

COOPERATIVE AGREEMENT
BETWEEN
THE NEW YORK CITY HUMAN RESOURCES ADMINISTRATION
AND
THE NEW YORK CITY DEPARTMENT OF SMALL BUSINESS SERVICES

THIS COOPERATIVE AGREEMENT (“Cooperative Agreement”), dated as of this 8/8/16, between the New York City Human Resources Administration/ Department of Social Services (“HRA” or “the Department”), with offices located at 150 Greenwich Street, New York, NY 10007, and the Department of Small Business Services (“SBS”), with offices located at 110 William Street, New York, NY, 10038 (each a “Party” and collectively the “Parties”).

WHEREAS, SBS and HRA entered into an agreement in 2008 (“Original Agreement”) to pilot the Supplemental Nutritional Assistance Program Employment and Training (“SNAP E&T”) program to provide employment and training services to recipients of Supplemental Nutrition Assistance Program (“SNAP”) benefits, using the SNAP E&T 50 federal/50 city match funding provision; and

WHEREAS, The Mayor’s Office of Workforce Development (“WKDEV”) and the NYC Office of Management & Budget (“OMB”) have requested that SBS and HRA partner together on an initiative to increase the SNAP E&T programs available to SNAP recipients; and

WHEREAS, through this Cooperative Agreement, SBS is adding a number of programs to the original SNAP E&T pilot to expand the training and employment services available to SNAP E&T customers, including Workforce1 Career Centers, Employment Works, and Occupational Training; and

WHEREAS, the Parties wish to share limited client data in order to identify eligible SNAP E&T program participants, track programming, and facilitate cost allocation and reimbursement; and

WHEREAS, SBS will submit invoices for allowable costs for the SNAP E&T 50 federal/50 city match funding to HRA, and HRA in turn will submit claims for reimbursement to the New York State Office of Temporary and Disability Assistance (OTDA);

NOW, THEREFORE, the parties hereto agree as follows:

I. TERM OF PERFORMANCE

The term of this Cooperative Agreement shall commence on July 1, 2015 and terminate on June 30, 2016, unless sooner terminated as provided in Section XII herein (the “Term”). This Cooperative Agreement may be renewed for two (2) additional one (1) year terms, subject to availability of funds. If renewed, SBS must submit an updated budget each year.

II. DESCRIPTIONS OF PROGRAMS AND SERVICES

A. Programs

The program descriptions are listed below, with the number of program locations shown in parentheses.

- 1) **Workforce1 Career Centers (15):** As of the commencement date of this Cooperative Agreement, SBS operated 15 Workforce1 Career Centers (“Centers”) as part of the City’s One-Stop Workforce Career System. The Centers provide workshops on resume development and job interviews, access to occupational skills training, and connections to employment. A portion of the customers served by these Centers are funded with City Tax Levy dollars. There are currently three types of Centers:
 - a. **“Hub” Centers (5):** large Centers in each borough that see a high volume of customer traffic.

- b. **“Expansion” Centers (8):** smaller, neighborhood-based Centers that see a smaller volume of customer traffic.
- c. **“Sector-Based Career Centers” (2):** These Centers provide low-income workers access to quality jobs with career advancement opportunities, including access to training and education, while also meeting the hiring and training needs of businesses in specific sectors. They also focus on providing quality jobs that pay \$10.00 per hour or more.

The Parties understand and agree that the number of Centers may change over time, as SBS responds to the needs of different communities, but the services offered are expected to remain substantially consistent.

- 2) **Employment Works (2):** This program provides employment services to individuals with criminal backgrounds through two locations (“EW Centers”). The EW Centers provide a mix of work preparation activities, access to training and education, connections to employment, and retention services. Two of the program’s performance measures are six-month and 12-month retention. Retention activities beyond the allowable 90 days will not be claimed.
- 3) **Additional Job Skills and Educational Training Services:** Beyond offering the programs above, SBS also funds occupational skills training with *additional* non-federal funding that is not a part of these programs’ budgets. Consequently, pursuant to this Cooperative Agreement, SBS will invoice HRA the costs of providing vocational or educational training to customers who are SNAP E&T participants using non-federal funding.

B. Services

Each SNAP E&T program offers a combination of the following SNAP E&T-eligible services, in accordance with and as defined in the NYS OTDA Federal Fiscal Year 2015 SNAP E&T State Plan:

- 1) Job Search
- 2) Job Readiness Assistance

- 3) Job Skills Training
- 4) Vocational Training
- 5) Unsubsidized Employment

In addition, Employment Works offers Unsubsidized Employment with job retention services for up to one year. However, only services provided for up to 90 days retention will be counted as SNAP E&T eligible services. Additionally, some programs may offer Education Training.

III. PROCESS

During the term of this Cooperative Agreement SBS shall:

- A. Provide employment and training services to SNAP E&T eligible SNAP Recipients. SNAP Eligibility criteria are specified in Section V below.
- B. Use a Customer Information Form (“CIF”) that includes an attestation that program participants are participating on a voluntary basis. The attestation on the CIF will be used to support the voluntary participation of SNAP recipients who are eligible in accordance with SNAP E&T Eligibility Criteria, as set forth in Section V below. The CIF will indicate that the customer is voluntarily participating in the services and will indicate his or her consent to allowing information to be shared with other City agencies – in this case, HRA – for the purposes of SNAP E&T eligibility, program management, and administration.
- C. On a monthly basis, SBS will post a file that will include all SBS participants on a secure FTP (File Transfer Protocol) server. HRA’s Office of Planning and Performance Management will match the file with existing SNAP Recipients to determine their voluntary SNAP E&T eligibility. The matching will occur in the following steps:
 - 1) SBS will produce current program rosters, including:
 - Last Name
 - First Name
 - Social Security Number
 - Date of Birth
 - Street Address

- City
 - State
 - Zip
 - Program Name (e.g., “Expansion Center”)
 - Program Location (e.g., “Bronx”).
- 2) HRA will review the program rosters and certify SNAP status and SNAP E&T eligibility, producing a case list and summary report.
 - 3) SBS will compile and send employment and training services usage records of SNAP E&T eligible individuals enrolled in its programs and who received SNAP E&T eligible services to HRA.
 - 4) SBS will use the information regarding SNAP E&T eligibility to calculate the monthly reimbursement amount, as described below in subsection D below.

D. On a monthly basis, SBS will calculate all allowable expenses, including:

- 1) **Program Services:** Eligible services provided through SBS’ centers to SNAP E&T eligible SNAP recipients.
- 2) **Training Services:** Eligible training services provided to individuals or groups of SNAP E&T eligible SNAP recipients.
- 3) **Program Management:** SBS will calculate the programmatic management expenses pursuant to the allocation methodology established in Exhibit A section C.

E. SBS will calculate each of these three categories of expenses by using the steps described in **Exhibit 1**.

IV. DATA SECURITY

A. The SBS Data Security Policy, effective October 1, 2008, is intended to protect SBS, its employees, its partners, and its constituents from unauthorized access, loss, or theft of confidential or private data or information that may reside in email, Excel spreadsheets, Word documents, Access databases, Visio diagrams, PowerPoint presentations, or other documents. Any data or files that the Agency produces or

accesses must be protected in accordance and in compliance with the SBS Data Security Policy.

- B. The documents and processes described in this Cooperative Agreement are in compliance with the Data Security Policy. Any changes that are made to this Cooperative Agreement must remain in compliance with SBS' Data Security Policy. Changes to the Data Security Policy will be made applicable to this Cooperative Agreement unless otherwise agreed by the Parties as of the effective date of change.
- C. The Data Match files and Claim Calculation files are considered to be "Confidential Data" to the extent such files include Social Security Numbers, Dates of Birth, Home Addresses, Home Phone Numbers or other information the Parties may appropriately consider to be personal privacy information.

V. **ELIGIBILITY CRITERIA**

- A. The program will target SBS program participants who are SNAP Recipients and SNAP E&T eligible determined by the HRA data match. Not all participants in SBS programs are recipients of SNAP assistance.
- B. SNAP E&T funding will support activities for Non-Cash Assistance SNAP Recipients, who meet specified criteria. Recipients who are receiving Social Security Income, who are homebound and who are living in congregate facilities, shall not be eligible. Recipients served prior to July 1, 2015, and working 30 hours or more, shall also not be eligible.

VI. **INVOICING AND PAYMENT**

- A. HRA shall pay, subject to the availability of funds, and SBS shall accept as full payment for the services described herein, an amount not-to-exceed \$5,120,000 in accordance with the Budget, which is incorporated herein by reference and attached as **Exhibit 2**.

- B.** The Intra-City invoice must be signed by the Fiscal Director or other authorized representative of SBS and must contain the following typed language:

"I hereby certify that this invoice is for articles received, services rendered, or amounts expended on behalf of the City of New York, that it is correct as to the price and amount, that it is necessary for the proper transaction of the business of the Department, that it was incurred solely for the benefit of the City of New York, that no part of the amount claimed thereon has been previously certified, that the amount is solely for the operation of said program described in this agreement, and that the reimbursement sought is not funded by any other Federal jurisdiction."

C. Invoicing Procedure

1. SBS shall send quarterly invoices and any requested supporting documentation for review and approval to:

NYC Human Resources Administration
Family Independence Administration
150 Greenwich Street, 35th Floor
New York, NY 10007
Attn: Sarah Haas

2. Upon review and approval, the invoice will be forwarded by FIA for payment to:

NYC Human Resources Administration/Department of Social Services
Bureau of Accounts Payable
150 Greenwich Street, 33rd Floor
New York, NY 10007
Attn: Madlyn Korman, Director of Accounts Payable

3. The final invoice for each fiscal year must be received by HRA no later than August 15th of the following fiscal year.

VII. NOTICES AND COMMUNICATIONS

- A. All notices and communications to the parties under this Cooperative Agreement shall be delivered by hand or sent via facsimile or email, by Registered or Certified Mail, Return Receipt Requested, or by overnight mail, Express Mail, or other overnight delivery service that provides a receipt to the sender. All notices and correspondence, other than quarterly claims to HRA shall be delivered to the following addressee and address:

Ms. Erin N. Villari
Executive Deputy Commissioner of Finance
150 Greenwich Street, 34th Floor
New York, NY 10007
Email: villarie@hra.nyc.gov

- B. All notices and correspondence to SBS should be delivered to the following addressee and address:

Mr. Xenon Walcott
Acting Deputy Commissioner
Workforce Development Division
New York City Department of Small Business Services
110 William Street, 7th Floor
New York, NY 10038
Email: xwalcott@sbs.nyc.gov

VIII. RETENTION OF RECORDS

SBS shall retain all books, records, and other documentation relevant to this Cooperative Agreement for a period of six (6) years after the final payment or termination of this Cooperative Agreement, whichever is later. Any City, State, and Federal auditors and any other person duly authorized by HRA shall have full access to and the right to examine any of said materials during said period.

IX. COMPLIANCE WITH LAW

The services rendered under this Cooperative Agreement shall be performed in accordance with all applicable provisions of Federal, State, and Local laws, rules, and regulations as are in effect at the time such services are rendered, including, without limitation, the Civil Rights Act of 1964 as amended by Executive Order 11246, 41 CFR 60, Section 504 of the Rehabilitation Act of 1973, and 45 CFR 84 and 85.

X. CONFIDENTIALITY

- A. All client information obtained, learned, developed, transmitted or filed by the Parties concerning recipients of services, including data contained in official SBS and HRA files or records, shall be held confidential pursuant to the provisions of the Social Services Act, 42 U.S.C.A. 1306 (1988), and any applicable regulations promulgated thereunder, and shall not be disclosed by SBS or HRA to any person, organization, agency, or other entity except as authorized or required by law.
- B. All of the reports, information, or data furnished, prepared, assembled, or used by SBS and HRA under this Cooperative Agreement are to be held confidential, and the Parties agree that the same shall not be made available to any individual or organization without prior written approval of the other Party, except as directed by a court of law in a proceeding in which SBS or HRA has been directed by a court to make the disclosure.
- C. Nothing herein shall be construed to prohibit the publication of statistics so classified as to prevent the identification of the participants.
- D. All provisions of this Article shall remain in full force and effect following the termination or cessation of the services required by this Cooperative Agreement.

XI. EFFECT OF UNAUTHORIZED DISCLOSURE

- A. The parties agree to report any unauthorized use or disclosure of confidential or protected data, not provided for by this Agreement of which it becomes aware. The parties further agree to immediately report any data security incident of which it becomes aware, including a breach of unsecured protected data.
 - 1) In the event of any unauthorized disclosure of data, the party responsible for unauthorized disclosure of data (Responsible Party)

shall immediately commence an investigation to determine the scope of the disclosure and immediately inform the other party (Affected Party) following discovery of such incident. The Responsible Party is responsible for providing a written incident report, within forty-eight (48) hours after the incident is discovered, that details the circumstances surrounding the unauthorized disclosure and the names of the individuals involved, if known. A breach is considered discovered on the first day on which the Responsible Party, its contractors, subcontractors or any agent thereof, knows or should have known of such breach.

- 2) In the event of a data breach, the Responsible Party is required to notify the affected individuals within a reasonable amount of time, but no later than sixty (60) calendar days after the discovery of the breach or earlier if so required by law, except where a law enforcement official determines that a notification would impede a criminal investigation or cause damage to national security. Notification shall be in a form and format prescribed by Affected Party and shall meet the requirements of applicable local, state and federal law. The Responsible Party shall be responsible for all costs associated with providing notification to all affected individuals when notification is required by law.

B. The Responsible Party recognizes that irreparable harm may result to Affected Party, and to the business of the City, in the event of any breach by the Responsible Party of any of the covenants and assurances contained in this Agreement. In the event of a breach of any of the covenants and assurances contained herein, the Affected Party shall restrain the Responsible Party, its contractors, subcontractors or agents thereof, from any continued violation, including but not limited to termination of access to any identifiable client data.

C. A breach of this Article shall constitute a material breach of this Agreement for which the Affected Party may terminate this Agreement as indicated herein. If for any

reason, one of the terms of this Agreement is violated, all Affected Party data shall be either destroyed or returned, unless otherwise authorized by the Affected Party.

XII. TERMINATION

- A. Either Party shall have the right to terminate this Cooperative Agreement in whole or in part, without cause, by giving the other party thirty (30) days' prior written notice to such effect.
- B. HRA shall have the right to terminate this Cooperative Agreement in whole or in part immediately if Federal or State reimbursement is terminated or not allowed. In addition, HRA shall have, in its sole discretion, the right to terminate this Cooperative Agreement in whole or in part, or to reduce the funding and level of services in the event of a reduction or discontinuance of such funds by action or change of Federal, State or City government policy, law or regulation.
- C. In the event of termination of this Agreement, for whatever cause, HRA will pay all costs and uncancellable obligations incurred up to and including the effective date of such termination.

XIII. MODIFICATION

This Cooperative Agreement may be modified by the Parties in writing in a manner not materially affecting the substance hereof. It may not be altered or modified orally.

XIV. SUPERVISION

In Compliance with the New York State Office of Temporary and Disability Assistance's ("OTDA") Fiscal Reference Manual ("FRM"), Volume 3, Chapter 5, the Commissioner of HRA shall have organizational supervision of any staff working pursuant to the terms of this MOU. The Commissioner of HRA may have input into the assignment, retention and reassignment of any staff working pursuant to this MOU, however the ultimate authority for these staff members shall remain with the appointing office.

XV. ASSIGNMENT

Neither of the Parties will assign, transfer or delegate any rights, obligations or duties under this Agreement without the prior written consent of the other Party. Such prior written consent will not be unreasonably withheld, delayed, or conditioned.

XVI. ENTIRE AGREEMENT

This Agreement constitutes the entire understanding of the Parties and no statement promise, condition, understanding, inducement, or representation, oral or written, expressed or implied, which is not contained herein shall not be binding or valid and this Cooperative Agreement shall not be changed, modified, or altered in any manner except by an instrument in writing executed by both parties, except for termination as set forth in Article XII.

XVII. FORCE MAJEURE

Provided that the Parties have in effect and take all reasonable actions to comply with its disaster recovery and business continuity plans, neither Party will be deemed to be in violation of this Cooperation Agreement if it is prevented from performing any of its obligations hereunder due to strikes, failure of public transportation, civil or military authority, act of public enemy, accidents, fires, explosions, or acts of God, including, without limitation, earthquakes, floods, winds, or storms. In such an event, the intervening cause must not be through the fault of the party asserting such an excuse, and the excused party is obligated to promptly perform in accordance with the terms of the Cooperative Agreement after the intervening cause ceases.

IN WITNESS WHEREOF, the Parties hereto have executed this Cooperative Agreement on the dates appearing below their respective signatures.

THE CITY OF NEW YORK
DEPARTMENT OF SOCIAL SERVICES
HUMAN RESOURCES ADMINISTRATION

BY: [Signature]

TITLE: [Signature]

DATE: 8/8/14

THE CITY OF NEW YORK
DEPARTMENT OF SMALL BUSINESS SERVICES

BY: [Signature]

TITLE: Deputy Commissioner

DATE: 6/14/16

STATE OF NEW YORK)

COUNTY OF NEW YORK)

On this 8th day of August, 2016, before me personally came Vincent Pullo, to me known and known to me to be ACCO of the HUMAN RESOURCES

ADMINISTRATION/DEPARTMENT OF SOCIAL SERVICES of the CITY OF NEW YORK, the person described in and who executed the foregoing instrument, and she/he acknowledged to me that she/he executed the same for the purpose therein mentioned.



NOTARY PUBLIC

SHARON JAMES-LEONCE
Commissioner of Deeds
City of New York No. 2-13026
Certificate Filed in New York County
Commission Expires May 01, 2018

STATE OF NY)

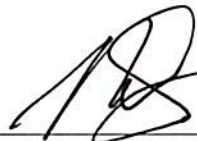
COUNTY OF KINGS)

On this 14th day of June, 2016, before me personally came Andrew Schwartz, to me known, who, being by me duly sworn, did depose and say that she/he resides at 110 William St, NY, NY 10038; that she/he is the Deputy Commissioner of SBS, the corporation described and which executed the

above instrument; that she/he knows the seal of said corporation; that the seal affixed to said instrument is such corporate seal; that the seal was so affixed by order of the Board of Directors of said corporation; and that she/he signed her/his name thereto by like order.



NAIMA ANSARI - 510010011
Notary Public, State of New York
No. 01AN6170571
Qualified in Kings County
Commission Expires July 09, 2019



NOTARY PUBLIC

EXHIBIT 1



Exhibit A: SNAP E&T REIMBURSEMENT CALCULATION STEPS

A. Reimbursement Calculation for Program Services

SNAP E&T Reimbursement Calculation *(amounts entered as an example)*

Calculated per program per month: The following methodology will be applied to customers who were SNAP E&T eligible for the entire month or for some portion of a month.

Sample Reimbursement Calculation for One Program: Workforce1 Industrial & Transportation Career Center

STEP	Category	Amount	Description
A	Total Monthly Expenses	\$400,000	SBS Fiscal Management budget and expense tracking database
B	Less costs that do not support SNAP E&T eligible services	(\$15,000)	Removal of salaries and fringe of staff who provide retention services beyond 90 days
C	Adjusted Monthly Expenses (Part 1)	\$385,000	Calculation = A - B
D	Proportion of services not SNAP E&T eligible	100 / 5000 = .02	Count of total non-SNAP E&T services provided divided by the total number of all services delivered to customers, then applied to Adjusted Monthly Expenses (Part 1). Calculation = C * (1-D)
D	Adjusted Monthly Expenses (Part 2)	\$377,300	This figure represents the proportion of the monthly expenses that went towards services considered SNAP E&T eligible
E	Total number of customers who received SNAP E&T eligible services	1224	Count of customers who signed the self-attestation on the Customer Information Form and received at least one SNAP E&T service during the month. Excludes customers who received no SNAP E&T eligible services.
F	Average Eligible Cost Per Customer	\$308.26	This figure reflects dividing D by E. It is the average cost to serve a customer and includes only the cost of services considered SNAP E&T eligible.
G	Number of customer "full-time equivalents" eligible for SNAP E&T	93.5	In this example, 90 customers were eligible 100% of the time and additional customers were eligible for the equivalent of 3.5 full-time customers, based on customers eligible for only a portion of the month
H	Total SNAP E&T eligible program expenses	\$28,822	Calculation = F x G

B. Reimbursement Calculation for Training Services - Cohort

SBS will calculate the reimbursement for training services **at the end of the Quarter, for completed trainings only**. As a result, SBS will not be able to provide monthly costs for trainings. SBS typically has multiple cohort trainings running at the same time. Consequently, SBS will calculate the average cost per customer enrolled for each training. The "Calculation Methodology for Each Cohort Training" is shown below to illustrate the methodology that SBS will use. However, SBS will only submit the "Cohort Training Costs" chart below.

Calculation Methodology for Each Cohort Training

STEP	Category	Amount	Description
A	Total training cost	\$120,000	Actual expenses of training provider
B	Number of customers who enrolled in training	20	This is the number of people enrolled in training after the enrollment period has been closed and finalized.
C	Average cost per customer	\$6,000	Calculation is the total cost divided by the total number of customers who enrolled.
D	Number of unique SNAP E&T eligible customers	2	Number of customers who were SNAP E&T eligible. SBS will get SNAP E&T eligibility from HRA for the entire duration of the training and will prorate the reimbursement calculation in line with the proportion of time each customer was eligible (Step E).
E	Adjusted customer "full-time equivalents"	1.8	From D, one customer was eligible 100% of the time, whereas the other customer was eligible 80% of the duration of her training.
F	Total SNAP E&T eligible training expenses	\$10,800	Calculation = C x E

Cohort Training Costs: Sample

Training	Total Training Expenses	Total Enrollees	Average Cost per Customer Enrolled during Period	Number of Eligible Full-time Equivalent Customers	Total Eligible Expenses
RN TTP	\$500,0000	25	\$20,000	2.0	\$40,000
Medical Assistant	\$160,000	16	\$10,000	0.8	\$8,000
Web Development	\$560,000	35	\$16,000	3.4	\$54,400
TOTAL					\$102,400

Reimbursement Calculation for Training Services – Individual Training Grants (ITG's)

SBS will calculate the reimbursement for ITG training services at the end of the Quarter, for *each customer* after the customer has completed training, according to the steps in the table below. SBS will not submit a chart for each individual; the one below is simply for illustration purposes. SBS will, however, submit the second chart titled "ITG Training Costs: Calculation by Customer" to HRA.

STEP	Category	Amount	Description
A	Cost of Training	\$5,000	Cost paid by SBS associated with the Training.
B	Number of days in Training period	30	Determine the number of days a customer was <u>both</u> in training and SNAP E&T eligible in a given month. For example, this individual was in training for 20 days, but was SNAP E&T eligible for only 12 of those.
C	Number of days of concurrent SNAP eligibility	6	The number of days that the customer was receiving SNAP <i>while in Training</i>
C	Proportion of Training costs eligible for SNAP reimbursement	20%	Number of days of concurrent SNAP eligibility divided by the total Training period
D	Total eligible expenses for customer	\$1,000	A x C

ITG Training Costs: Calculation by Customer

People ID	Last Name	First Name	Start Date	Completion Date	No. of days of Training	Total Voucher Payment	SNAP Start Date	SNAP End Date	NO. of Days of Concurrent Eligibility (# of days that customer is BOTH in training and receiving SNAP)	Training Cost per day	SNAP eligible cost (Daily Training Cost x # of days of concurrent eligibility)
987482	Petion	Jacob	2/8/2016	2/10/2016	3	\$1,000.00	2/1/2016	2/15/2016	3	\$333.33	\$1,000.00
983184	Matthews	Lorelle	1/11/2016	1/13/2016	3	\$500.00	1/1/2016	1/11/2016	3	\$166.67	\$500.00
983207	PALADINES	WILLIAM	1/25/2016	1/27/2016	3	\$500.00	1/14/2016	1/25/2016	1	\$166.67	\$166.67
973800	Shannon	Eric	2/11/2016	2/13/2016	3	\$5,000.00	2/1/2016	2/12/2016	2	\$1,666.67	\$3,333.33
731111	JENKINS	DANISHA	1/11/2016	1/18/2016	8	\$500.00	1/15/2016	1/31/2016	4	\$62.50	\$250.00
807828	JOHNSON	SALLY	1/25/2016	1/27/2016	3	\$800.00			3	\$266.67	\$800.00
647577	De La Nuez	Wesley	1/25/2016	1/29/2016	5	\$500.00			5	\$100.00	\$500.00
52713	Perez	Martin	1/19/2016	1/21/2016	3	\$500.00			3	\$166.67	\$500.00
985896	Schult	Jeremy	2/3/2016	3/2/2016	29	\$500.00	2/1/2016	2/17/2016	15	\$17.24	\$258.62
768199	Galarza	Juan	1/25/2016	1/29/2016	5	\$500.00			5	\$100.00	\$500.00
925913	LIGONDE	ANTONIO	1/11/2016	1/13/2016	3	\$400.00			3	\$133.33	\$400.00
564152	CESAR	CHURCHILL	2/11/2016	2/13/2016	3	\$2,500.00			3	\$833.33	\$2,500.00
TOTAL											\$10,708.62

C. SBS Program Management Expense SNAP E&T Claim Calculation (amounts entered as an example)

Calculated every month. SBS program management staff support all SNAP E&T eligible programs. Every month, SBS will calculate an average rate of SNAP E&T customers across all programs, then apply that rate to the total amount spent on program management to calculate an amount for reimbursement.

	Category	Amount	Description
A	Total Monthly SBS Program Management Costs (for all eligible programs)	\$125,000	Supported by CHRM Wage and Fringe within Earn Date data
B	Average rate of SNAP E&T customers (across all programs)	15%	Overall percentage of SBS program participants for the month determined by HRA food stamp registration and SNAP E&T eligibility check. Includes the fair <i>proportion</i> of customers who were SNAP E&T eligible for part of the month.
C	Total SBS SNAP E&T Eligible Program Management Expense	\$18,750	Calculation = A x B

D. Total Reimbursement Calculation:

Reimbursement Element	Amount
Eligible Program Services Expenses	\$28,822
Training Services -- Cohort Expenses	\$102,400
Training Services -- Individual Training Grants	\$10,708.62
Program Management Expenses	\$18,750
Total SNAP E&T Eligible Expenses	\$160,681
Reimbursement Amount (50% of Total Expenses)	\$80,340

EXHIBIT 2

Exhibit 2: SNAP E&T Budget

Category	Approximate Total Budget
Workforce1	\$ 20,000,000
Employment Works*	\$ 2,912,500
Sector Centers	\$ 4,200,000
<i>Subtotal Program Services</i>	<i>\$ 27,112,500</i>
Training Services	\$ 11,175,027
Program Management	\$ 1,200,000
Total Allowable Expenses	\$ 39,487,527
Aggregate Percentage of Customers SNAP E&T Eligible	13%
Projected SNAP E&T Eligible Budget**	\$ 5,120,000

* Budget excludes retention staff costs

** Projecteted 50% reimbursement would be \$2,560,000.

