub-Contractor Information tab in the Budget Template.

- The answer has not changed from the FFY24 STEP Provider Proposal.

There are changes to FFY25, this includes the changes below :

b. Do any of your Sub-Contractors have their own Sub-Contractors? If yes, please list.

<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes the changes below :
--

c. How do you ensure STEP program compliance and integrity in all of the above relationships?

<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes the changes below :
--

d. Please describe your STEP Program structure by providing details on the two below items:

i. Describe the process you use to ensure your Sub-Contractors are compliant with all STEP Program requirements (providing the OAC and Case Management, providing STEP service components, all STEP Staff have completed, passed, and documented the required trainings, and all other program requirements).

<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes the changes below :
--

ii. How do you support and communicate with your Sub-Contractors? (Do you provide Orientations for new staff, schedule monthly technical assistance calls, etc.?)

<input type="checkbox"/> The answer has not changed from the FFY24 STEP Provider Proposal. <input type="checkbox"/> There are changes to FFY25, this includes the changes below :
--

T: Specific Budget Details:

You must complete the FFY 2025 Budget Template Excel worksheet and tables provided, including all tabs (See additional program information section below).

a. For organizations with sub-contractors, you must provide:

- i. Your own organization's budget template.
- ii. Individual budget templates for each of your sub-contractors.
- iii. A roll-up budget template, to include your organization *and* all of your sub-contractors.
 - * You must also complete the Sub-Contractor Information tab. This can be done in the roll-up budget template.

b. Organizations who will provide services in multiple districts will submit only one Budget Template. We are no longer requiring a budget template for each district you will offer services in.

U: Agency/Organization Owner/Operator information:

Race, Ethnicity, Language, and Disability Demographic (REAL-D) Data:

The Oregon Department of Human Services (ODHS) is committed to ensuring that implementation of REAL-D data collection standards, analysis and reporting is managed in a way that is consistent, efficient, and timely, in compliance with Oregon legislative and rule requirements and agency resources.

The agency is committed to setting standards that recognize diverse identities; respects how people self-identify; addresses health, socioeconomic and program inequities; and addressing standards for gender identity and sexual orientation. This applies to all ODHS staff including employees, volunteers, trainees and interns as well as contractors and sub-contractors who collect and record any demographic data by any means.

Race, ethnicity, language, and disability data collection standards matters because certain groups of people experience avoidable inequities, such as in access to and quality of services, educational attainment, occupational status, income and health outcomes. Everyone does not receive the same level of services, nor have the same access to social services and quality health care. This results in avoidable differences in outcomes.

In order to accurately identify inequities and subpopulations that may benefit from focused interventions, data collection with more granularity in race, ethnicity, language and disability is needed. This helps to fully identify and address avoidable inequities because of implicit bias, racism, disablism and lack of language access. This data will also help to identify and address unique inequities that occur at the intersections of race, ethnicity, language, and disability.

- a. As ODHS is committed to collecting this data to ensure service equity, we are also asking our contractors to self-identify to determine how many of our contracted agencies/organizations are owned/operated by folks who identify as a minority.

To help us understand our contractors better, we ask that the owner/operator of your agency provides the following information:

If your organization is overseen by a board of directors or is a state/county agency, please check the one of the boxes below and do not complete the below.


- My organization is overseen by a Board of Directors.
- My organization is a state/county agency.

Which of the following describes your racial or ethnic identity? Please check all that apply.																													
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">Hispanic and Latino/a/x</th> </tr> <tr> <td style="width: 20px;"></td> <td>Central American</td> </tr> <tr> <td></td> <td>Mexican</td> </tr> <tr> <td></td> <td>South American</td> </tr> <tr> <td></td> <td>Other Hispanic or Latino/a/x</td> </tr> </table>	Hispanic and Latino/a/x			Central American		Mexican		South American		Other Hispanic or Latino/a/x	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th colspan="2" style="text-align: left;">American Indian and Alaska Native</th> </tr> <tr> <td style="width: 20px;"></td> <td>American Indian</td> </tr> <tr> <td></td> <td>Alaska Native</td> </tr> <tr> <td></td> <td>Canadian Inuit, Metis, or First Nation</td> </tr> <tr> <td></td> <td>Indigenous Mexican, Central American, or South American</td> </tr> </table>	American Indian and Alaska Native			American Indian		Alaska Native		Canadian Inuit, Metis, or First Nation		Indigenous Mexican, Central American, or South American								
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	North African																												

	Other White
Other Categories	
	Other (please list):
	Don't know
	Don't want to answer

Asian	
	Asian Indian
	Cambodian
	Chinese
	Communities of Myanmar
	Filipino/a
	Hmong
	Japanese
	Korean
	Laotian
	South Asian
	Vietnamese
	Other Asian

Budget Template FFY25

Description	Document
Budget Template FFY25	 SNAP E&T FFY25 Budget Template.xlsx

Proposal Assistance Directory

For more information about the Oregon SNAP E&T program, please contact the SSP E&T Team email: SNAP.EmploymentAndTraining@ODHSOHA.oregon.gov. One of the E&T analysts will connect with you to answer questions and provide support.

Title	Name	Phone	Email
E&T Programs Manager	Candi Quintall	503-741-6714	Candi.Quintall@ODHSOHA.oregon.gov
SNAP E&T Coordinator	Jennifer Granera	503-798-7853	Jennifer.J.Granera@ODHSOHA.oregon.gov
SNAP E&T Coordinator	Sara Kliewer	503-689-5301	Sara.A.Kliewer@odhs.oregon.gov
General Email: SNAP.EmploymentAndTraining@ODHSOHA.oregon.gov (for SNAP E&T programs)			

<p>Federal and Program Guidance</p> <p>United States Department of Agriculture (USDA), Food and Nutrition Services (FNS),</p> <p>SNAP E&T Program Toolkit: https://fns-prod.azureedge.net/sites/default/files/resource-files/SNAPemployment-training-toolkit-june-2021.pdf</p>

THANK YOU FOR YOUR INTEREST IN THE OREGON SNAP EMPLOYMENT AND TRAINING PROGRAM!

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To file a program discrimination complaint, a Complainant should complete a Form AD-3027, USDA Program Discrimination Complaint Form which can be obtained online at: <https://www.usda.gov/sites/default/files/documents/USDA-OASCR%20P-Complaint-Form-0508-0002-508-11-28-17Fax2Mail.pdf>, from any USDA office, by calling (866) 632-9992, or by writing a letter addressed to USDA. The letter must contain the complainant's name, address, telephone number, and a written description of the alleged discriminatory action in sufficient detail to inform the Assistant Secretary for Civil Rights (ASCR) about the nature and date of an alleged civil rights violation. The completed AD-3027 form or letter must be submitted to USDA by:

1. **Mail:** U.S. Department of Agriculture Office of the Assistant Secretary for Civil Rights 1400 Independence Avenue, SW Washington, D.C. 20250-9410;
or
2. **Fax:** (833) 256-1665 or (202) 690-7442; or
3. **Email:** program.intake@usda.gov

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