



Eliot Spitzer
Governor

NEW YORK STATE
OFFICE OF TEMPORARY AND DISABILITY ASSISTANCE
40 NORTH PEARL STREET
ALBANY, NEW YORK 12243-0001

David A. Hansell
Commissioner

Local Commissioners Memorandum

Section 1

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| Transmittal: | 07-LCM-07 |
| To: | Local District Commissioners |
| Issuing Division/Office: | Division of Employment and Transitional Supports |
| Date: | July 3, 2007 |
| Subject: | Funding for Intensive Case Services for Noncompliant Families |
| Contact Person(s): | Wendy DeMarco (518) 486-6106 |
| Attachments: | Attachment A: Allocations Attachment B: Budget Instructions Form 1: Program Narrative Form 2: Budget Form for Intensive Case Services for Noncompliant Families Form 2A: Budget Narrative for Intensive Case Services for Noncompliant Families Form 3: Budget Form for Intensive Case Services for Families Not Fully Engaged Form 3A: Budget Narrative for Intensive Case Services for Families Not Fully Engaged |
| Attachment Available On – Line: | X |

Section 2

I. Purpose

The purpose of this Local Commissioners Memorandum (LCM) is to inform social services districts (districts) that the enacted SFY 2007-2008 State Budget provides an additional \$14 million in federal Temporary Assistance for Needy Families (TANF) funds to support intensive case services (ICS) to noncompliant and other at-risk families in receipt of temporary assistance. The ICS program is intended to support district efforts to identify and address factors that may contribute to noncompliance and secure engagement in appropriate work and work-preparation activities to improve the economic well being of families. Initiated last year, the Intensive Case Services Program has enhanced district’s efforts to implement creative strategies to more accurately identify and address barriers to full engagement. This LCM includes district allocations for the ICS program and includes instructions describing the plan submission and approval process for districts to receive their respective allocations, a description of program goals and expected outcomes, and program reporting requirements. Allocations will be made available to districts beginning April 1, 2007 contingent upon OTDA plan approval.

II. Background

A primary goal of temporary assistance programs is to help adults enter the workforce to improve the economic well being of families. The Deficit Reduction Act of 2005 (Public Law 109-171) and the interim final TANF rule published by the Department of Health and Human Services on June 29, 2006 also required the State and districts to meet effectively higher federal work participation requirements as of October 1, 2006. Each of these goals is hindered when adults who are able to work or participate in appropriate treatment/rehabilitation services to restore the ability to work are not actively participating in work or work preparation activities due to noncompliance with program requirements. Therefore, it is crucial for districts to take steps to secure full engagement in appropriate activities for all temporary assistance recipients. The SFY 2007-2008 enacted State Budget includes \$14 million in federal TANF funds to support districts efforts to provide intensive case services to TANF-eligible families in receipt of temporary assistance who are noncompliant with work requirements or otherwise not fully engaged in countable work activities.

Noncompliance with program requirements may be attributed to a number of factors. Research studies and outreach efforts conducted by some social services districts have indicated that certain individuals who are sanctioned for noncompliance with work requirements face barriers to participation that contribute to lack of full engagement. For example, individuals may have work outcomes that are affected by cognitive functioning and physical or mental health conditions. In such instances, a referral for a vocational assessment or treatment may be highly beneficial to establish appropriate employment goals. In other instances noncompliance may be due to factors such as lack of comfort relying on child care services, unreported employment or lack of motivation to secure financial independence.

The \$14 million available to support the ICS program is intended to allow districts to implement new strategies and/or enhance current efforts to engage individuals who are noncompliant with work requirements through the provision of targeted, intensive case services such as additional outreach efforts, comprehensive assessments and support services, home visits, and/or additional scheduled office visits to address individual and family issues. Intensive case services models may emphasize the relationship between the case manager and client, have a high degree of face-to-face contact and use 'seasoned' staff members. Such activities may be useful in identifying and addressing factors contributing to the individual's inability to fully engage in work activities. Intensive case services may also include helping individuals access community services that may improve program participation.

III. Description of Services Sought

A. Eligible Participants

Participants served under the Intensive Case Services Program must be eligible to receive TANF-funded non-assistance services and must be in receipt of TANF (case types 11 or 12) or Safety Net MOE (case type 16 or 17 with state charge code 63 or 64) and includes two-parent families eligible for TANF-funded non-assistance as described in 06-LCM-9. Eligible participants must also be:

- individuals who are noncompliant with work requirements, or
- individuals who are not fully engaged in countable work activities, including those employed part time (up to 20% of a district's allocation may be spent on efforts to target this population).

B. Program Goals

Programs funded through this initiative will provide targeted intensive case services to help TANF-eligible recipients who are noncompliant with work requirements become fully engaged in appropriate work or work-preparation activities. For example, districts or community based organizations could invest the funds to support home visits or other enhanced outreach efforts to provide the opportunity to thoroughly explain program requirements and to conduct a more in-depth assessment of a family's circumstances, including identification of potential barriers to program participation, so that necessary services may be provided.

Up to 20% of a district's allocation may be used to provide intensive case services and to assist eligible individuals who are not fully engaged in countable work activities, to identify and address barriers and increase hours of participation. For example, districts could elect to use up to 20% of the ICS allocation to support job development activities or subsidized employment opportunities for eligible participants who are not employed.

C. Allowable Services

All services provided with these funds must meet the definition of TANF non-assistance services (as described in 00-LCM-20). Projects may continue to support services implemented under the SFY 2006-2007 ICS program or to enhance or modify such services. At least 80% of each district's allocation must be used to support services targeting TANF-eligible recipients who are noncompliant (subject to penalty or in sanction status for failure to comply) with work requirements and districts may use their entire allocation to serve this eligible population. Additionally, districts are permitted to use up to 20% of their allocation to serve eligible participants who are not currently subject to penalty, but who are not fully engaged in countable work activities, including recipients who may be working part time.

Services supported with these funds may include, but are not limited to:

- enhanced case management and outreach services to ensure that temporary assistance recipients fully understand work requirements and the impact of noncompliance on the family's ability to become self-sufficient;
- provision of information to clarify the reason for sanctions and how they affect the family's grant;
- in-depth assessments, such as an in-home functional needs assessment, to thoroughly investigate a family's potential barriers to self-sufficiency and how such barriers affect the individual's ability to engage in work or work-preparation activities;
- conducting assessments, including vocational assessments such as a diagnostic vocational evaluation for individuals with work limitations and providing appropriate services for the ICS target population;
- helping families navigate program requirements and address barriers which impact the individual's ability to participate in work activities, and to identify where there may be duplication of services or conflicting requirements and help coordinate program services;
- subsidized job opportunities, including supported work, for previously noncompliant individuals assessed to be ready to enter employment; and
- other services that support full participation in work or work-preparation activities. These services may include, but are not necessarily limited to: provision of a job coach; job

development including employer outreach; client mentoring to enable those who are working to increase hours of employment; and expanded evaluations by a medical professional.

Such services may be provided through a combination of home visits, office appointments, telephone contacts with families, mailed notices and the use of community-based organizations to support outreach efforts. Districts are required to use alternative means for contacting families, such as telephone contacts or home visits, if the family does not respond to initial outreach efforts.

Approvable program plans are required to include the provision of enhanced case management services following successful client contact.

Districts that intend to use these funds to support home visits should review the requirements outlined in 18 NYCRR 351.28 and 95 ADM 24 to ensure the process that is developed is consistent with State requirements. For example, home visits should generally be scheduled in advance consistent with the applicable requirements.

Some increased anti-fraud related activities may result from the additional outreach provided by the ICS program. However, because the primary goal of ICS is to support outreach and case management services, the amount of ICS funds that may be spent on anti-fraud related activities is limited. The amount of ICS funds dedicated to anti-fraud related activities must not exceed 15% of the district's respective allocation.

IV. Funding/Allocations

The \$14 million is allocated to districts based on the district's share of family cases receiving temporary assistance which include an individual who is subject to sanction or sanctioned for failure to comply with work requirements as a percentage of all such cases statewide. Allocations are provided in **Attachment A**. District allocations are available beginning April 1, 2007 to provide services consistent with a plan approved by OTDA. In the event that districts decline or are denied participation due to non-approval of submitted plans, funds may be available for reallocation. OTDA expects that any funds available for reallocation will be reallocated to those districts with the most comprehensive or innovative approved projects. The deadline for expending ICS funds is June 30, 2008 and final claims must be submitted by August 15, 2008. The expenditure and claiming deadlines may be extended contingent upon re-appropriation authority in the SFY 2008-09 Budget.

Note: Districts were informed in a letter dated May 15, 2007, that the deadline for expending the ICS funds made available by the SFY 2006-2007 State Budget process has been extended to June 30, 2008, and final claims must be submitted by August 15, 2008. Districts approved to operate ICS programs using SFY 2006-2007 funds are encouraged to spend such funds before expending funds made available by the SFY 2007-2008 Enacted State Budget.

V. Plan Format

Districts must submit plans consisting of a Program Narrative(s), Budget Form(s) and Budget Narrative(s) to OTDA for approval. OTDA staff will review the submission to determine that services and costs are directly related to the provision of allowable program services and activities to eligible participants.

A. Program Narrative (Form 1)

Program narrative should not exceed 5 pages in 12-pitch font using standard one inch margins. The narrative should be comprehensive and address each of the following:

- list the specific goals of the project (including anticipated number of participants to be served for **each** targeted population) and a description of the services and activities that will be provided to each target group of eligible participants;
- describe the participants targeted for services through this initiative and explain the process for identifying and contacting the target population and the enhanced case management provided following successful client contact;
- identify the operating entities involved with this initiative and demonstrate their organizational experience and past accomplishments in providing program services to the target group;
- list project staff and their duties (include provider agency staff as well as district staff) for each target population; and
- include an implementation timeline.

If districts opt to serve TANF-eligible participants who are not currently subject to penalty, but who are not fully engaged in countable work activities with up to 20% of their combined allocation, the program narrative should distinctly address the requirements described above for each targeted population.

B. Budget and Budget Narrative Forms (Forms 2, 2A, 3 and 3A)

The budget and budget narrative forms should identify staff and services to be funded through the project and the estimated cost (see **Attachment B** for instructions regarding budget preparation). Additionally, a district may use no more than 20% of the funds to provide services to eligible participants in families who are not subject to penalty but who are not fully engaged in work activities. If districts opt to serve both eligible populations, a separate budget form must be completed for each. The combined budgets should not exceed the total allocations included in Attachment A.

VI. Project Submission Process and Deadline

Completed proposals must be submitted by **July 31, 2007** to be eligible for funding under this initiative. District allocations are available beginning April 1, 2007, for completed and approved plans. Completed proposals should be e-mailed to Wendy DeMarco at Wendy.Demarco@otda.state.ny.us or mailed to the following address:

Ms. Wendy DeMarco
New York State
Office of Temporary and Disability Assistance
Welfare To Work Bureau
40 North Pearl Street, 11th floor
Albany, New York 12243-0001

VII. Outcome Measures and Reporting Requirements

Chapter 57 of the Laws of 2007 requires OTDA to provide quarterly performance and expenditure data for programs funded by the Temporary Assistance for Needy Families grant, including the Intensive Case Services program. Data is also needed to measure program performance and may be used to evaluate eligibility for additional funds that may become available. Therefore, districts participating in the program will be required to report quarterly the following to OTDA for **each** target population:

Participants targeted during reporting quarter

- Number of participants targeted
- Number of targeted participants successfully contacted (served)

Participants successfully contacted during reporting quarter

- Number of participants contacted by letter/call-in
- Number of participants contacted by phone call
- Number of participants contacted by home visit
- Number of participants contacted by other means

Engagement outcomes for reporting quarter

- Number of participants successfully engaged following contact
- Number of participants engaged in necessary treatment
- Number of participants that remain unengaged without good cause
- Number of participants with newly reported income
- Number of participants that remain engaged in work activities or necessary treatment in the quarter following placement.

Cases closed during the reporting quarter

- Number of cases closed due to income from employment obtained during the reporting quarter
- Number of cases closed because district was unable to locate family
- Number of cases closed for failure to respond to outreach (excludes households district was unable to locate)
- Number of cases closed because of newly reported income prior to reporting quarter
- Number of cases closed at the request of the family
- Number of cases closed for any reason other than those listed

Districts will continue to report performance outcomes for the ICS program through TRACS and will receive more detailed reporting instructions for SFY 2007-2008 funds with plan approval.

VIII. Claiming Instructions

Those local districts that have their plan approved will claim reimbursement for their expenditures using the following instructions:

The salaries, fringe benefits, non-personal services, overhead and contractual costs incurred for activities performed for this project should be accumulated in the F-17 function on the Schedule D, DSS Administrative Expenses Allocation and Distribution by Function and Program (LDSS-2347) and carried forward to the LDSS-3274 form entitled Schedule D-17, Distribution of Allocated Costs to Other

Reimbursable Programs. These expenditures should be reported in a column labeled as INT_CASE_SVCS 2 on the appropriate lines. These expenditures will support a LDSS-3922 Reimbursement Claim for Special Projects that is also labeled as INT_CASE_SVCS 2 in the project name box.

Those expenditures that meet the TANF definition for Program Costs should be reported in the Non-Administration Costs column on the appropriate lines. The expenditures that are considered to be administrative under the TANF definition should be reported in the Administration Costs column on the appropriate lines. These administration expenditures are subject to the 15% federal limitation on the use of TANF funds for administration of a program. The deadline for expending ICS funds is June 30, 2008 and all claims for reimbursement must be submitted by August 15, 2008.

The district must sign the certification on the LDSS-3922 and submit it to:

Bureau of Financial Services
Office of Temporary and Disability Assistance
40 North Pearl Street, Claims Unit 14C
Albany, New York 12243

Questions of a fiscal nature can be directed to the OTDA Bureau of Financial Services by contacting:

Regions 1-4, Carolyn Oleyourryk at 1-800-343-8859, extension 4-7549.

Email: Carolyn.Oleyourryk@otda.state.ny.us

Region 5, Michael Borenstein at (631) 854-9704.

Email: Michael.Borenstein@otda.state.ny.us

Region 6, Marian Borenstein at (212) 961-8250.

Email: Marian.Borenstein@otda.state.ny.us

Issued By:

Name: Russell Sykes

Title: Deputy Commissioner

Division/Office: Division of Employment and Transitional Supports

SFY 2007-08 Funding for Intensive Case Services For Noncompliant Families
07-LCM-07

| District | District Share of \$11.2M (80% of Funding) | District Share of \$2.8M (20% of Funding) | Total Allocation |
|-----------------|---|--|-------------------------|
| ALBANY | \$107,614 | \$26,904 | \$134,518 |
| ALLEGANY | \$42,821 | \$10,705 | \$53,526 |
| BROOME | \$106,810 | \$26,703 | \$133,513 |
| CATTARAUGUS | \$18,780 | \$4,695 | \$23,475 |
| CAYUGA | \$32,365 | \$8,091 | \$40,456 |
| CHAUTAUQUA | \$99,125 | \$24,781 | \$123,906 |
| CHEMUNG | \$52,786 | \$13,196 | \$65,982 |
| CHENANGO | \$11,005 | \$2,751 | \$13,756 |
| CLINTON | \$39,871 | \$9,968 | \$49,839 |
| COLUMBIA | \$13,194 | \$3,299 | \$16,493 |
| CORTLAND | \$25,259 | \$6,315 | \$31,574 |
| DELAWARE | \$6,938 | \$1,735 | \$8,673 |
| DUTCHESS | \$51,222 | \$12,805 | \$64,027 |
| ERIE | \$668,998 | \$167,250 | \$836,248 |
| ESSEX | \$16,367 | \$4,092 | \$20,459 |
| FRANKLIN | \$19,495 | \$4,874 | \$24,369 |
| FULTON | \$12,569 | \$3,142 | \$15,711 |
| GENESEE | \$16,546 | \$4,136 | \$20,682 |
| GREENE | \$16,725 | \$4,181 | \$20,906 |
| HAMILTON | \$6,045 | \$1,511 | \$7,556 |
| HERKIMER | \$15,786 | \$3,947 | \$19,733 |
| JEFFERSON | \$21,506 | \$5,376 | \$26,882 |
| LEWIS | \$10,201 | \$2,550 | \$12,751 |
| LIVINGSTON | \$24,813 | \$6,203 | \$31,016 |
| MADISON | \$7,564 | \$1,891 | \$9,455 |
| MONROE | \$549,554 | \$137,389 | \$686,943 |
| MONTGOMERY | \$9,128 | \$2,282 | \$11,410 |
| NASSAU | \$163,471 | \$40,868 | \$204,339 |
| NIAGARA | \$100,510 | \$25,127 | \$125,637 |
| ONEIDA | \$74,547 | \$18,637 | \$93,184 |
| ONONDAGA | \$210,526 | \$52,631 | \$263,157 |
| ONTARIO | \$36,207 | \$9,052 | \$45,259 |
| ORANGE | \$68,470 | \$17,118 | \$85,588 |
| ORLEANS | \$19,406 | \$4,851 | \$24,257 |

SFY 2007-08 Funding for Intensive Case Services For Noncompliant Families
07-LCM-07

| | | | |
|----------------|--------------|-------------|--------------|
| OSWEGO | \$30,398 | \$7,600 | \$37,998 |
| OTSEGO | \$9,441 | \$2,360 | \$11,801 |
| PUTNAM | \$6,715 | \$1,679 | \$8,394 |
| RENSSELAER | \$93,450 | \$23,362 | \$116,812 |
| ROCKLAND | \$32,901 | \$8,225 | \$41,126 |
| ST. LAWRENCE | \$20,031 | \$5,008 | \$25,039 |
| SARATOGA | \$7,028 | \$1,757 | \$8,785 |
| SCHENECTADY | \$49,166 | \$12,292 | \$61,458 |
| SCHOHARIE | \$9,575 | \$2,394 | \$11,969 |
| SCHUYLER | \$12,614 | \$3,153 | \$15,767 |
| SENECA | \$7,922 | \$1,980 | \$9,902 |
| STEUBEN | \$75,486 | \$18,871 | \$94,357 |
| SUFFOLK | \$218,256 | \$54,564 | \$272,820 |
| SULLIVAN | \$29,058 | \$7,264 | \$36,322 |
| TIOGA | \$18,199 | \$4,550 | \$22,749 |
| TOMPKINS | \$24,008 | \$6,002 | \$30,010 |
| ULSTER | \$33,705 | \$8,426 | \$42,131 |
| WARREN | \$9,932 | \$2,483 | \$12,415 |
| WASHINGTON | \$8,815 | \$2,204 | \$11,019 |
| WAYNE | \$20,121 | \$5,030 | \$25,151 |
| WESTCHESTER | \$249,625 | \$62,406 | \$312,031 |
| WYOMING | \$10,290 | \$2,572 | \$12,862 |
| YATES | \$7,742 | \$1,936 | \$9,678 |
| REST OF STATE | \$3,660,701 | \$915,175 | \$4,575,876 |
| NEW YORK CITY | \$7,539,299 | \$1,884,825 | \$9,424,124 |
| NEW YORK STATE | \$11,200,000 | \$2,800,000 | \$14,000,000 |

Intensive Case Services Budget Instructions

Please use the following as a guide to complete the budget(s) and budget narrative(s). Districts who intend to serve both eligible populations must complete a separate budget form and narrative for each population to be served. Forms 2 and 2A are to be completed for services to TANF eligible participants who are noncompliant with work requirements for whom up to 100% of allocated funds may be dedicated. Forms 3 and 3A are to be completed for services to TANF eligible participants who are not fully engaged in countable work activities for whom up to 20% of allocated funds may be dedicated. Planned costs must be directly related to the delivery of the program, services and activities that will take place. If costs for the program are being shared, identify the other funding source(s) and explain the methodology used to allocate costs among funding sources. If the district plans to subcontract with a local provider agency, a separate Baseline Budget Form and Narrative (2 or 3, as appropriate, based on the population to be served by the contracted service) must be completed for the local provider agency.

District Administration: Forms 2 and 3 have three columns:

- Non-Administration Costs,
- Administration Costs, and
- Total Costs

This allows either or both program and administrative costs for the same project to be budgeted on a single form. The Intensive Case Services program is funded with TANF funds. For programs using TANF funds, there is a 15% administrative spending limit. However, under the same federal regulations certain costs that are claimed through the local district administrative claiming schedules are considered program costs and thus are not included in the calculation of the 15% limit. Under these TANF regulations, costs considered to be program are:

- direct costs, including salaries and fringe benefit costs for staff providing program services;
- direct administrative costs associated with providing these services (e.g., supplies, equipment, travel, postage, utilities, rental costs, and maintenance) of providing services; and
- contracts devoted entirely to program activities.

Administrative costs which count toward the 15% spending limit include:

- contract costs that are not excluded totally or in part as program activities;
- all indirect or overhead costs (i.e., A-87 costs);
- activities related to eligibility determinations; and
- anti-fraud related activities.

Direct Costs

- A. Staff Salaries: On Budget Form 2 and/or 3, as appropriate, based on the population to be served, enter the amount of salaries of staff charged to the project. In the corresponding Budget Narrative, list the titles and the annual salaries of the staff that will be working on the project, and the corresponding

percentages of their time spent on the project. Provide an explanation of any anticipated changes or exceptions in staffing patterns and/or annual salary costs during the plan period.

- B. Fringe Benefits:** On Budget Form 2 and/or 3, as appropriate, based on the population to be served, enter the amount of fringe benefits associated with the salaries charged to the project. In the corresponding Budget Narrative, briefly explain the calculation of fringe benefits. Fringe benefits include social security, workers' compensation, unemployment insurance, disability insurance and any insurance programs the applicant organization provides. If budgeted fringe benefits represent an exception to standard policy, please explain the basis.
- C. Contractual Costs:** On Budget Form 2 and/or 3, as appropriate, based on the population to be served, enter the amount of subcontracted activities for the project. This category includes institutions, individuals or organizations external to the social services district which have entered into an agreement with the social services district to provide any services outlined in or associated with the plan, and whose services are to be funded under the project. All such agreements are to be by bona fide written contract and a copy of each must be attached. If details are not known, in the corresponding Budget Narrative, include a brief narrative of each contracted service to be provided, indicating the organization/individual selected, anticipated outcomes and projected budget. If the district plans to subcontract with a local provider agency, a separate Baseline Budget Form and Narrative (2 or 3, as appropriate, based on the population to be served by the local provider agency) must be completed for the local provider agency. Local provider agencies are not required to delineate their budget between Non-Administration and Administration costs and should include all of their budget information in the total costs column.
- D. Staff Travel:** On Budget Form 2 and/or 3, as appropriate, based on the population to be served, enter the direct travel costs for employees assigned to the project. Staff travel costs should be budgeted in line with standard agency travel policy or New York State Comptroller guidelines. Travel costs are reimbursed at State rates (i.e., personal car mileage rate is \$.48.5 per mile). Only travel costs for personnel listed under Staff Salaries are acceptable. Consultant or sub-contractor's travel expenses should be included in Contracted Services. Any exceptional staff travel costs must be justified in the Budget Narrative. No out-of-state travel costs are allowed unless specifically detailed and approved. All non-local destinations for travel must have prior OTDA approval.
- E. Equipment Costs:** On Budget Form 2 and/or 3, as appropriate, based on the population to be served, enter the identifiable costs of equipment assigned to the project. Equipment required to meet the contract objectives may be either

purchased or rented, whichever is more economical. Equipment is tangible personal property having a useful life of more than two years and an acquisition cost of \$500 or more per unit. Title to all equipment purchased under this contract rests with OTDA upon acquisition. At the completion of the project, such property must be disposed of in accordance with the instructions of OTDA. An inventory of all equipment purchased must be kept. List in the Budget Narrative, the equipment and associated cost to be either purchased or rented. Justification for any exceptional equipment purchases and/or rental costs must be provided in the Budget Narrative.

- F. Supplies:** On Budget Form 2 and/or 3, as appropriate, based on the population to be served, enter the identifiable costs of supplies assigned to the project. In the Budget Narrative provide a list of the supplies and associated cost. Justification for any exceptional supplies purchases must be provided in the Budget Narrative.
- G. Other Direct Expenses:** On Budget Form 2 and/or 3, as appropriate, based on the population to be served, enter any type of expense such as printing/photocopying, office rent, utilities and telephones outside of the categories listed above. In the Budget Narrative provide a list of the expenses and associated cost. Justification for any exceptional expenses must be explained in the Budget Narrative.
- H. Overhead Costs Allocated:** On Budget Form 2 and/or 3, as appropriate, based on the population to be served, enter overhead costs allocated to the project. These are the overhead costs allocated based on staff counts of the program categories on the Schedule D DSS Administrative Expenses Allocation and Distribution by Function and Program (LDSS-2347). Please note, district subcontractors will be held to an indirect cost rate of up to 15% of total direct costs of their project.
- I. A-87 Costs Allocated:** On Budget Form 2 and/or 3, as appropriate, based on the population to be served, enter the A-87 costs allocated to the staff assigned to the project. These A-87 costs are allocated based on the staff counts of the program categories on the Schedule D DSS Administrative Expenses Allocation and Distribution by Function and Program LDSS-2347.
- J. Work-Related Supports:** On Budget Form 2 and/or 3, as appropriate, based on the population to be served, enter the amount of any work-related supports (other than transportation) provided to the participants as part of the project. Payment should be non-recurring and should be intended to be used for costs associated with participating in work activities, including employment. In the Budget Narrative, list the work-related supports provided and the associated costs. Note: Costs associated with work-related supports must constitute non-assistance in accordance with 00 LCM 20.

- K. Participant Transportation:** On Budget Form 2 and/or 3, as appropriate, based on the population to be served, enter the amount of any transportation costs to or for participants as part of the project. In the Budget Narrative, list the transportation and the associated costs provided. Note: Costs associated with transportation must constitute non-assistance in accordance with 00 LCM 20.
- L. Other Participant Related Costs:** On Budget Form 2 and/or 3, as appropriate, based on the population to be served, enter the amounts provided to participants other than the identified costs listed in Work-Related Supports and Participant Transportation for this project. In the Budget Narrative, list the participant related item and associated costs provided. Note: Costs associated with other participant related costs must constitute non-assistance in accordance with 00 LCM 20.

Restrictions on the Use of Funds

The following costs are not allowed:

- advertising costs, except for recruitment of personnel or procurement of scarce items;
- capital expenditures for improvement or acquisition of facilities;
- entertainment costs, including social activities or cost of alcoholic beverages;
- interest costs incurred by provider agencies;
- costs of organized fund raising;
- medical costs;
- costs for attendance at conferences or meetings of professional organizations, unless attendance is necessary in connection with the project;
- costs for preparation of continuation agreements and other proposal development costs;
- costs associated with the payment of fines; and
- costs associated with planning and coordination studies.

Program Narrative for Intensive Case Services for Noncompliant Families

District Name: _____

Contact Name and Number: _____

I. Program goals and services, including method(s) of outreach:

- A. List the specific goals of the project and describe the services and activities that will be provided to **TANF-eligible participants who are noncompliant with work requirements**, including a description of the methods that will be used to contact households and the case management services that will be provided following contact.

Anticipated number of **noncompliant participants** to be served: _____

- B. If applicable, list the specific goals of the project and describe the services and activities that will be provided to **TANF-eligible participants who are not fully engaged in countable work activities** including a description of the methods that will be used to contact households and the case management services that will be provided following contact.

Anticipated number of **not fully engaged participants** to be served: _____

IV. Implementation Timeline

A. Describe implementation timeline to provide services to **TANF-eligible participants who are noncompliant with work requirements,**

B. If applicable, describe implementation timeline to provide services to **TANF-eligible participants who are not fully engaged in countable work activities**

Intensive Case Services for Noncompliant Families Baseline Budget Form

District Name: _____

Local Department of Social Services _____

Provider Agency _____

| Budget Categories | | | |
|--|--------------------------|----------------------|-------------|
| | NON-ADMINISTRATION COSTS | ADMINISTRATION COSTS | TOTAL COSTS |
| SALARY COSTS | | | |
| 1. Salary Costs | \$ - | \$ - | \$ - |
| 2. Fringe Benefits | \$ - | \$ - | \$ - |
| 3. Total Salary & Fringe Benefits | \$ - | \$ - | \$ - |

| NON-SALARY COSTS | | | |
|-------------------------------------|-------------|-------------|-------------|
| 4. Contractual Costs * | \$ - | \$ - | \$ - |
| 5. Staff Travel Costs | \$ - | \$ - | \$ - |
| 6. Equipment Costs | \$ - | \$ - | \$ - |
| 7. Supplies | \$ - | \$ - | \$ - |
| 8. Other Direct Expenses | \$ - | \$ - | \$ - |
| 9. Total Non-Salary Expenses | \$ - | \$ - | \$ - |

| | | | |
|-------------------------------------|--|------|------|
| 10. Overhead Costs Allocated | | \$ - | \$ - |
|-------------------------------------|--|------|------|

| | | | |
|---------------------------------|--|------|------|
| 11. A-87 Costs Allocated | | \$ - | \$ - |
|---------------------------------|--|------|------|

| PARTICIPANT RELATED COSTS | | | |
|--|-------------|--|-------------|
| 12. Work-Related Supports | \$ - | | \$ - |
| 13. Participant Transportation | \$ - | | \$ - |
| 14. Other Participant Related Costs | \$ - | | \$ - |
| 15. Total Participant Related Costs | \$ - | | \$ - |

| | | | |
|--------------------------------|------|------|------|
| 16. Total Project Costs | \$ - | \$ - | \$ - |
|--------------------------------|------|------|------|

*** If the District plans to subcontract with a local provider agency, a separate Baseline Budget Form must be completed and submitted for each subcontractor.**

Budget Narrative -Please see Budget Form 2A.

Intensive Case Services for Not Fully Engaged Families Baseline Budget Form

District Name: _____

Local Department of Social Services _____

Provider Agency _____

Budget Categories

| ITEM | NON-ADMINISTRATION COSTS | ADMINISTRATION COSTS | TOTAL COSTS |
|--|--------------------------|----------------------|-------------|
| 1. Salary Costs | \$ - | \$ - | \$ - |
| 2. Fringe Benefits | \$ - | \$ - | \$ - |
| 3. Total Salary & Fringe Benefits | \$ - | \$ - | \$ - |

NON-SALARY COSTS

| | | | |
|-------------------------------------|-------------|-------------|-------------|
| 4. Contractual Costs * | \$ - | \$ - | \$ - |
| 5. Staff Travel Costs | \$ - | \$ - | \$ - |
| 6. Equipment Costs | \$ - | \$ - | \$ - |
| 7. Supplies | \$ - | \$ - | \$ - |
| 8. Other Direct Expenses | \$ - | \$ - | \$ - |
| 9. Total Non-Salary Expenses | \$ - | \$ - | \$ - |

| | | | |
|-------------------------------------|--|------|------|
| 10. Overhead Costs Allocated | | \$ - | \$ - |
|-------------------------------------|--|------|------|

| | | | |
|---------------------------------|--|------|------|
| 11. A-87 Costs Allocated | | \$ - | \$ - |
|---------------------------------|--|------|------|

PARTICIPANT RELATED COSTS

| | | | |
|--|-------------|--|-------------|
| 12. Work-Related Supports | \$ - | | \$ - |
| 13. Participant Transportation | \$ - | | \$ - |
| 14. Other Participant Related Costs | \$ - | | \$ - |
| 15. Total Participant Related Costs | \$ - | | \$ - |

| | | | |
|--------------------------------|-------------|-------------|-------------|
| 16. Total Project Costs | \$ - | \$ - | \$ - |
|--------------------------------|-------------|-------------|-------------|

*** If the District plans to subcontract with a local provider agency, a separate Baseline Budget Form must be completed and submitted for each subcontractor.**

Budget Narrative - Please see Budget Form 3A.