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OFFICIAL
Policy Issuance (PI): 18-08

Date: March 16, 2018

To: Michigan Works! Agency (MWA) Directors

From: Ed Koledo **SIGNED**
Workforce Development Agency

Subject: Food Assistance Employment and Training (FAE&T) Plus Guidelines and Fiscal Year (FY) 2018 Plan Instructions

Programs Affected: FAE&T

Rescissions: None

References: Food and Nutrition Act (the Act) of 2008, 7 U.S.C. § 2011 (2008) (originally enacted as Food Stamp Act of 1977, as amended, Public Law [PL] 88-525 [1964])

Food, Conservation, and Energy Act of 2008 (2008 Farm Bill), PL 110-246 (2008) (codified, as amended, at 7 U.S.C. § 2015)

7 Code of Federal Regulations (CFR), Department of Agriculture, Parts 273.7 and 277

PI 15-29, Michigan Works! System Plan Instructions, issued December 1, 2015, and subsequent changes

PI 15-12, Procurement, issued July 17, 2015

Background: The Act of 2008 provides that state agencies be given maximum flexibility in designing Employment & Training (E&T) programs for individuals receiving Food Assistance. An E&T program is a package of services, which includes assessment, component activities, participant reimbursements, and follow-up. The United States Department of Agriculture, Food & Nutrition Service (FNS) provides states with 50 percent reimbursement funds to support and expand robust E&T programs funded with non-federal dollars.

The Michigan Department of Health and Human Services (MDHHS) and the Michigan Talent Investment Agency (TIA) are committed to expanding job-driven E&T services to all Food Assistance Program (FAP) recipients by operating a voluntary FAE&T Plus program. The FAE&T Plus Program is connecting with third-party partners also known as Plus Contractors, that focus on employer demand while offering skills training and credentials required to obtain self-sustaining employment.

Policy:

This policy is effective October 1, 2017, for Detroit Employment Solutions Corporation, a Michigan Works! Agency, and West Michigan Works!, to subcontract with multiple entities to deliver the FAE&T Plus program. The program provides FAP recipients, between the ages of 18 and 59, the opportunity to increase skills and abilities necessary to obtain self-sustaining employment. Participants must not be receiving cash benefits from the MDHHS, and they must be able to work upon program completion.

Plus Program Delivery and Supportive Services are paid for with the Plus Contractors' non-federal funding. The State of Michigan will work in conjunction with the Plus Contractor and the MWA to request 50 percent reimbursement from the FNS via the Management of Award to Recipients System (MARS). The MWA will receive a reimbursement amount equal to 10 percent of approved Plus Contractor expenditures, and the Plus Contractor will receive a 40 percent reimbursement. Attachment A represents the funding designated for each MWA.

The MWA must ensure Plus Contractors have access, and the training, to appropriately document participation in the One Stop Management Information System (OSMIS). In addition, the MWA must ensure OSMIS access is removed for any staff no longer working with the program within 14 days.

Referral and Eligibility Verification

All Plus Contractors should actively recruit eligible participants from their service area and may also accept referrals from the MDHHS and the local MWA. The MWA is responsible for documenting a process where the necessary information is provided to the MDHHS to determine eligibility and appropriateness to assign the individual to the FAE&T Plus program. This process must include the MDHHS facilitating the electronic referral via the Bridges system. The referral type in the OSMIS will display as 'Volunteer,' 'FAP Family,' or 'ABAWD TLFA.' ('ABAWD TLFA' is the acronym for Able-Bodied Adults Without Dependents with Time-Limited Food Assistance.)

Please note the MWA must also abide by the TIA policy 17-01c1 and subsequent changes if the participant has an ABAWD TLFA referral type.

The 'Referrals by Last Date to Attend (WF and FS)' report may be generated via the OSMIS PATH/FAE&T report section to confirm the electronic referral was received.

Active OSMIS Systems						
Wagner-Peyser	WIOA	TAA	PATH/FAE&T	PRS	ISS	Admin
Showing 1 to 25 of 43 entries		Search: <input type="text"/>		<input type="button" value="First"/> <input type="button" value="Previous"/> <input type="button" value="1"/> <input type="button" value="2"/> <input type="button" value="Next"/> <input type="button" value="Last"/>		
PATH Reports						
#	Name	Description				
1	FOC725	Termination Listing Report By Region, County or FOC				
2	FS310	Daily Food Stamps Referral Audit Report				
3	FS731	Food Stamps Listing Report By Region, County or District				
4	NCR700	NCR NEW Eligible Listing				
5	OL-COMP1	One Line Report of Activity Codes 01 - 32				
6	OL-COMP2	One Line Report of Activity Codes 33 - 80				
7	OL-FOOD	Food Stamps Program Report By Region, County or District				
8	OL-WTW	One Line WTW 70% and 30% Breakout				
9	REFR-WF-FS	Referrals by Last Date to Attend (WF and FS)				

Program Orientation

All referred individuals must be provided an orientation prior to their 'Last Date to Attend Orientation' (LDTA) as indicated in the OSMIS. The LDTA is always 15 days after the date the referral was processed in Bridges. The orientation should consist of an overview of the program, responsibilities of the participant, and the consequences for noncompliance as it relates to the general work requirement. FAE&T Plus is a voluntary program; and as such, participants will not lose their FAP benefits for non-participation in the program. The participant must consent to enrollment in FAE&T Plus. Form WR-250 is attached to this policy as a sample FAE&T Plus acknowledgement form.

Assessment and Individual Service Strategy

The MWA is responsible for ensuring each participant receives a thorough assessment to evaluate the participant's skills, educational levels, prior work experience, barriers to employment, employability, and whether the participant speaks English as a second language. The assessment may be completed prior to enrollment in FAE&T Plus; however, the assessment **must** be completed before enrolling an individual in an activity in the OSMIS.

An Individual Service Strategy (ISS) is required electronically in the OSMIS for all participants and includes the results of the completed assessment process. In addition, the ISS should include the individual's career goals and the steps that will be taken to help participants overcome all identified career barriers while supporting the participant's strengths and goals. The ISS must be updated and revised as the participant's circumstances change, but not less than once per year.

Any ISS template must include all information necessary to complete data entry in the OSMIS. The FAE&T Plus Contractors can use their existing ISS template upon MWA review and approval. An acknowledgement copy of the ISS must be provided to the participant.

The time spent in the orientation session and initial assessment process must be documented on the OSMIS in the '*Orientation*' activity. Time spent in additional assessment processes would be documented in the E&T activity the assessment is specifically related to. Example: When a participant completes an assessment process, to determine readiness for vocational training, the actual hours would be entered in the vocational training activity.

Case Management

All participants must be assigned a case manager for the duration of the program. Intensive case management must be provided to help participants successfully accomplish their educational and employment goals. The hours spent in case management activities should be included as participation in the assigned activities.

Case management procedures, including entry of actual hours of participation into the OSMIS, and documentation requirements for substantiating actual hours recorded, are detailed later in this policy.

F&E Plus Contractors must maintain paper or electronic participant files, and the files must be reviewed as part of the annual MWA monitoring visit. Files should be organized according to the F&E Plus Contractors' standards but at a minimum, must contain information pertaining to the intake, assessment, release of information, program acknowledgement form, eligibility verification, ISS, participant progress and supportive services provided to the participant.

Coordination of Services

A participant may receive services from the MWA and a Plus Contractor or multiple Plus Contractors at the same time. It is the MWA's responsibility to coordinate services for co-enrolled participants to prevent duplications of services provided. Duplication of service means the participant engages in the same activity or receives the same supportive services from multiple Plus Contractors even if the activity is different.

Program Activities

The MWA has the flexibility to determine the sequencing of assigned activities on an individual participant basis. Due to the voluntary nature of the program, participants should not be disqualified from F&E Plus for failure to comply with the requirements of a specific activity. A participant may be moved to a different activity to continue participation.

When assigning activities, please note that participants ***cannot be required*** to participate more than 30 hours per week. However, participants may ***volunteer to participate in hours above*** the required amount.

Job Search

(Enter in the OSMIS as 'Job Search' activity.)

This activity should not begin until the participant is ready to actively search for employment and is employment ready. 'Job search' is the act of seeking or obtaining employment and requires job seekers to make a pre-determined

number of inquiries to prospective employers over a specified period of time. This activity may be designed so that the job seeker conducts his/her job search independently or within a group setting. Participation must be documented on a job search log.

Job Search Training

(Enter in the OSMIS as 'Job Search Training' activity.)

'Job search training' assists individuals to become familiar with general workplace expectations, and learn behaviors and attitudes necessary to compete successfully in the labor market. Job search training may include, but is not limited to:

- Job skills assessments.
- Job finding clubs.
- Teaching participants how to read maps and bus schedules.
- Resume writing, interview skills.
- Instruction related to seeking employment.
- Career planning tool or the Pure Michigan Talent Connect system.

Unpaid Work Experience

(Enter in the OSMIS as the 'Work Experience' activity.)

Unpaid work activities are work assignments where participants receive compensation in the form of their monthly FAP allotment in lieu of wages. These assignments are not intended to create employee/employer relationships. The Plus Contractor shall take into account the prior training, experience, and skills of a participant, along with employment and training objectives when making appropriate assignments. The Plus Contractor must negotiate the terms for placement of participants into unpaid work activities and must approve assignment location(s).

The 'work experience' component is designed to improve the employability of participants through actual work experience and/or training. The goal of this experience is to enable participants to move into regular employment.

Work experience may also include activities such as on-the-job training, pre-apprenticeship or apprenticeship placements.

On-the-job Training (OJT) is a work placement made through a contract with an employer or registered apprenticeship program sponsor in the public, private non-profit, or private sector. An OJT contract must be limited to the period of time required for a participant to become proficient in the occupation for which the training is being provided. In determining the appropriate length of the contract, consideration should be given to the skill requirements of the occupation, the academic and occupational skill level of the participant, prior work experience, and the participant's individual employment plan.

Pre-Apprenticeship/Apprenticeship is a combination of OJT and related instruction in which workers learn the practical and theoretical aspects of a skilled occupation. Apprenticeship programs can be sponsored by individual employers, joint employer and labor groups, and/or employer associations. 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.

Internship –a planned, structured learning experience that takes place in a workplace for a limited period of time.

Work experience must comply with these conditions:

- Must not provide any work that has the effect of replacing or preventing the employment of an individual not participating in workfare or work experience. Vacancies due to hiring freezes, terminations, or layoffs must not be filled by workfare or work experience participants.
- Participants must be provided the same job-related benefits and working conditions that are provided at the job site to employees performing comparable work for comparable hours. These are benefits related to the actual work being performed, like workers' compensation and not to the employment by a particular agency, such as health benefits. Of the benefits required, any elective benefit that requires a cash contribution by the participant will be optional at the discretion of the participant. Participants are covered by workers' compensation as outlined in the MDHHS Bridges Eligibility Manual (BEM) 232.
- The provisions of Section 2(a)(3) of the Service Contract Act of 1965 (PL 89-286) relating to health and safety conditions apply to the workfare and work experience activities.
- Work experience jobs must not, in any way, infringe upon the promotional opportunities that would otherwise be available to regular employees.
- Work experience jobs must not be related, in any way, to political or partisan activities.
- Assigned participation in work experience may not exceed the number of hours transmitted from Bridges for display in the OSMIS as "Household Workfare/Work Experience" hours. Participants are not eligible to participate in work experience until an hourly value is displayed in the field as indicated below:

View Welfare Registration								
Instrument Panel								
Participant Name	Cust ID	Client/Rec. ID	Case No	Referral Type	FAP Elig. Period	FAP Case Status	Case Review	Extension Began
EVELYN	EV12	3171	5616	Volunteer	11/04/2013 - Open	Approved	10/31/2018	-
FAP Grant	Household Workfare/Work Experience	Monthly Req. Hrs	Multiple ABAWD	TLFA	Countable Months	Regain Eligibility		
\$192 for Dec 2017 View All	21 hrs/month as of Dec 2017 View All	0 for Dec 2017 View All	No as of Dec 2017 View All	No as of Dec 2017 View All	0 as of 10/28/2017	-		

Note: **Paid** work experience is considered employment and as such; the participant must also be enrolled in the job retention services activity.

Educational and Training Programs

Educational and training opportunities can provide the skills needed to secure unsubsidized employment and ultimately self-sufficiency. Only educational components that directly enhance the employability of participants are allowable. A direct link between the educational program and job-readiness must be established for the component to be approved by the MWA.

- **Literacy and Academic Skills Training**
(Enter in the OSMIS as the 'Educational/Training Programs – Literacy' activity.)

Educational/training programs expand the job search abilities or employability of those subject to the program. Allowable educational activities may include, but are not limited to:

- High school or equivalent education programs.
- Remedial education programs to achieve a basic literacy level.
- Instructional programs, such as English as a Second Language, basic computer skills training, and basic literacy skills.

Actual hours for this activity can be pre-filled up to 90 days into the future from the current date at the number of hours the participant is expected to participate in the activity. If the MWA chooses this option, participation must be confirmed monthly.

- **Employment Enhancement Skills Training**
(Enter in the OSMIS as the 'Educational/Training Programs - EEST' activity.)

The goal of 'employment enhancement skills training (EEST)' is to increase or develop participants' motivation to begin and continue involvement in activities relating to employment. It is designed to stabilize participants' living circumstances and facilitate successful involvement in the program. The EEST may include activities such as:

- Motivational activities, which include prioritizing work and building or improving self-esteem and self-image.

- Improving interpersonal relationships.
 - Information and referrals to community resources to address health-related issues, along with access to housing, food, and clothing assistance.
 - Time and money management workshop.
 - Academic enrichment and work readiness activities designed to prepare the student for placement in higher level training.
- **Self-Employment Training**
(Enter in the OSMIS as the 'Self-Employment Training' activity.)

'Self-employment training' is an activity that improves the employability of participants by training them to design and operate a small business or another self-employment venture. Please note this activity is a training component and not for self-employment.

- **Vocational Training**
(Enter in the OSMIS as the 'Vocational Occupational Training' activity.)

'Vocational training' improves the employability of participants by providing training in a skill or trade allowing the participant to move directly into employment. All vocational training activities should be organized into educational programs that are directly related to the preparation of individuals for employment in current, emerging, or in-demand occupations, based on local labor market information data.

Actual hours for this activity can be pre-filled up to 90 days into the future from the current date at the number of hours the participant is expected to participate in the activity. If the MWA chooses this option, participation must be confirmed monthly.

The actual education costs may qualify for reimbursement as long as the Plus Contractor verifies and maintains documentation that there is no other source of financial assistance available to the client. Participants must attempt to secure federal financial aid (not including student loans), such as a Pell Grant, if applicable, for the educational institution/activity.

Supportive Services
(Enter in the OSMIS as 'Supportive Services.')

'Supportive Services' are services designed to assist participants in overcoming barriers that prevent them from engaging in employment and training activities. They must be reasonable and necessary, and directly related to participation in activities, **not for supporting participants' involvement in unsubsidized employment.**

Supportive services may include:

- Clothing (appropriate for job search activity or interviews).
- Course registration fee (may qualify as a program delivery expense).
- Drug tests (required for employment).
- Fingerprinting (required for employment).
- Legal services (expunging a criminal record to secure employment).
- Medical services (i.e., TB test or physical required for employment).
- Fees (i.e., union dues, test fees, licensing and bonding fees, background checks needed for training or to support job search).
- Personal Grooming Supplies/Services (i.e., personal hygiene products and services, including haircuts, to meet program or potential employer appearance standards).
- State of Michigan identification card or driver's license.
- Student activity fee (if required to participate in class; may qualify as a program delivery expense).
- Training materials, textbooks, and supplies.
- Transportation (i.e., bus pass, gasoline cards, mileage reimbursement, necessary non-maintenance vehicle repairs).
- Work and training tools (i.e., equipment, tools, safety clothing, uniforms necessary to complete E&T training).
- Housing assistance (limited to two months).

Supportive services may be provided in the form of prepaid allowances based on approximate costs, where the costs are reasonable and verifiable. Alternatively, supportive services may be provided through reimbursement to the participant for the actual cost of services incurred.

Gift cards or vouchers may be provided, as a prepaid allowance, if their use is restricted to specific purchases or services allowed by the program. In addition, case file documentation must clearly identify the supportive service provided.

The case file, action plan, or the OSMIS case notes must contain information that explains why the supportive service is necessary for participation in employment and training activities.

The following items are **not allowed** to be paid for with FAE&T funds:

- Automobile insurance.
- Automobile ownership/operator taxes (tag and title).
- Automobile purchase.
- Drug/alcohol counseling or therapy.

- Food staples and groceries.
- Living stipend.
- Mental health treatment.
- Personal computers.
- Relocation expenses.
- Student loans, fees, penalties or fines.

Unsubsidized Employment

(Enter in the OSMIS as the 'Unsubsidized Employment' activity.)

Only participants who obtain employment after engaging in other FAE&T Plus activities may be enrolled in this activity.

'Unsubsidized employment' is full or part-time employment in the public or private sector that is not supported by Temporary Assistance for Needy Families, State General Fund/General Purpose, or any other public program. Participation in unsubsidized employment is the fundamental goal for all participants to prepare for self-sufficiency and public assistance case closure. Employed participants should be encouraged to engage in other employment and training activities to increase the likelihood of achieving self-sufficiency.

The MWA must notify the local MDHHS office if a participant obtains employment while enrolled in the program. Self-employment is not allowable for this activity unless the participant has successfully completed an approved self-employment training program.

The MWA must create an OSMIS case note and notify the local MDHHS office if an FAE&T participant:

- Voluntarily quits a job of 30 hours or more per week without good cause, or
- Voluntarily reduces hours of employment below 30 hours per week without good cause, or
- Refuses to accept a bonafide offer of employment per MDHHS BEM 233B.

The MDHHS will determine if the individual has good cause.

Please note: expenditures for this activity do not qualify for reimbursement. Case management associated with supporting the participants continued employment is part of the Job Retention Services (JRS) activity. The JRS activity must be open in the OSMIS before entering the 'unsubsidized employment' activity in the OSMIS.

The activity for 'unsubsidized employment prior to referral' should not be entered in the OSMIS unless the customer is an ABAWD subject to TLFA.

Job Retention Services (JRS)

(Enter in the OSMIS as the 'Job Retention Services' activity.)

JRS may be provided to individuals who secure full or part-time unsubsidized employment **after** receiving other employment or training services under FAE&T Plus. This activity provides case management, referrals to other services and supportive services to help participants achieve satisfactory performance, retain employment and increase earnings over time.

JRS:

- May be provided for a maximum of 90 days per referral.
- May continue for the full 90 days, even if the FAP case closes.
- If the customer is employed at the time of registration, JRS may only be provided if the participant secures a new job with a new employer or a new position with the original employer.

JRS is limited to 90 days per referral; however, the 90 days do not need to occur concurrently. The OSMIS will track the number of days each participant is enrolled in JRS to ensure that 90 days are not exceeded in any one referral. Only one JRS activity can be open at a time, even if the participant has multiple jobs. The single JRS activity covers multiple jobs in the same time period.

Job Retention Supportive Services (participant reimbursements)

(Enter in the OSMIS as the 'Job Retention Supportive Services.')

'Job retention supportive services' are designed to assist the participant in maintaining employment and can only be provided when a participant is enrolled in the JRS activity. The following job retention supportive services are permissible if they are required to maintain the employment.

- Clothing.
- Fees (i.e., union dues, test fees, licensing and bonding fees).
- Personal Grooming Supplies/Services (i.e., personal hygiene products and services, including haircuts, to meet employer appearance standards).
- Transportation (i.e., bus pass, gasoline cards, mileage reimbursement, necessary non-maintenance vehicle repairs).
- Work tools (i.e., equipment, tools, safety clothing, uniforms).

The case file, action plan, or the OSMIS case notes must contain information that explains why the supportive service is necessary for participation in JRS.

Please note: expenditures to support employment that was obtained prior to enrollment in FAE&T Plus does not qualify for reimbursement.

Serving Employed Participants

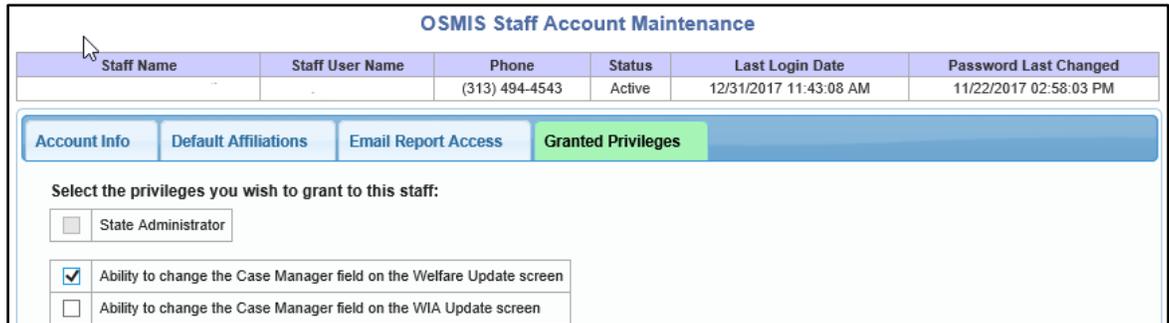
Example 1: A participant enrolled in FAE&T Plus completes a training component and secures unsubsidized employment. The participant is in need of transportation assistance to maintain the new employment. The 'JRS' activity is opened to provide mileage reimbursement, and the 'unsubsidized employment' activity is opened to document the hours of employment, job retention services are provided for the next 90 days. After 90 days if the FAP case is still open, the participant would be terminated from the OSMIS as 'completed program objectives' or enrolled in a new allowable activity and the 'JRS' activity must be ended. If the FAP case is closed, the customer must be terminated from the OSMIS.

Data Entry in the OSMIS and Documentation

The MWA must ensure Plus Contractors have access, and the training, to appropriately capture all required participant and reporting information in the OSMIS.

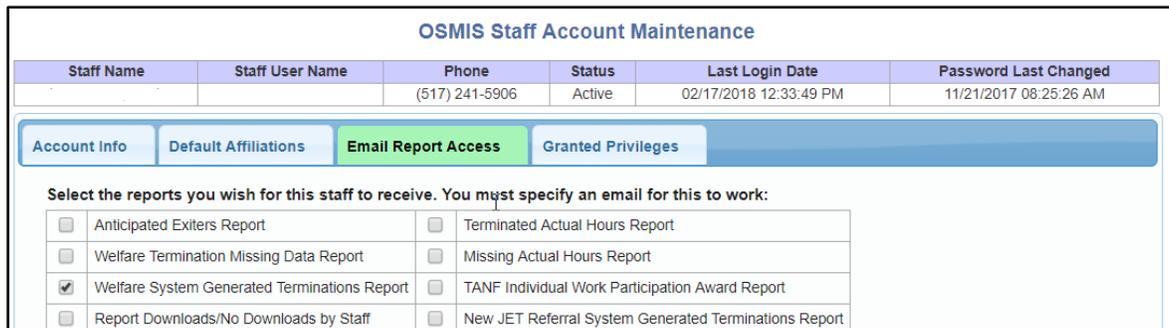
The MWA must provide the following for each Plus Contractor:

- OSMIS staff accounts that include the ability to change the case manager field on the welfare update screens via the Granted Privileges tab of the OSMIS staff account maintenance section.



The screenshot shows the 'OSMIS Staff Account Maintenance' interface. At the top, there is a table with columns: Staff Name, Staff User Name, Phone, Status, Last Login Date, and Password Last Changed. Below the table are four tabs: Account Info, Default Affiliations, Email Report Access, and Granted Privileges (which is highlighted in green). Under the 'Granted Privileges' tab, there is a section titled 'Select the privileges you wish to grant to this staff:' with three checkboxes: 'State Administrator' (unchecked), 'Ability to change the Case Manager field on the Welfare Update screen' (checked), and 'Ability to change the Case Manager field on the WIA Update screen' (unchecked).

- OSMIS staff accounts that will receive the Welfare System Generated Terminations Report via the Email Report Access tab of the OSMIS staff account maintenance section.



The screenshot shows the 'OSMIS Staff Account Maintenance' interface. At the top, there is a table with columns: Staff Name, Staff User Name, Phone, Status, Last Login Date, and Password Last Changed. Below the table are four tabs: Account Info, Default Affiliations, Email Report Access (which is highlighted in green), and Granted Privileges. Under the 'Email Report Access' tab, there is a section titled 'Select the reports you wish for this staff to receive. You must specify an email for this to work:' with two columns of checkboxes. The first column contains: 'Anticipated Exiters Report' (unchecked), 'Welfare Termination Missing Data Report' (unchecked), 'Welfare System Generated Terminations Report' (checked), and 'Report Downloads/No Downloads by Staff' (unchecked). The second column contains: 'Terminated Actual Hours Report' (unchecked), 'Missing Actual Hours Report' (unchecked), 'TANF Individual Work Participation Award Report' (unchecked), and 'New JET Referral System Generated Terminations Report' (unchecked).

- An OSMIS Region Code or a similar code to be entered in the Optional Data1 field to identify the participants enrolled with each Plus Contractor.

The MWA must ensure the Plus Contractors abide by the following:

- Participants must be registered in the OSMIS before the electronic referral expires. The expiration is two calendar days beyond the LDTA as displayed on the registration page.
- The Plus Contractor must ensure participation is documented and verified before entering activities and hours in the OSMIS. Sample forms are included, and the MWA may create instructions and insert local MWA logos as needed. Where signatures are required, electronic signatures are acceptable.
- Data entry must be within two days of the start and end dates of participation in the activity.
- A case note must be entered in the OSMIS at least once a month.

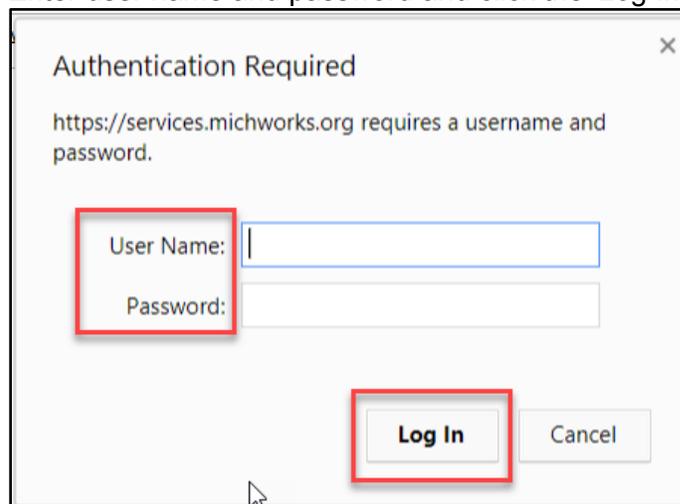
The following rules apply:

- Reimbursement is allowable beginning the month the participant is registered in the OSMIS.
- Data entry changes for activities and actual hours are limited to the current calendar month and the previous calendar month.
- Outcome and invoice reports will only include FAE&T Plus participants with actual hours entered in the OSMIS.

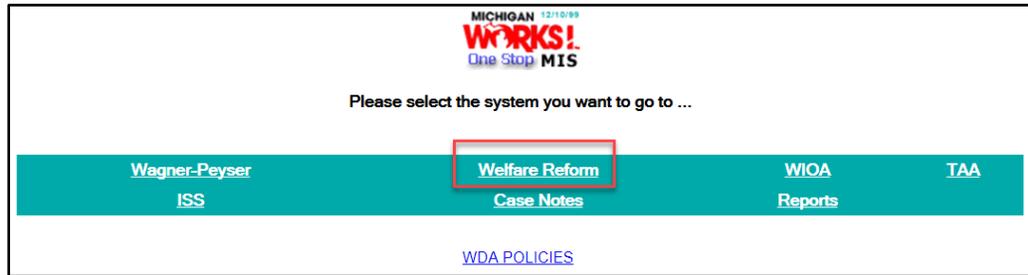
Instructions for Data Entry in the OSMIS

The internet can be used to access the **OSMIS**.

Enter user name and password and click the 'Log In' button.

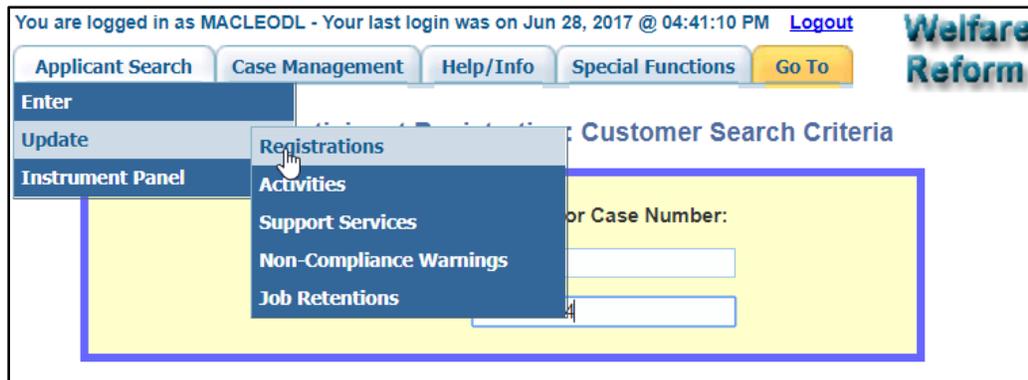


Click on 'Welfare Reform'



Searching for a Participant

Hover over 'Applicant Search' then use the mouse to scroll down to 'Update' and over to 'Registrations' and click the left mouse button.



The 'Customer Search Criteria' includes Client/Recipient ID or the MDHHS Case Number for a quick search. If these numbers are not available, try to search on the Customer ID (*first three letters of the last name, first two letters of the first name and month and day of birthdate, ex: John Smith's birthday is November 3, 1983, = smijo1103*), or First and Last Name. Enter one of the values and click the 'Submit' button.

Update/View Participant Registration: Customer Search Criteria

Search by Client/Recipient ID or Case Number:

 Client/Recipient ID:

 Case Number:

Search by Customer ID:

 Customer ID:

Search by Last Name first:

 Last Name:

 First Name:

Date of Birth: 



The customer's information will display if there is an existing Welfare Registration. Click on the customer's name to proceed to the Participant History. *If an error message occurs, the electronic referral from Bridges failed and the MWA must contact MDHHS.*

Welfare Registration: Customer Search Results

Click on the **Name** column to view existing Participation History (if one exists) or to create a new Welfare record. If the individual you are searching for does not appear, click on "New Search" to conduct a new search.

You searched for Client/Recipient ID: 44855 with Case Number: .

Showing 1 to 1 of 1 entries Search:

Customer Name	Birth Date	Customer ID	Address	Phone	Welfare (WF,NCP,NCR,FS) Participant?	MWA
MEGAN	11/02/19		Detroit, MI 48219	(313) 544-	Yes	07

From the 'Participant History' screen look for 'Food Stamps' in the Program column along with a 'Pending' 'Part. Status,' click on 'Food Stamps' to access the record. *If the top row displays 'Inactive' as the Part. Status a new electronic referral is needed from MDHHS via Bridges. A new referral is also needed if the top row displays a Program other than Food Stamps.*

MICHIGAN 12/10/17
WORKS!
 One Stop MIS

You are logged in as MACLEODL - Your last login was on Dec 29, 2017 @ 01:14:42 PM [Logout](#)

[Applicant Search](#) [Case Management](#) [Help/Info](#) [Special Functions](#) [Go To](#)

Welfare Reform

Welfare Registration: Participant History

Participant Name	Cust. ID	Clnt/Rec. ID	Current Staff	Staff Location
MEGAN	E110	44855	LISA M MACLEOD	VICTOR BLD

* This customer has 3 total Welfare participations *

Showing 1 to 3 of 3 entries Search:

Program	Referral Type	Last Date to Attend Orientation	Date Attended Orientation	AEP Status	Part. Status	Entered Activity	Termination Date	Termination Reason	Case Closed Date	Ineligible Date	MWA
Food Stamps	FAP Family	12/31/2017	-	N/A	Pending	-	-	-	-	-	7
Food Stamps	FAP Family	11/17/2017	-	N/A	Inactive	-	-	-	-	-	7
Work First	Work First Referral - 1	09/20/2007	09/04/2007	Not an AEP	Inactive	09/04/2007	05/29/2008	Case closed due to Earnings	04/22/2008	-	7

The 'Participant Header' contains information from MDHHS for the individual.

View Welfare Registration

[Instrument Panel](#)

Participant Name	Cust ID	Client/Rec. ID	Case No	Referral Type	FAP Elig. Period	FAP Case Status	Case Review	Extension Began
EVELYN	EV12	3171	5616	Volunteer	11/04/2013 - Open	Approved	10/31/2018	-
FAP Grant	Household Workfare/Work Experience	Monthly Req. Hrs	Multiple ABAWD	TLFA	Countable Months	Regain Eligibility		
\$192 for Dec 2017 View All	21 hrs/month as of Dec 2017 View All	0 for Dec 2017 View All	No as of Dec 2017 View All	No as of Dec 2017 View All	0 as of 10/28/2017	-		

The 'FAP Elig. Period' field indicates the effective dates of the individual's food assistance benefit. Plus participants are only eligible during this period, unless employed and enrolled in Job Retention Service.

The 'Household Workfare/Work Experience' field represents the maximum number of hours that can be assigned for the work experience activity.

Registering the Participant

The customer must be provided an orientation prior to the LDTA to be registered in the OSMIS. The MWA may extend the LDTA to prevent the electronic referral from expiring.

The following screenshots represent fields that must be completed at the time the registration is entered in the OSMIS:

- 'Date Attended Orientation.'
- 'Limited English' – to document whether the participant speaks English as a second language.
- 'FAE&T Plus' Special Initiative Indicator **must** be set to 'Yes.'

- 'Region Code' or a similar value in the 'Optional Data1' field must be entered to correctly identify the Plus Contractor associated with participant.
- 'Case Manager' must be selected to identify the staff associated with the participant and to facilitate receiving automated emails from the OSMIS.

General Orientation

Last Date to Attend Orientation: 01/26/2018 

Appointment Office Name: _____

Appointment Date: _____

Date Attended Orientation:  

Earliest Activity Start Date: _____

Barriers To Employment

Transportation: 

Child Care: 

Personal / Health: 

Education Workplace Skills: 

Situational: 

 Limited English:  

Education and Training Outcomes During Enrollment

Attainment of High School Degree/GED: 

Attainment of Associates Degree: 

Attain Other Post-Secondary Degree: 

Other Training Credentials: 

Special Initiative Indicators

Regional Skills Alliance Participant: 

Community Venture Participant: 

Skilled Trades Training Fund Participant Indicator:
Navigator Referred: _____

SNAP E & T WIA Initiative: 

SNAP E & T WIA Initiative Date:  

F&E&T Plus:  

Local MWA Information

Region Code: 

Optional Data1: 

Optional Data2:

Optional Data3:

Auditing Data

Referral (Registration) Date: 01/02/2017
 Served By: BRIDGES GENERATED (FIA_KENT)
 Case Manager: MACLEOD LISA - Username: MACLEODL
 Email Address: MACLEODL@MICHIGAN.GOV
 MWA: 33
 Location: KENT
 Participation Status: Active
 Participation Status Date: 01/02/2017

The bottom of the Registration screen has additional navigational buttons to enter/update activities, enter/update supportive service and enter case notes. The case notes section must be updated **at least once a month**.

Participant History	Registration	Enter Activities	Update Activities	Enter Support Services	Update Support Services
Non-Compliance Warning	Instrument Panel	Enter Job Retention	Update Retention	View Welfare	Enter Tickler
Case Notes	Wagner-Peyser Participation	ISS Client Characteristics	TAA Participant History	WIOA Participant History	

Entering Activities

The first activity should always be Orientation.

Select the activity in which you are enrolling the participant, choose a location and click on the 'Continue' button at the bottom of the screen

Select the Activities in which you are enrolling the participant and click on the 'Continue' button at the bottom of the screen.

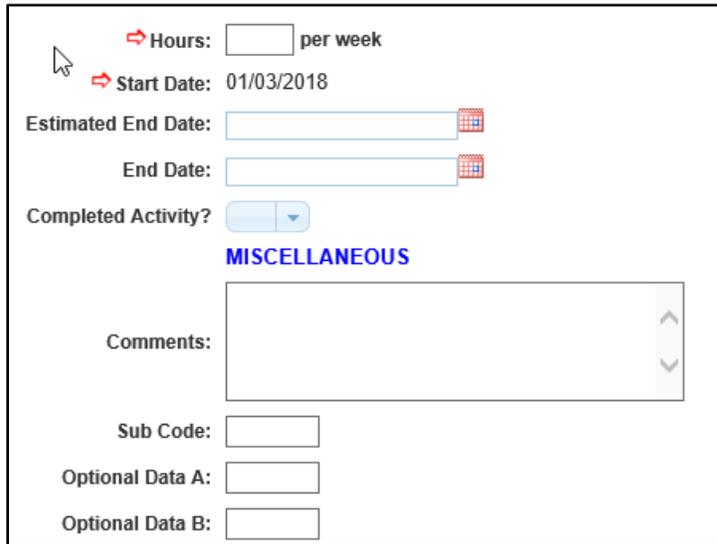
Orientation	<input checked="" type="checkbox"/> Orientation
Employment	<input type="checkbox"/> Unsubsidized Employment <input type="checkbox"/> Unsub Employment Prior to Referral
Unpaid Work Activities	<input type="checkbox"/> Work Experience <input type="checkbox"/> Workfare
Training/Education	<input type="checkbox"/> Educational/Training Programs - EEST <input type="checkbox"/> Educational/Training Programs - Literacy <input type="checkbox"/> Vocational Occupational Training <input type="checkbox"/> Self-Employment Training
Job Readiness Activities	<input type="checkbox"/> Dual Program - WIOA/TAA <input type="checkbox"/> Dual Program - Other <input type="checkbox"/> Job Search <input type="checkbox"/> Job Search Training
Status Update	<input type="checkbox"/> Job Retention Services <input type="checkbox"/> MRS Activity Other <input type="checkbox"/> Non-Participating ABAWD <input type="checkbox"/> Pending Deferral Determination

Service Date: 01/05/2018

Served By: LISA MACLEOD - MWA_ADM

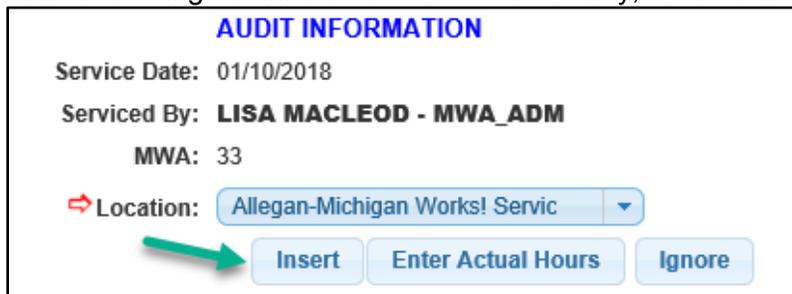
Location:

Additional detail is required when enrolling a participant in an activity. Mandatory fields are indicated by a red arrow.



The screenshot shows a form for activity enrollment. At the top, there is a field for 'Hours' with a red arrow pointing to it and the text 'per week'. Below that is the 'Start Date' field, also with a red arrow and the value '01/03/2018'. The 'Estimated End Date' and 'End Date' fields are below, each with a calendar icon. A 'Completed Activity?' dropdown menu is next. The category 'MISCELLANEOUS' is displayed in blue. A large 'Comments' text area follows. At the bottom, there are three input fields: 'Sub Code', 'Optional Data A', and 'Optional Data B'.

After entering the information about the activity, click on 'Insert' button.



The screenshot shows the 'AUDIT INFORMATION' section. It includes 'Service Date: 01/10/2018', 'Served By: LISA MACLEOD - MWA_ADM', and 'MWA: 33'. The 'Location' field is a dropdown menu showing 'Allegan-Michigan Works! Servic'. Below this are three buttons: 'Insert', 'Enter Actual Hours', and 'Ignore'. A green arrow points to the 'Insert' button.

Note: for the Orientation activity only, the Start Date auto populates to equal the date the customer attended orientation and cannot be changed. The End Date is restricted to no more than 14 days after the Start Date; however, the End Date can equal the Start Date.

Entering Actual Hours for Activities

Actual hours of participation must be entered for **all** FAE&T participants. Hours are recorded weekly, and the weeks are based on the calendar month. Hours are sent from the OSMIS to the Bridges system nightly.

Entering 'Actual Hours' can be accessed from either the 'Enter Activities' screen or the 'Update Activities' screen.

Update/View Participant Activities

[Instrument Panel](#)

Participant Name	Cust ID	Client/Rec. ID	Case No	Referral Type	FAP Elig. Period	FAP Case Status	Case Review	Extension Began
MACLEOD	MACSR0101	435201	29770	ABAWD TLFA	10/16/2017 - Open	Approved	09/30/2018	-
FAP Grant	Household Workfare/Work Experience	Monthly Req. Hrs	Multiple ABAWD	TLFA	Countable Months	Regain Eligibility		
\$352 for Jan 2018 View All	38 hrs/month as of Jan 2018 View All	80 for Jan 2018 View All	Yes as of Jan 2018 View All	Yes as of Jan 2018 View All	3 as of 01/03/2018	-		

Program: Food Stamps
Attended General Orientation Date: 01/03/2018

Showing 1 to 3 of 3 entries Search:

Activity	Begin Date	Est. End Date	End Date	Employer Name	Hours	Service Location	Actual Hours
Vocational Occupational Training	01/06/2018	04/05/2018	-	-	5	Grand Rapids Comm. College	Enter
Job Search Training	01/04/2018	-	-	-	5	Allegan Educational Service Agency	Enter
Orientation	01/03/2018	01/05/2018	01/05/2018	-	15	Allegan Educational Service Agency	Enter

Clicking on 'Enter' in the 'Actual Hours' column opens the 'Enter Actual Hours' screen.

'Enter Actual Hours' screen.

Enter Actual Hours: Job Search Training

[Instrument Panel](#)

Participant Name	Cust ID	Client/Rec. ID	Case No	Referral Type	FAP Elig. Period	FAP Case Status	Case Review	Extension Began
MACLEOD	MACSR0101	435201	29770	ABAWD TLFA	10/16/2017 - Open	Approved	09/30/2018	-
FAP Grant	Household Workfare/Work Experience	Monthly Req. Hrs	Multiple ABAWD	TLFA	Countable Months	Regain Eligibility		
\$352 for Jan 2018 View All	38 hrs/month as of Jan 2018 View All	80 for Jan 2018 View All	Yes as of Jan 2018 View All	Yes as of Jan 2018 View All	3 as of 01/03/2018	-		

Showing 1 to 1 of 1 entries

Row#	Calendar Month	Week Begin Date	Week End Date	Actual Hrs
1	Jan 2018	01/01/2018	01/06/2018	<input type="text" value="5"/>

Hours must be entered for each week of an activity. The week time period runs from Sunday to Saturday, and you cannot enter hours for a given week until today's date is subsequent to Sunday's date of the week you want to enter. If you wish to skip a week, you must enter '0' hours for that week.

Entering Projected Hours

Hours for most activities must be entered week-by-week. However, for employment activities, basic literacy, and vocational training, hours can be auto-filled up to 90 days into the future from the current date. This would be the number of hours the participant was scheduled to participate in the activity.

The projection must be changed at the point the MWA is made aware the actual participation is less than the projected value.

Auto-Fill Hours on the 'Enter Actual Hours' screen

Enter Actual Hours: Vocational Occupational Training

Instrument Panel

Participant Name	Cust ID	Client/Rec. ID	Case No	Referral Type	FAP Elig. Period	FAP Case Status	Case Review	Extension Began
MACLEOD	MACSR0101	435201	.29770	ABAWD TLFA	10/16/2017 - Open	Approved	09/30/2018	-
FAP Grant	Household Workfare/Work Experience	Monthly Req. Hrs	Multiple ABAWD	TLFA	Countable Months	Regain Eligibility		
\$352 for Jan 2018 View All	38 hrs/month as of Jan 2018 View All	80 for Jan 2018 View All	Yes as of Jan 2018 View All	Yes as of Jan 2018 View All	3 as of 01/03/2018	-		

Use this section to auto-fill Actual Hours for the given Date Range :

Enter these Actual Hours:

for the inclusive range of weeks between the week starting:

and the week starting:

Showing 1 to 16 of 16 entries

Row#	Calendar Month	Week Begin Date	Week End Date	Actual Hrs
1	Jan 2018	01/01/2018	01/06/2018	<input type="text"/>
2	Jan 2018	01/07/2018	01/13/2018	<input type="text"/>
3	Jan 2018	01/14/2018	01/20/2018	<input type="text"/>
4	Jan 2018	01/21/2018	01/27/2018	<input type="text"/>
5	Jan 2018	01/28/2018	01/31/2018	<input type="text"/>
6	Feb 2018	02/01/2018	02/03/2018	<input type="text"/>
7	Feb 2018	02/04/2018	02/10/2018	<input type="text"/>

On the 'Enter Actual Hours' screen, type in the number of hours for the activity, select the beginning week and the ending week and then click 'Autofill Actual Hours.' Rows will be highlighted in **bold font** if the week spans across two calendar months.

Row#	Calendar Month	Week Begin Date	Week End Date	Actual Hrs
1	Jan 2018	01/01/2018	01/06/2018	<input type="text" value="13"/>
2	Jan 2018	01/07/2018	01/13/2018	<input type="text" value="15"/>
3	Jan 2018	01/14/2018	01/20/2018	<input type="text" value="15"/>
4	Jan 2018	01/21/2018	01/27/2018	<input type="text" value="15"/>
5	Jan 2018	01/28/2018	01/31/2018	<input type="text" value="9"/>
6	Feb 2018	02/01/2018	02/03/2018	<input type="text" value="6"/>
7	Feb 2018	02/04/2018	02/10/2018	<input type="text" value="15"/>

The hours entered for those weeks will reflect the prorated amount based on the number of days in each calendar month. The Plus Contractor may choose to edit the hours before clicking 'enter.'

Hours entered may be viewed by accessing the 'Actual Hours Status' page.

List of Actual Hours for weeks starting on or after 01/01/2018 and ending on or before 02/10/2018.

Hint: Mouse over the activity code to view the activity name ...

Showing 1 to 8 of 8 entries

Calendar Month	Weekly Period	15	50	67	TOTAL
Jan 2018	01/01/2018 - 01/06/2018	5	13	15	33
Jan 2018	01/07/2018 - 01/13/2018	-	15	-	15
Jan 2018	01/14/2018 - 01/20/2018	-	15	-	15
Jan 2018	01/21/2018 - 01/27/2018	-	15	-	15
Jan 2018	01/28/2018 - 01/31/2018	-	9	-	9
Feb 2018	02/01/2018 - 02/03/2018	-	6	-	6
Feb 2018	02/04/2018 - 02/10/2018	-	15	-	15
TOTAL		5	88	15	108

Changing the Activity 'Begin Date' and/or 'End Date' and the Effect on 'Actual Hours'

Weeks in which 'Actual Hours' are entered must fall between the 'Begin Date' and the 'End Date' of the activity.

Activity 'Start Date' Change

If hours have been entered for an activity and the 'Start Date' is then moved backward, the OSMIS will create these weeks and enter '0' for the new weeks added.

The original activity 'start date' is December 12th.

Update Activity: Job Search Training

Instrument Panel

Customer ID	Client/Rec. ID	Case No	Referral Type
FOOTE0105			Volunteer
Household Workfare / Work Experience		Monthly Required Hours	Multiple ABAWD Household
-			

Hours: per week

Start Date: 

The activity 'start date' is moved back a week to December 5th.

Update Activity: Job Search Training

Instrument Panel

Customer ID	Client/Rec. ID	Case No	Referral Type
FOOTE0105			Volunteer
Household Workfare / Work Experience		Monthly Required Hours	Multiple ABAWD Household
-			

Hours: per week

Start Date: 

The new week is added and zero hours display in the 'Actual Hrs' field. The MWA can edit this value if participation was documented for this timeframe.

Row#	Calendar Month	Week Begin Date	Week End Date	Actual Hrs
1	Dec 2016	12/04/2016	12/10/2016	<input type="text" value="0"/>
2	Dec 2016	12/11/2016	12/17/2016	<input type="text" value="3"/>
3	Dec 2016	12/18/2016	12/24/2016	<input type="text" value="3"/>
4	Dec 2016	12/25/2016	12/31/2016	<input type="text" value="3"/>

Activity 'End Date' Change

If hours have been entered for an activity and the 'End Date' is changed to a date prior to weeks for which hours have already been entered, the system will delete any hours past the 'End Date' of the activity.

The hours entered for the week of December 25th will be deleted when the 'End Date' is changed to December 23rd.

Row#	Calendar Month	Week Begin Date	Week End Date	Actual Hrs
1	Dec 2016	12/04/2016	12/10/2016	<input type="text" value="0"/>
2	Dec 2016	12/11/2016	12/17/2016	<input type="text" value="3"/>
3	Dec 2016	12/18/2016	12/24/2016	<input type="text" value="3"/>
4	Dec 2016	12/25/2016	12/31/2016	<input type="text" value="3"/>

Hours will be deleted by ending the activity on 12/23

The hours for the week of December 25th have been successfully removed.

Row#	Calendar Month	Week Begin Date	Week End Date	Actual Hrs
1	Dec 2016	12/04/2016	12/10/2016	<input type="text" value="0"/>
2	Dec 2016	12/11/2016	12/17/2016	<input type="text" value="3"/>
3	Dec 2016	12/18/2016	12/24/2016	<input type="text" value="3"/>

Entering Supportive Services

The MWA must enter in the OSMIS all supportive services provided to the participant where reimbursement will be requested. The following applies to the Enter Support Services screen:

Type:

- Select 'Supportive Service' if it was provided to remove a barrier related to involvement in an assigned E&T activity.
- Select 'Job Retention Supportive Service' if it was provided to assist with maintaining employment.
 - OSMIS will confirm the participant has a JRS activity before allowing this Type to be selected. Upon submission, if the activity does not exist an error message will display.

▲ Alert Message

- There must be an existing 'Job Retention Services' activity in order to enter this support service type.
- Current support service can not be completed. Please correct above errors and re-submit request

Support Service:

- Select an item from the dropdown list that matches the support provided. The items in the lists are based on the 'Type' selected.

The screenshot shows a form with two radio buttons under the label "Type:". The first radio button, labeled "Supportive Service:", is selected and highlighted with a green box. The second radio button, labeled "Job Retention Supportive Service:", is unselected. Below the radio buttons is a dropdown menu labeled "Support Service:". The dropdown is open, showing a list of support services: Auto Repair (non-maintenance), Clothing, Drug Tests, Fees (union dues, test fees, licensing, bonding & background checks), Fingerprinting, Housing Asst. (FAE&T Plus only), Legal Services (expungement of criminal record), Medical Services, Personal Grooming Supplies/Services, Private Vehicle Mileage Reimb., Public Transportation, State of MI ID or Driver's License, and Training Materials, Textbooks, Tools & Supplies.

The screenshot shows a form with two radio buttons under the label "Type:". The second radio button, labeled "Job Retention Supportive Service:", is selected and highlighted with a green box. The first radio button, labeled "Supportive Service:", is unselected. Below the radio buttons is a dropdown menu labeled "Support Service:". The dropdown is open, showing a list of support services: Auto Repair (non-maintenance), Clothing, Fees (union dues, test fees, licensing & bonding), Personal Grooming Supplies/Services, Private Vehicle Mileage Reimb., Public Transportation, and Work Tools & Equipment.

Amount:

- Enter the dollar value paid for with non-federal funding.

Check Number:

- Enter number of the payment document, if applicable.

Expenditure Begin Date:

- Enter the begin date of the period the support covers, if applicable.

Expenditure End Date:

- Enter the end date of the period the support covers, if applicable.

Date Received:

- Enter the date the participant received the support. *The date must be less than or equal to today's date and greater than or equal to the 'service date.'*

Comment:

- Enter any supplemental information.

Funding Source:

- Select FAE&T Plus

Service Date:

- Enter the date it was determined the support would be provided. *The date must be less than or equal to the 'date received'.*

Location:

- Select the location from the dropdown list.

When a supportive service record has been inserted, OSMIS will create a Case Note that will include the following data:

- Date: today's date.
- Program: FS.
- Subject: SUPPORT SERVICE.
- Comments: Type, Name, Amount, Date Received, Funding Source, Comments entered and Service Date (all applicable if present in the support service record).
- MWA: The MWA number associated with participant record.
- Staff: Name of person who entered the support service record.
- Location: Location associated with support service record.

Enter Case Notes									
Showing 1 to 1 of 1 entries									
#	Date	Program	Subject	Comments	MWA	Staff	Location	Search:	
1	01/28/2018	FS	SUPPORT SERVICE	Type: Supportive Service Name: Public Transportation Amount: \$42 Date Received: 01/02/2018 Funding Source: FAE&T SS Comments: Monthly bus pass provided to support job search activities Service Date: 01/02/2018	33	LISA MACLEOD	Ottawa County MWA		

If the support service record is modified a new case note will be added. The MWA may delete the original case note if appropriate.

The summary view of all supportive services provided is broken down based on the funding source selected; FAE&T or FAE&T Plus.

	All Programs	PATH	FAET	FAET Plus	WIA	WIOA	TAA
Total Support Services Received, to Date:	\$682.00	\$0.00	\$226.00	\$456.00	\$0.00	\$0.00	\$0.00
Total Support Services Received, last 12 months:	\$682.00	\$0.00	\$226.00	\$456.00	\$0.00	\$0.00	\$0.00
Total Clothing Services Received, last 12 months:	\$177.00	\$0.00	-	-	\$0.00	\$0.00	-
Total Auto Repair Services Received, last 12 months:	\$47.00	\$0.00	\$47.00	\$0.00	\$0.00	\$0.00	-
Total Auto Purchase Services Received, lifetime:	\$0.00	\$0.00	-	-	-	-	-

Entry of Educational and Training Outcomes

The MWA must enter into the OSMIS all participants' educational and training outcomes prior to termination/case closure. As a best practice, the MWA should enter educational outcomes when they are attained. In the registration component of the OSMIS, case managers will be required to indicate whether or not the participant obtained a high school diploma/GED, an associate's degree, another postsecondary degree, or other training credentials during the enrollment. All educational and training outcomes must be verified by the MWA prior to being entered into the OSMIS.

Ending Participation and Termination Reasons in the OSMIS

The participant may remain in FAE&T Plus until:

- Notified by the MDHHS of the participant's FAP ineligibility (except for those engaged in Job Retention Services).
- 'FAP Family' participant becomes age 60 and is no longer eligible for FAE&T Plus.
- The participant chooses not to participate in FAE&T Plus.

The case manager, as designated on the registration screen, will be notified via an email message when a FAP case closure is received, and termination from the OSMIS is required.

Prior to terminating the participant, all actual hours must be entered and an end date must be entered for each activity.

The following reasons are available when terminating a customer due to no longer receiving food assistance benefits (FAP Closure) or choosing not to participate in FAE&T Plus:

- Case Closure
- Completed Program Objectives
- Deferred
- Other
- Transfer County

Termination Status

(MWA) Termination Date:

Entered On: -

Reason:

Employed at Termination:

Occupation at Termination:

Industry at Termination:

Hourly Wage:

Termination Sub Code:

Reason dropdown menu options:

- Case Closure
- Completed Program Objectives
- Deferred
- Other
- Transfer County

Note: If the participant is an ABAWD subject to time-limited food assistance, the Plus Contractor must contact the MWA before terminating the customer from the OSMIS.

The participant information will be sent in the daily System Terminations email report if the individual was system terminated for turning age 60.

National Reporting Measures

The outcome data for the reporting measures below will be tracked in the OSMIS and provided to FNS on an annual basis. As such, the MWA is responsible for ensuring the Plus Contractors have access, and the training, to appropriately document participation in the OSMIS.

- The number and percentage of participants and former participants who are in unsubsidized employment during the second quarter after completion of participation in FAE&T.
- The number and percentage of participants and former participants who are in unsubsidized employment during the fourth quarter after completion of participation in FAE&T.
- The median quarterly earnings of all the participants and former participants who are in unsubsidized employment during the second quarter after completion of participation in FAE&T.
- The number and percentage of participants that completed training, educational, work experience or an on-the-job training component.

Also, individual success stories will assist with evaluating the effectiveness of the activities delivered by the Plus Contractors. The MWA should be mindful of the opportunities to document these positive outcomes.

Invoice Process

All participants must have been eligible for FAE&T Plus at the time the cost was incurred for the Plus Contractor to qualify for reimbursement. Each Plus Contractor must complete the following when requesting reimbursement from the MWA:

- The FAET-200 Excel spreadsheet, titled FAE&T Plus Invoice, must be completed to generate a monthly invoice of Plus expenditures.

The following must be included with the invoice:

- OSMIS report titled FAE&T Plus Participants for Invoice.
- OSMIS report titled FAE&T Plus Support Services for Invoice.
- Line item detail and backup documentation for costs incurred.
- Signed FAET-210, Non-Federal Funds Certification form.

The 'FAE&T Plus Participants for Invoice' report must be generated via the OSMIS PRS report section and attached to the FAET-200 FAE&T Plus Invoice to substantiate FAE&T Plus eligibility.

MICHIGAN 12/10/99 **WORKS!** One Stop MIS You are logged in as MACLEODL - Your last login was on Dec 29, 2017 @ 11:42:15 AM [Logout](#) **Reports**

Schedule Retrieve Help/Info Special Functions **Go To**

List of Available Reports

Active OSMIS Systems

Wagner-Peyser WIOA TAA PATH/FAE&T **PRS** ISS Admin

Showing 1 to 3 of 3 entries Search:

#	Name	Description
1	FAE&T-PRTPNTS	FAE&T Plus Participants for Invoice

Each Plus Contractor shall select the following before clicking on the Submit button to generate their individualized report:

- Billing month.
- Billing year.
- Assigned Region Code or Optional Data1 to ensure the report only includes participants enrolled in their Plus program for the period of the invoice.

MICHIGAN 12/10/99 **WORKS!** One Stop MIS You are logged in as MACLEODL - Your last login was on Dec 29, 2017 @ 11:42:15 AM [Logout](#) **Reports**

Schedule Retrieve Help/Info Special Functions **Go To**

FAE&T Plus Participants for Invoice

Please complete the attached form to submit your report.
Note various fields have special significance based upon the following symbols:
⇒ => Required.

I. Report Selection Criteria

⇒ Report Month:

⇒ Report Year:

Region Code: 75009

Optional Data1: ALL

⇒ MWA:

II. Report Schedule Criteria

Online - This report will be run as soon as possible.

Custom - This report will be run after office hours.

Modify the report description to easily identify your report:

The report will only include participants that were designated as FAE&T Plus and where activities and hours were entered for the report month.

The 'FAE&T Plus Support Services for Invoice' report must be generated via the OSMIS PRS report section and attached to the FAET-200 FAE&T Plus Invoice to substantiate expenditures.

List of Available Reports

Active OSMIS Systems

Wagner-Peyser WIOA TAA PATH/FAE&T **PRS** ISS Admin

Showing 1 to 4 of 4 entries Search:

#	Name	Description
1	FAE&T-PRTPNTS	FAE&T Plus Participants for Invoice
2	FAE&T-REFS	FAE&T Referrals (State Admins Only)
3	FAE&T-SS	FAE&T Plus Support Services for Invoice
4	FNS-583	Quarterly FNS-583

Each Plus Contractor shall select the following before clicking on the Submit button to generate their individualized report:

- Billing month.
- Billing year.
- Assigned Region Code or Optional Data1 to ensure the report only includes participants enrolled in their Plus program for the period of the invoice.

MICHIGAN 12/16/99 **WORKS!** One Stop MIS

You are logged in as MACLEODL - Your last login was on Jan 28, 2018 @ 02:05:21 PM [Logout](#)

Schedule Retrieve Help/Info Special Functions **Go To** **Reports**

FAE&T Plus Support Services for Invoice

Please complete the attached form to submit your report.
 Note various fields have special significance based upon the following symbols:
 ⇨ => Required.

I. Report Selection Criteria

⇨ Report Month:

⇨ Report Year:

Region Code:

Optional Data 1:

⇨ Funding Source:

⇨ MWA:

II. Report Schedule Criteria

⇨ Online - This report will be run as soon as possible.

Custom - This report will be run after office hours.

Modify the report description to easily identify your report:

The report will only include participants that were designated as FAE&T Plus and where activities, hours, and support services were entered for the report month.

Confidentiality

The information contained in all program case records is confidential and may be released only under limited circumstances. The MDHHS confidentiality policy can be found in the Bridges Administrative Manual.

The privacy of individuals must be safeguarded, and the MWA or Plus Contractor may not release any information related to an individual participant. A participant, however, may consent to a release of information by signing a release of information form. The MWA is also allowed to release aggregate data about participants. Aggregate data includes the total number of participants employed, the number of people enrolled in activities, etc. The MWA must adhere to these guidelines when administering this program.

Civil Rights and Non-Discrimination Training

All Plus Contractor staff and their supervisors working with the participant must complete civil rights training within 30 days of the new contract term. Completion of this training must be documented and retained for future monitoring visits. **Understanding and Abiding by Title VI of the Civil Rights Act** can be viewed by clicking on the hyperlinked title. The MWA may provide an alternative training if prior approval is granted by the TIA.

Mandatory Posters

The MWA must provide the following to each Plus Contractor and ensure posters are displayed at the program location: the USDA 'And Justice for All' poster and the MWA complaint and grievance procedures. This only applies to the Plus Contractors outside the One-Stop Service Centers.

Plan Instructions

- **Approval Request** – which bears the signatures of authorized Chief Elected Official(s) and the Workforce Development Board chairperson.
- **Narrative** – which describes the planned program activities and supportive services to be provided **by each entity**, as described in the plan narrative instructions.
- **Budget Information Summary (BIS)** – which includes one BIS for Program Delivery and one BIS for Supportive Services. Separate Grant Action Notices will be issued for each funding source.

Fiscal Information

Documentation Required from Plus Contractor

For each reimbursement request, the MWA is required to have the Plus Contractor submit the official forms listed below and follow the instructions included in this policy.

- FAET-200, FAE&T Plus Invoice.
- FAET-210, Non-Federal Funds Certification.
- OSMIS Report, FAE&T Plus Participants for Invoice.

****Note:** All participants must have been eligible for FAE&T Plus at the time the cost was incurred for the Plus Contractor to qualify for reimbursement. If the participant is found ineligible, the Plus Contractor cannot bill for the participant.

MWA Requesting Reimbursement via the MARS

The MWA must verify and approve all requests for reimbursement prior to recording the expenditures in the MARS. A completed FAET-300 'Summary of Plus Contractor Costs' form must remain with the invoice documentation to support each MARS draw.

When generating a MARS Expenditure Report, the MWA should:

- Select the 'FY18 FAE&T PLUS PROGRAM' grant
 - Enter the **total amount** from the "Plus Contractor Program Delivery Costs" column on the FAET-300 form to the "Non-Federal Funds" cost category.
 - Enter the **total amount** of the 'Requested Reimbursement' column on the FAET-300 form to the 'Program Delivery' cost category (this will be the amount of the MARS Draw).
- Select the 'FY18 FAE&T SUPP SERVS' grant
 - Enter the **total amount** from the "Plus Contractor Supportive Services Costs" column on the FAET-300 form to the "Non-Federal Funds" cost category.
 - Enter the **total amount** of the 'Requested Reimbursement' column on the FAET-300 form to the 'Supportive Services' cost category (this will be the amount of the MARS Draw).
- Note: If Community Development Block Grant (CDBG) funds are used to provide services, follow the above procedures, except record 100 percent of costs for CDBG expenditures in the 'Other Federal Funds' cost category on the MARS expenditure report.

Additional considerations:

- The MWA is only eligible to request cash for expenditures reported in either the Supportive Services or Program Delivery cost categories.
- As detailed on the FAET-300 form, when reimbursement funds are received from MARS, the MWA is eligible to retain 10 percent of the 'Total Program Delivery and/or Supportive Services Costs' reported. The balance of the disbursement is required to be distributed to the Plus Contractor(s).
- The funds the Plus Contractor receives from reimbursement may be used as a non-federal revenue source for future FAE&T Plus invoices. This is known as re-utilizing funds. If the Plus Contractor chooses this option, they must provide supporting documentation on the FAET-210 Non-Federal Funds Certification form.

The MWA must obtain sufficient documentation to ensure the funds reported as Non-Federal Funds Expended meet the requirements of the CFR Section 200.306 including (but not limited to) the following requirements: 1) are not included as contributions for any other Federal award; 2) are necessary and reasonable for accomplishment of project or program objectives; 3) are

allowable and in compliance with the State Plan; and 4) are not paid by the Federal Government under another award. If the match was found ineligible, the Plus Contractor and the MWA may not draw the matching federal funds.

Action: The MWA is required to process all cash requests through the MARS System in accordance with this policy and the MARS procedures (see MARS Manual). The MWA must retain appropriate documentation to support each cash draw. Grantees are required to report all financial transactions on a full accrual basis. Accrued expenditures are costs incurred for goods and services but not paid during the reporting period.

All reporting of fiscal expenditures of the funds provided through this policy must be reported to the TIA on a quarterly basis. All quarterly financial expenditure reports are due to the TIA no later than the 20th calendar day after the end of the calendar quarter. A final close-out report is also required and is due to the TIA no later than 60 days after the end of the grant period. In the event that the due date falls on a weekend or state government holiday, reports are due on the last business day prior to the due date. Submit reports in **MARS**. If there are any questions regarding cash requests or submission of expenditure reports, please call Marilyn Carey at 517-373-7243.

The MWA officials shall prepare and submit a signed Plan Approval Request form, a Plan Narrative, and BIS forms. Templates are attached, and documents must be submitted within 30 days of the official date of this policy to WDA-WR-WP@michigan.gov.

Inquiries: Questions regarding this policy should be directed to your Dislocated Services state coordinator at 517-373-6234. The information contained in this policy will be made available in an alternative format (large type, audio tape, etc.) upon request to this office.

Expiration Date: September 30, 2018

EK:LM:pv
Attachments



ACTIVITY LOG

Sunday:	to Saturday:	Due Date:	Time:
Participant Name:		Client/Recipient ID:	
Signature of Participant:		Required Hours:	

By signing above, I agree the information I have provided is true to the best of my knowledge; and, if assigned to Workfare, I understand that I am only able to complete the number of hours assigned by the MWI staff. Any amount of time I have completed in excess was done so voluntarily.

(Optional Data) Name of 2nd person referred from a Multiple ABAWD Household:

In accordance with the Fair Labor Standard Act, your maximum monthly hours limit for Workfare/Work Experience is
--

ACTIVITY

Check one: <input type="checkbox"/> Job Search (at the service center) <input type="checkbox"/> Job Search Training <input type="checkbox"/> Workfare <input type="checkbox"/> Work Experience <input type="checkbox"/> Basic Literacy <input type="checkbox"/> Employment Enhancement Skills Training <input type="checkbox"/> Vocational Training <input type="checkbox"/> Dual Program Enrollment
--

Date	Actual Hours of Participation	Name of Worksite	Person Verifying Hours of Participation Must Complete the Following
			Name:
			Phone/Email:
			Signature:

Total Hours:



VERIFICATION OF EMPLOYMENT HOURS

Participant First and Last Name:		Client/Recipient ID:	
EMPLOYMENT INFORMATION			
Section 1 – To be completed by Employer or by MW! Staff if via phone contact			
Employer Name:			
Employer Address:		City:	State:
Phone:		Fax:	
Date Employment Began:		Average Actual Weekly Hours Worked:	
Wage:		Job Title:	
If available, please provide:			
Date of First Paycheck:			
How Often Paid?	Weekly <input type="checkbox"/>	Twice Monthly <input type="checkbox"/>	Every 2 Weeks <input type="checkbox"/> Monthly <input type="checkbox"/>
Day of Week Paid:	Monday <input type="checkbox"/>	Tuesday <input type="checkbox"/>	Wednesday <input type="checkbox"/> Thursday <input type="checkbox"/> Friday <input type="checkbox"/>
Section 2 – To be completed by Employer			
First and Last Name of Person Completing Form:		Title:	
Signature: _____		Date: _____	
Section 3 – To be completed by MW! Staff if verified via phone			
Name of Employer's Staff Verifying Employment Hours:			
Name of MW! Staff:			
Title of MW! Staff:			
Date of Phone Call:			



OUTSIDE JOB SEARCH CONTACT LOG

Participant Name:	Client/Recipient ID:	Due Date:	Time:
Week Begin Date (Sunday):	Week End Date (Saturday):	MWI Staff Name:	

Date	Employer Name & Phone Number	Employer Address or Website Address	Activity	Actual Time Spent
			<input type="checkbox"/> Interview <input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Follow up <input type="checkbox"/> Internet <input type="checkbox"/> Other:	<input type="checkbox"/> 15min <input type="checkbox"/> 30min <input type="checkbox"/> 45min <input type="checkbox"/> 60min <input type="checkbox"/> More than 1 hour:
			<input type="checkbox"/> Interview <input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Follow up <input type="checkbox"/> Internet <input type="checkbox"/> Other:	<input type="checkbox"/> 15min <input type="checkbox"/> 30min <input type="checkbox"/> 45min <input type="checkbox"/> 60min <input type="checkbox"/> More than 1 hour:
			<input type="checkbox"/> Interview <input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Follow up <input type="checkbox"/> Internet <input type="checkbox"/> Other:	<input type="checkbox"/> 15min <input type="checkbox"/> 30min <input type="checkbox"/> 45min <input type="checkbox"/> 60min <input type="checkbox"/> More than 1 hour:
			<input type="checkbox"/> Interview <input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Follow up <input type="checkbox"/> Internet <input type="checkbox"/> Other:	<input type="checkbox"/> 15min <input type="checkbox"/> 30min <input type="checkbox"/> 45min <input type="checkbox"/> 60min <input type="checkbox"/> More than 1 hour:
			<input type="checkbox"/> Interview <input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Follow up <input type="checkbox"/> Internet <input type="checkbox"/> Other:	<input type="checkbox"/> 15min <input type="checkbox"/> 30min <input type="checkbox"/> 45min <input type="checkbox"/> 60min <input type="checkbox"/> More than 1 hour:
			<input type="checkbox"/> Interview <input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Follow up <input type="checkbox"/> Internet <input type="checkbox"/> Other:	<input type="checkbox"/> 15min <input type="checkbox"/> 30min <input type="checkbox"/> 45min <input type="checkbox"/> 60min <input type="checkbox"/> More than 1 hour:
			<input type="checkbox"/> Interview <input type="checkbox"/> Application <input type="checkbox"/> Resume <input type="checkbox"/> Follow up <input type="checkbox"/> Internet <input type="checkbox"/> Other:	<input type="checkbox"/> 15min <input type="checkbox"/> 30min <input type="checkbox"/> 45min <input type="checkbox"/> 60min <input type="checkbox"/> More than 1 hour:

Participant Signature:	Total Hours Above:
------------------------	--------------------

By signing above, I agree the information provided is true to the best of my knowledge.

Page of



Food Assistance Employment and Training Plus (FAE&T Plus) Acknowledgement Form

Service Provider/Contractor:

Participant/Job Seeker Name:

FAE&T Plus is designed to assist adults with their education and training needs. I understand this is a voluntary program and if at any time I choose not to participate it will not affect my food assistance*. In addition, I acknowledge that I will participate in wrap around services at no cost to myself. As a Plus participant I agree to be placed in career path activities focusing on my goal towards employment and self-sufficiency. As a Food Assistant Program (FAP) recipient, I understand I must follow certain work-related requirements to receive food assistance and my FAP benefits may be effected if I do any of the following:

- Voluntarily quit a job of 30 or more hours per week without good cause,
- Voluntarily reduce hours of employment below 30 hours a week without good cause, or
- Refuse to accept a bonafide offer of employment.

Participant/Job Seeker Signature:

Date:

Staff Signature:

Date:

*Note: an able-bodied adult without dependents (ABAWD) that is subject to time-limited food assistance must meet the ABAWD work requirement to maintain food assistance.

FAE&T PLUS INVOICE
FORM FAET-200 INSTRUCTIONS

The FAET-200 form is an Excel workbook that includes a Required Information worksheet tab for entry of Plus Contractor characteristics and Michigan Works! Agency (MWA) approved reimbursement funding levels. In addition there is a worksheet tab for each month of the fiscal year. The monthly worksheet tabs are linked together with calculations to generate the fiscal year to date reimbursement values.

The MWA completes the blue highlighted fields in Section I of the Required Information worksheet tab and in each Monthly worksheet. Once completed, the MWA provides an individualized Excel document to each Plus Contractor.

The Plus Contractor completes the yellow highlighted fields in Section II of the Required Information worksheet tab and in the Monthly worksheet for the invoice period they are requesting reimbursement.

The Plus Contractor maintains the Excel document and provides the MWA with a signed, hard or electronic, copy of the individual monthly invoice and supporting documentation.

Required Information Worksheet

Section I – MICHIGAN WORKS! AGENCY USE ONLY

Michigan Works! Agency Name: Enter the name of the MWA as it should be displayed on the top of each invoice.

Current Fiscal Year Funding: The Grant names for Program Delivery and Supportive Services will be prepopulated by the State.

Maximum Amount Approved for Reimbursement: Enter the maximum approved reimbursement values for Program Delivery and/or Supportive Services, as outlined in the contract agreement between the MWA and the Plus Contractor.

SECTION II – PLUS CONTRACTOR USE ONLY

Plus Contractor Name: Enter the name of the Plus Contractor providing the services.

Address, City, State & Zip Code: Enter the business address of the Plus Contractor.

Contact Person, E-Mail and Phone #: Identify a person and provide contact information for purposes of discussing the invoice contents.

Federal I.D. #: Enter the Plus Contractor's federal I.D. number, if applicable.

Contract #: Enter the number of the contract agreement between MWA and Plus Contractor.

MONTHLY WORKSHEETS

SECTION I – IDENTIFICATION

Plus Contractor Name: Name is prepopulated from the Required Information worksheet.

Address, City, State & Zip Code: Business address is prepopulated from the Required Information worksheet.

Contact Person, E-Mail and Phone #: Contact information prepopulated from the Required Information worksheet.

Report Type: Select 'Original' if this is the first invoice for the identified month. Select 'Revised' if this invoice represents a change from the first invoice submitted for the identified month.

Fund Source(s): The current fiscal year funding sources are prepopulated from the Required Information worksheet.

Approved Reimbursement: The maximum approved reimbursement values for Program Delivery and/or Supportive Services, as outlined in the contract agreement is prepopulated from the Required Information worksheet.

Invoice Begin Date: The first day of the month has been prepopulated.

Invoice End Date: The last day of the month has been prepopulated.

Invoice #: Enter a number to identify and track the invoice.

Federal I.D. #: Federal I.D. is prepopulated from the Required Information worksheet.

Contract #: Contract number is prepopulated from the Required Information worksheet.

SECTION II – COSTS

Plus Contractor Costs (Non-Federal): Enter the amount of non-federal funds spent to provide FAE&T Plus services to eligible participants during the invoice period. List expenditures for Program Delivery separate from the Supportive Services.

Requested Reimbursement (40%): *This field will automatically calculate based off of the Plus Contractor costs entered.*

Fiscal Year to Date Reimbursements: *This field will automatically calculate the cumulative value from this invoice and invoices submitted earlier in the fiscal year.*

Totals: *The cells will automatically calculate the sum of Plus Contractor costs, requested reimbursement, and fiscal year to date reimbursements.*

SECTION III – REMARKS

This section describes the additional information required to be submitted with each invoice to qualify for reimbursement payments.

SECTION IV – CERTIFICATION

Signature, Name and Title, Date: Sign and date the invoice to certify the information provided is true and accurate. Enter the name and title of the person signing the invoice.

Date Received by MWA: The MWA must record the date the invoice was received from the Plus Contractor.

F&T Plus Invoice
Template for Required Information

SECTION I - MICHIGAN WORKS! AGENCY USE ONLY

Michigan Works! Agency Name	
-----------------------------	--

Current Fiscal Year Funding

Grant Name for Program Delivery	FY18 F&T PLUS PROGRAM
---------------------------------	-----------------------

Grant Name for Supportive Services	FY18 F&T PLUS SUPP SERVS
------------------------------------	--------------------------

Maximum Amount Approved for Reimbursement

Program Delivery	
------------------	--

Supportive Services	
---------------------	--

SECTION II - PLUS CONTRACTOR USE ONLY

Plus Contractor Name	
----------------------	--

Address	
---------	--

City	
------	--

State	
-------	--

Zip Code	
----------	--

Contact Person	
----------------	--

Contact E-Mail	
----------------	--

Contact Phone #	
-----------------	--

Federal I.D. #	
----------------	--

Contract #	
------------	--

FAET-200 FAET Plus Invoice (Revised 3/15/2018)

Equal Opportunity Employer/Service Provider. Dial 7-1-1 to connect to the Michigan Relay Service.

Auxiliary Aids and Services Available to Individuals with Disabilities.

FAE&T Plus Invoice

0

SECTION I - IDENTIFICATION			
Plus Contractor Name	0	Fund Source	FY18 FAE&T PLUS PROGRAM
		Fund Source	FY18 FAE&T PLUS SUPP SERVS
Address	0	Approved Reimbursement	
City	0	Program Delivery	\$ -
State	0	Supportive Services	\$ -
Zip Code	0		
Contact Person	0	Invoice Begin Date	10/01/17
Contact E-Mail	0	Invoice End Date	10/31/17
Contact Phone #	0		
		Invoice #	
Report Type	<input type="checkbox"/> Original <input type="checkbox"/> Revised	Federal I.D. #	0
		Contract #	0
SECTION II - COSTS			
DE DESCRIPTION	Plus Contractor Costs (Non-Federal)	Requested Reimbursement (40%)	Fiscal Year to Date Reimbursements
Program Delivery (associated with the eligible participants)		\$ -	\$ -
Supportive Services (a.k.a. participant reimbursements)		\$ -	\$ -
Totals	\$ -	\$ -	\$ -
SECTION III - RE MARKS			
<p>Please attach the following to expedite payment of invoice:</p> <ol style="list-style-type: none"> OSMIS reports titled FAE&T Plus P Participants for Invoice and FAE&T Plus Support Services for Invoice. Line-item detail and back up documentation for program delivery and supportive services costs incurred. Signed non-federal certification form. (FAET-210) 			
SECTION IV - CERTIFICATION			
I certify to the best of my knowledge and belief, the information provided is true and accurate.			
Signature			
Name and Title			
Date			

Date Received By MWA _____

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and cash receipts are for the purposes and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

FAET-200 FAET Plus Invoice (Revised 3/15/2018)

Equal Opportunity Employer/Service Provider. Dial 7-1-1 to connect to the Michigan Relay Service.

Auxiliary Aids and Services Available to Individuals with Disabilities.

NON-FEDERAL FUNDS CERTIFICATION
FORM FAET-210 INSTRUCTIONS

The FAET-210 form is an Excel workbook which calculates the total non-federal funds used to provide FAE&T Plus services for the invoice period. The Plus Contractor maintains the electronic document and provides the Michigan Works! Agency (MWA) with a signed, hard or electronic, copy with each invoice.

SECTION I – IDENTIFICATION

Name of Plus Contractor: Enter the name of the Plus Contractor providing the services.

Contract Number: Enter the number of the contract agreement between MWA and Plus Contractor.

Funds Expended Begin Date: Enter the first day of the period the funds were expended.

Funds Expended End Date: Enter the last day of the period the funds were expended.

SECTION II – NON-FEDERAL FUNDS

Type and Source of Non-Federal Funds: Enter the type and source of non-federal funds used to provide FAE&T Plus services during the invoice period.

Amount: Enter the amount of funds expended for each type and source identified.

Total: *The cell will automatically calculate the sum of the non-federal funds expended.* The total must match the Total Plus Contractor Costs on the associated invoice (Form FAET-200).

SECTION III – CERTIFICATION

Name of Authorized Agent: Enter the name of the authorized agent.

Authorized Representative Signature and Date: Sign and date the certification form.

Authorized Representative Name, Title, and Phone number: Enter the name, title, and phone number of the authorized representative.

Non-Federal Funds Certification FAE&T Plus

This form must be submitted with each FAE&T Plus Invoice (Form FAET-200)

SECTION I - IDENTIFICATION

Name of Plus Provider	
Contract Number	
Funds Expended Begin Date	
Funds Expended End Date	

SECTION II - NON-FEDERAL FUNDS

Type and Source of Non-Federal Funds	Amount
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
Total	\$ -

Note: the total must match the total non-federal costs on the associated invoice.

SECTION III - CERTIFICATION

Name of Authorized Agent		
Authorized Representative Signature		Date:
Name of Authorized Representative		
Title		
Phone Number		

FAET-210 Non Federal Funds Certification (Revised 1/31/2018)

Equal Opportunity Employer/Service Provider. Dial 7-1-1 to connect to the Michigan Relay Service.

Auxiliary Aids and Services Available to Individuals with Disabilities.

SUMMARY OF PLUS CONTRACTOR COSTS SUBMITTED FOR FEDERAL REIMBURSEMENT FORM FAET-300 INSTRUCTIONS

The FAET-300 form is an Excel workbook the Michigan Works! Agency (MWA) completes to support each draw from the Management of Awards to Recipients System (MARS) for the Food Assistance Employment & Training Plus Program (FAE&T Plus).

The form calculates the Plus Contractor Costs, the Requested Reimbursement, the amount Retained by MWA for Administration, and the amount Reimbursed to the Plus Contractors for each invoice period.

The MWA must keep the completed form with the invoices and supporting documentation.

SECTION I – IDENTIFICATION

Michigan Works! Agency (MWA): Enter the name of the MWA.

MWA Contact Person, E-Mail Address, and Phone Number: Identify a person and provide contact information for purposes of discussing the MARS draw.

Report Period Begin Date: Enter the first day of the period for the MARS draw.

Report Period End Date: Enter the last day of the period for the MARS draw.

SECTION II – PROGRAM DELIVERY

Plus Contractor Name(s): Enter the name of each Plus contractor that submitted an invoice requesting reimbursement for Program Delivery expenditures, for the report period.

Plus Contractor Program Delivery Costs: Enter the amount of funds each Plus Contractor reported as non-federal costs for Program Delivery on their invoice, for the report period.

Requested Reimbursement: The cell will automatically calculate 50 percent of the Program Delivery costs entered for each Plus Contractor.

Retained by MWA for Administration: *The cell will automatically calculate 10 percent of the Program Delivery costs entered for each Plus Contractor.*

Reimbursed to Contractor(s): *The cell will automatically calculate 40 percent of the Program Delivery costs entered for each Plus contractor.*

Total Program Delivery Costs & Reimbursements: *The cells will automatically calculate the sum of Plus Contractor program delivery costs, requested reimbursement, retained by MWA for administration, and reimbursed to Plus Contractor(s).*

SECTION III – SUPPORTIVE SERVICES

Plus Contractor Name(s): Enter the name of each Plus Contractor that submitted an invoice requesting reimbursement for Supportive Services expenditures, for the report period.

Plus Contractor Supportive Service Costs: Enter the amount of funds each Plus Contractor reported as non-federal costs for Supportive Services on their invoice, for the report period.

Requested Reimbursement: *The cell will automatically calculate 50 percent of the Supportive Services costs entered for each Plus Contractor.*

Retained by MWA for Administration: *The cell will automatically calculate 10 percent of the Supportive Services costs entered for each Plus Contractor.*

Reimbursed to Contractor(s): *The cell will automatically calculate 40 percent of the Supportive Services costs entered for each Plus Contractor.*

Total Supportive Services Costs & Reimbursements: *The cells will automatically calculate the sum of Plus Contractor supportive services costs, requested reimbursement, retained by MWA for administration, and reimbursed to Plus Contractor(s).*

Date Processed in MARS: Enter the date the Draw was processed in MARS.

**Summary of Plus Contractor Costs Submitted for Federal Reimbursement
Food Assistance Employment & Training Plus
(For Use by the MWA Only)**

SECTION I - IDENTIFICATION

Michigan Works! Agency (MWA)				
MWA Contact				
MWA Contact Email Address				
MWA Contact Phone Number	Report Period Begin Date		Report Period End Date	d

SECTION II - PROGRAM DELIVERY

Plus Contractor Name(s)	Program Delivery		Disbursement of Reimbursed Funds	
	Plus Contractor Program Delivery Costs (non-federal)	Requested Reimbursement (50% of Plus Contractor Costs) (MARS Draw)	Retained by MWA for Administration (10% of Expenditures)	Reimbursed to Plus Contractor(s) (40% of Expenditures)
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
Total Program Delivery Costs & Reimbursements	\$ -	\$ -	\$ -	\$ -

SECTION III - SUPPORTIVE SERVICES

Plus Contractor Name(s)	Supportive Services		Disbursement of Reimbursed Funds	
	Plus Contractor Supportive Services Costs (non-federal)	Requested Reimbursement (50% of Plus Contractor Costs) (MARS Draw)	Retained by MWA for Administration (10% of Expenditures)	Reimbursed to Plus Contractor(s) (40% of Expenditures)
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
Total Supportive Services Costs & Reimbursements	\$ -	\$ -	\$ -	\$ -

Approval Request Form Instructions

1. Michigan Works! Agency (MWA): Enter the name of the MWA.
2. Plan Title(s): Enter the appropriate title for the plan being submitted. "Food Assistance Employment and Training Plus" has been pre-printed.
3. Policy Issuance Number: Enter the policy issuance number. "18-08" has been pre-printed.
4. Plan Period: Enter the start and end dates of the plan period. "10/01/17 through 09/30/18" has been pre-printed.

The required signatories are designated in accordance with PI 07-13, issued August 29, 2007. Signatures are required from the Workforce Development Board Chair and the Chief Elected Official(s), or their authorized designee(s).

Approval Request Form

1. Michigan Works! Agency (MWA) Name and Number:

2. Plan Title(s):

Food Assistance Employment and Training Plus

3. Policy Issuance Number:

18-08

4. Plan Period:

October 1, 2017 through September 30, 2018

The Chief Elected Official(s) and Workforce Development Board hereby request approval of this document. Please insert the printed name for each signature provided below.

Signature of Authorized Chief Elected Official

Date:

Printed Name:

Signature of Authorized Chief Elected Official

Date:

Printed Name:

Signature of Authorized Chief Elected Official

Date:

Printed Name:

Signature of Workforce Development Board Chairperson

Date:

Printed Name:

**Food Assistance Employment and Training Plus (FAE&T Plus)
Plan Narrative Instructions**

A. Michigan Works! Agency (MWA) Identification Information

FAE&T Plus Contact Person: Identify the MWA contact person (including telephone number and email address) for purposes of discussing the FAE&T Plus plan contents.

B. Description of Services to be Provided

The plan narrative is to provide a description of the FAE&T Plus program design. The following elements must be included for **each entity/provider the MWA has contracted with to deliver the approved E&T activities.**

1. A description of the recruitment process.
2. A description of the eligibility verification process.
3. A description of the orientation process.
4. A description of the participant assessment tool.
5. A description of each of the planned FAE&T Plus activities.
6. A description of the supportive services available to participants for which the entity/provider will request reimbursement.
7. A description of coordination of services between the MWA and Plus Contractor, if participants will be served by both entities.

Budget Information Summary Instructions
Food Assistance Employment and Training Plus - Program Delivery

SECTION I - IDENTIFICATION

Michigan Works! Agency (MWA) Name: Enter the name of the MWA.

Policy Issuance Number: Enter the policy issuance number. "18-08" has been pre-printed.

Grant Name: Enter the grant name. "FY18 FAE&T PLUS PROGRAM" has been pre-printed.

Project Name: Enter the project name. "Plus Program" has been pre-printed.

Plan Period: Enter the start and end dates of the plan period. "10/01/17 through 09/30/18" has been pre-printed.

Catalog of Federal Domestic Assistance (CFDA): Enter the CFDA number associated with the Program. "10.561" has been pre-printed.

SECTION II - TOTAL FUNDS AVAILABLE

Beginning Allocation: Enter the amount of the beginning allocation.

Additional Allocation: Enter the amount of the additional allocation, if applicable.

De-obligation: Enter the de-obligation amount, if applicable.

Total Funds Available: *This cell will automatically calculate the sum of Section II.*

SECTION III – PLANNED EXPENDITURES

Program Delivery: *This cell will automatically equal the total funds available.*

Note: The Program Delivery Budget Information Summary form titled "18-08_BIS-Program.xlsx" is attached to this official policy email.

Budget Information Summary Instructions
Food Assistance Employment and Training Plus – Supportive Services

SECTION I – IDENTIFICATION

Michigan Works! Agency (MWA) Name: Enter the name of the MWA.

Policy Issuance Number: Enter the policy issuance number. “18-08” has been pre-printed.

Grant Name: Enter the grant name. “FY18 FAE&T PLUS SUPP SERVS” has been pre-printed.

Project Name: Enter the project name. “Plus Supp Servs” has been pre-printed.

Plan Period: Enter the start and end dates of the plan period. “10/01/17 through 09/30/18” has been pre-printed.

Catalog of Federal Domestic Assistance (CFDA): Enter the CFDA number associated with the Program. “10.561” has been pre-printed.

SECTION II – TOTAL FUNDS AVAILABLE

Beginning Allocation: Enter the amount of the beginning allocation.

Additional Allocation: Enter the additional allocation, if applicable.

De-obligation: Enter the de-obligation amount, if applicable.

Total Funds Available: *This cell will automatically calculate the sum of section II.*

SECTION III – PLANNED EXPENDITURES

Supportive Services: *This cell will automatically equal the total funds available.*

Note: The Supportive Services Budget Information Summary form titled “18-08_BIS-Supp-Servs.xlsx” is attached to this official policy email.

ATTACHMENT A

Food Assistance Employment and Training Plus Allocation for Reimbursement
Fiscal Year 2018, PI 18-08

Michigan Works! Agency	Allocation of Approved Reimbursement Funds for Program Delivery	Allocation of Approved Reimbursement Funds for Supportive Services
ACSET dba West MI Works!	488,996.97	12,750.00
Detroit Employment Solutions Corporation	685,296.53	43,739.41
Total	\$ 1,174,293.50	\$ 56,489.41