**Part A: Cover Page and Authorized Signatures**

Primary Contacts: *Complete the table with the name, title, phone and email address for those County agency personnel who should be contacted with questions about the E&T plan. Add additional rows if needed.*

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Title** | **Phone** | **Email** |
|  |  |  |  |
| *Insert more rows as needed.* |  |  |  |

**Certified By:**

<*Signature of Authorized Person>*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

County Agency Director Date

**Certified By:**

*<Signature of Authorized Person>*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

County Agency Fiscal Reviewer Date

**County E&T Program, Operations and Policy**

*Provide narratives in each of the areas below.*

| **County E&T Program, Operations and Policy Overview** | |
| --- | --- |
| **Summary of the FNS E&T Program** |  |
| **Program Changes** |  |
| **Workforce Development System** | ***This applies if your county works with any Workforce Development Boards in the administration of your E&T Program*** |
| **Other Employment Programs** |  |
| **Special Populations** | ***This would include any specific population a county intends to serve in its E&T Program.  Some examples would be the homeless, veterans, ex-offenders, applicants, zero benefit households, etc.*** |
| **Screening Process** |  |
| **Participant Reimbursements** |  |

| County Name | Job Search | Job Search Training | Job Retention | Basic Education/ Foundational Skills | Vocational Training | On-the-Job Training | Work Experience |
| --- | --- | --- | --- | --- | --- | --- | --- |
| County Name |  |  |  |  |  |  |  |

**Operating Budget**

**Instructions:**

Complete the operating budget table, providing line item detail and the program total. **If there are contracts, enter the total contract amount**. Cost categories outside of contracts apply only to the County FNS E&T agency expenses. Additional detail on contracts should be provided in the Contractor Detail Addendum.

|  |  |  |  |
| --- | --- | --- | --- |
|  | **County cost** | **Federal cost** | **Total** |
| **I.** **Direct Costs**: |  |  |  |
| a) Salary/Wages |  |  |  |
| b) Fringe Benefits\* Approved Fringe Benefit Rate Used \_\_\_\_\_\_% |  |  |  |
| c) Contractual Costs |  |  |  |
| d) Non-capital Equipment and Supplies |  |  |  |
| e) Materials |  |  |  |
| f) Travel |  |  |  |
| g) Building/Space |  |  |  |
| h) Equipment & Other Capital Expenditures |  |  |  |
| **Total Direct Costs** |  |  |  |
| **II. Indirect Costs:** |  |  |  |
| Indirect Costs\*Approved Indirect Cost Rate Used:\_\_\_\_\_\_% |  |  |  |
| **Total Indirect Costs** |  |  |  |
| **III. In-kind Contribution** |  |  |  |
| County in-kind contribution |  |  |  |
| **IV. Participant Reimbursement (County plus Federal):** |  |  |  |
| a) Dependent Care |  |  |  |
| b) Transportation & Other Costs |  |  |  |
| c) County Agency Cost for Dependent Care Services |  |  |  |
| **V. Total Costs** |  |  |  |

**Budget Narrative and Justification Instructions**

Provide a budget narrative that explains and justifies each cost and clearly explains how the amount for each line item in operating budget was determined.

**I. Direct Costs: Explain all direct costs to the program**

**b) Fringe Benefits**

**c) Contractual Costs**

**d) Non-capital Equipment and Supplies**

**e) Materials**

**f) Travel & Staff Training**

**g) Building/Space**

**h) Equipment & Other Capital Expenditures**

**II. Indirect Costs:**

**III. In-kind Contribution**

**IV. Participant Reimbursement (County plus 50 percent Federal match):**

**Contractor’s Signatures:**

Each third-party entity your county partners with is required to sign off on this Plan. Add additional signature lines if needed.

**Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*<Signature of Authorized Person>*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Agency Director Date

**Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

<*Signature of Authorized Person>*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Agency Director Date

**Agency Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*<Signature of Authorized Person>*

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Agency Director Date

**Summary of Federal Fiscal Year Costs**

|  |  |  |
| --- | --- | --- |
| Funding Category | Upcoming FY Budget | |
| 1. E&T Administrative Expenditures |  | |
| a. 50% Federal |  | |
| b. 50% County |  | |
| 1. Participant Expenses: |  | |
| a. Transportation/Other |  | |
| 50% Federal |  | |
| 50% County |  | |
| b. Dependent Care |  | |
| 50% Federal |  | |
| 50% County |  | |
| 3. Total E&T Program Costs (=1a+1b+2a+2b) |  | |
| 4. Total Planned Federal FY Costs (Must agree with Part I-Table 5: Operating Budget | |  | |