LARAMIE COUNTY CLERK BOARD OF COUNTY COMMISSIONERS AGENDA ITEM PROCESSING FORM

1. DATE OF PROPOSED ACTION: March 17, 2015

| 2. AGENDA ITEM: Appointments Bids/ | Purchases Claims | | | | | |
|--|--|--|--|--|--|--|
| Contracts/agreements/leases Grants Land Use | Variances/Board App/Plats | | | | | |
| Proclamations Public Hearings/Rules & Reg | g's Reports & Public Petitions | | | | | |
| Resolutions Other | | | | | | |
| 3. DEPARTMENT: Grants | | | | | | |
| APPLICANT: Sandra Newland AGE | NT: Sandra Newland | | | | | |
| 4. DESCRIPTION: A public hearing and announcement regarding potential projects for which funding may be applied under the Temporary Assistance for Needy Families, Community Partnership Initiative (TANF/CPI) for Program Year 2016 to run October 1, 2015 through September 30, 2016. | | | | | | |
| 5. DOCUMENTATION: 1 original | RECEIVED AND APPROVED AS TO FORM ONLY BY THE LARAMIE COUNTY ATTORNEY | | | | | |
| | 0/1/ | | | | | |

Clerks Use Only:

Signatures

Co Attny

Assist Co Attny _____

Grants Manager_____

Outside Agency_____

Commissioner

Ash_____ Heath____ Holmes____ Kailey____

Thompson____

Action_____
Postponed/Tabled _____

PUBLIC NOTICE

The Laramie County Commissioners are seeking public input and public comments on a Wyoming Department of Family Services Temporary Assistance for Needy Families Community Partnership Initiative grant application. Applications will be due to Sandra Newland, Laramie County Grants Manager, on Wednesday April 1, 2015 by 11:00am.

Possible Temporary Assistance for Needy Families Community Partnership Initiative (TANF/CPI) applications may be considered provided they support at least one of the following objectives:

- 1. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
- 2. End the dependency of needy parents on government benefits by promoting job preparation, work and marriage;
- 3. Prevent and reduce out-of wedlock pregnancies and establishing annual numerical goals for preventing and reducing the incidence of these pregnancies; and
- 4. Encourage the formation and maintenance of two parent families.

The Wyoming Department of Family Services administers the TANF/CPI Grant and lists the available funding with the program rules on their website at http://dfsweb.state.wy.us

A Public Hearing to take public testimony and solicit public opinion on this matter will be held on Tuesday, March 17, 2015 at 3:30pm, or as soon thereafter as possible, in the County Commissioners Board Room at 310 W. 19th Street in Cheyenne, Wyoming. Accommodations will be made for handicapped and non-English speaking minority individuals who wish to attend the Public Hearing.

All written comments must be received no later than 5:00 p.m. on Monday, March 16, 2015. The Laramie County Board of Commissioners will take all comments made at the public hearing and written comments submitted on or before the deadline into consideration before considering a resolution in support of submitting an application for a Wyoming Department of Family Services Temporary Assistance for Needy Families Community Partnership Initiative application. Citizens please submit written comments to:

Sandra Newland Laramie County Grant Manager Laramie County 309 West 20th Street, Suite 3100 Cheyenne, Wyoming 82001 snewland@laramiecounty.com

Publish: (March 10th, and March 17th 2015)

Sandra Newland

From:

Corrine Livers < corrine.livers@wyo.gov>

Sent:

Tuesday, March 03, 2015 1:14 PM

Subject: Attachments: TANF/CPI FFY 2016 Application TANFCPIgrantappFFY16.docx

Follow Up Flag:

Follow up

Flag Status:

Flagged

Good afternoon,

The Department of Family Services is pleased to announce the continuation of funding through the Temporary Assistance for Needy Families Community Partnership Initiative (TANF/CPI) for FFY 2016. A hard copy application has been mailed to the County Commissioners. However, an electronic copy is attached to this email as well. You are receiving this email if you are a County Commissioner Chair, a County Clerk, or the primary contact person for the current TANF/CPI Contract.

The primary goals of the TANF/CPI are to:

- Ensure community wide collaboration in planning and implementation efforts;
- Award TANF funding based on data-driven, community based decision making;
- Implement and evaluate effective, research based programs and strategies;
- · Provide services that will assist families in moving toward self-sufficiency; and
- Enhance sustainability of community efforts beyond the funding period.

TANF/CPI money shall be used for one (1) or more of the following:

- 1. Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
- 2. End the dependence of needy parents on government benefits by promoting job preparation, work and marriage;
- Prevent and reduce out-of wedlock pregnancies; and
- 4. Encourage the formation and maintenance of two (2) parent families.

Key participant outcomes to be achieved from this effort include: increase employment of TANF eligible parents; increase in children cared for in their own home or in the homes of relatives; reduced out-of-wedlock pregnancies; increase in formation and maintenance of two (2) parent families; and increase in wages to 200% or more of the federal poverty level.

The deadline for submitting the application is 5:00 p.m. on April 17th, 2015. The application shall be submitted through the County Commissioners.

Please note, if the amount you are awarded is different than the amount you requested in your proposal, you will be asked to adjust your proposal and resubmit it before the contract will be issued.

The Department would like to encourage all counties to take a look at what has worked well in the past for them and what can be improved. Our ultimate goal is to serve our TANF eligible population in the most effective way possible in order to aid them in reaching self-sufficiency.

If you have any questions, please let me know.

Corrine Livers
TANF Program Manager
Wyoming Department of Family Services
109 W. 14th
Powell, WY 82435
(PH) 307-754-2245 ext. 23
(FX) 307-754-4230

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State of Wyoming

Department of Family Services

Temporary Assistance For Needy Families
Community Partnership Initiative Grant Application

Temporary Assistance For Needy Families Community Partnership Initiative Grant Application

The Temporary Assistance for Needy Families Community Partnership (TANF/CPI) Grant is patterned after the 21st Century State Incentive Grants and intended to broaden the use of Temporary Assistance for Needy Families (TANF) funding within the state using a community based, collaborative process. The primary goals of the TANF/CPI grant are to:

- Ensure community wide collaboration in planning and implementation efforts:
- Award TANF funding based on data-driven, community based decision making;
- Implement and evaluate effective, research based programs and strategies;
- Provide services that will assist families in moving toward selfsufficiency; and
- Enhance sustainability of community efforts beyond the funding period.

The TANF/CPI grant can only be used for TANF purposes. Under federal law, TANF grants may be used only for projects addressing one (1) or more of the following:

- Provide assistance to needy families so that children may be cared for in their own homes or in the homes of relatives;
- End the dependence of needy parents on government benefits by promoting job preparation, work and marriage;
- Prevent and reduce out-of-wedlock pregnancies and establishing annual numerical goals for preventing and reducing the incidence of these pregnancies; and
- Encourage the formation and maintenance of two (2) parent families.

Implementation goals of the TANF Community Partnership Initiative (CPI) include:

- Community ownership and decision making through collaboration;
- Data driven priorities for families;
- Science-based approaches;
- Outcome-based planning; and
- Comprehensive community plans to meet TANF goals.

Key participant outcomes to be achieved from this effort include:

• Increase in employment of TANF eligible parents;

- Increase in children cared for in their own home or in the homes of relatives:
- Reduced out-of-wedlock pregnancies;
- Increase in formation and maintenance of two (2)parent families; and
- Increase in wages to 200% or more of the federal poverty level.

Participants served with TANF funds shall be families with a child(ren) whose income is below 185% of the Federal Poverty Level (FPL) who are at risk of long-term poverty. Participants shall also meet citizenship/eligible immigrant and residency criteria.

Following are the 185% FPL income guidelines effective 4/1/2015:

| | 185% FPL | 185% FPL | | | | | |
|-------------------|----------------------------|-------------------------|--|--|--|--|--|
| Household Size | Potential TANF eligible | Potential TANF eligible | | | | | |
| | Monthly Income | Yearly Income | | | | | |
| | | | | | | | |
| 1 | 1,814 | 21,774 | | | | | |
| 2 | 2,455 | 29,470 | | | | | |
| 3 | 3,097 | 37,166 | | | | | |
| 4 | 3,738 | 44,862 | | | | | |
| 5 | 4,379 | 52,558 | | | | | |
| 6 | 5,021 | 60,254 | | | | | |
| 7 | 5,662 | 67,950 | | | | | |
| 8 | 6,303 | 75,646 | | | | | |

For families/households with more than eight (8) persons, add \$7,696 / year for each additional person.

Programs shall comply with the following regulations:

- Operate on a cost reimbursement basis.
- Administrative costs are limited to 10 percent of the program costs.
 Program costs are costs associated with the delivery of the service.
- Performance measures are required. The Contractor shall address how performance measures and data collection will occur to validate the program success.
- Reporting is also required when utilizing TANF funds. The following reports will be required:
 - Monthly/quarterly program performance reports will address program outcomes, successes, challenges and client tracking;
 - Monthly/quarterly fiscal reports;
 - o List of clients served each month; and
 - o Final summary report.

• TANF funds shall not be used to provide individuals served by the projects with cash.

Applications for the TANF/CPI grant are due to the Department of Family Services no later than 5:00 P.M. on April 17th, 2015. Send applications to:

Corrine Livers, TANF Program Manager
Department of Family Services
109 W. 14th Street
Powell, WY 82435

Temporary Assistance For Needy Families Community Partnership Grant Application

| Community name: |
|---|
| County(s)/Tribe: |
| Name, organization, address, phone, fax, email for the Primary Contact: |
| Name, address, phone, fax, email for the <u>person who will be monitoring the program</u> : |
| Program name: |
| TANF purpose(s) addressed in project (list the purposes): |
| Program description: |
| Is this program different than previous programs operated with TANF funds in the past? Yes \(\square \) No \(\square \) If so, how is it different? |
| Area(s) served: |
| Population served: |
| Beginning and end date of program: |
| Projected number of individuals served by this program: |
| Program availability: when is the program offered (e.g. time of day, how often, time of year)? |
| Intent of the program: |
| Goals of the program: |
| List performance measures on each goal that will be used to evaluate the program's success: |
| Oughtify expected outcomes for each goal: |

Describe data collection methods to be used and how data will be

provided to validate outcomes:

 Provide an explanation of the results the program expects to achieve, how data will be collected, and how quality assurance will be conducted to validate measurements:

Resource gap(s) addressed by program:

Description of how community wide collaboration in planning and implementation occurred:

Community partners involved in the program implementation. List resources to be provided by each partner:

Describe data collection methods and how it was used to set priorities for families:

Describe what research based programs and strategies will be utilized to make the program successful:

Describe how the program will be sustained by the community beyond the funding period:

Describe the cost-benefits of providing this program:

Specific costs of the program including but not limited to: materials, rent, utilities, communications (i.e. phone, copies, printing & postage), training, personnel, administrative cost breakdown, and estimated cost per participant.

Administrative costs shall be at or below 10% of your program costs and separated out from your direct costs. The applicant shall submit a proposed budget in line item detail with a narrative explaining each line item and the purpose of the expenditure. Funds shall not be used to purchase non-tangible assets or to purchase or lease equipment. An example invoice is attached to this application. Please use this invoice when submitting your proposed budget and your monthly/quarterly invoice:

Budget amount requested:

An example report is attached to this application. This format shall be used when submitting your quarterly reports.

| Certification: I certify to the best of my knowledge that the information |
|--|
| contained in this application is correct. If awarded funding under this grant, I |
| certify that this project will be conducted in accordance with the funding source requirements and the assurances provided within the application. |

| Signature of | County Commissioner C | Chair |
|---------------|-----------------------|-------|
| or Tribal Ren | oresentative | |

Date

Amount Requested from Proposal:

| | | ioposai. | |
|---|---------------------------------|---------------------------|--|
| | Program Costs | Administration Costs | Summary and Justification for Budget Expense |
| Salaries Admin: Activities spent managing the grant. Program: Wages for all staff who provide direct client services. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Employer Paid Benefits Admin: Activities spent managing the grant. Program: Wages for all staff who provide direct client services. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Employer Payroll Taxes Admin: Activities spent managing the grant. Program: Wages for all staff who provide direct client services. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Supplies Admin: Supplies and expenses needed to manage the grant. Program: Supplies needed for instructor use. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Recruiting and Marketing Cannot include promotional items. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Travel Travel necessary to serve participants. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Rent and utilities Admin: Rent and utilities for time spent managing the grant. Program: Rent and utilities for space provided to direct services for participants. | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Participant Tuition and Class Fees | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Participant Class Supplies and Materials | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Participant License and Certification Fees | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Participant Drug and Aptitude Screening Can include other types of assessments. | Click here to enter text. | Click here to enter text. | Click here to enter text. |

| Work Support Services and Clothing | Click here to enter text. | Click here to enter text. | Click here to enter text. |
|---|---------------------------------|---------------------------|--|
| Participant Wages | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Participant Fringe Benefits | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Participant Incentives | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Other Participant Needs: Description - | Click here to enter text. | Click here to enter text. | Click here to enter text. |
| Total Budget | Click here to enter text. | Click here to enter text. | Total Administrative costs cannot exceed 10% of your total Program Costs |
| Program + Admin | Click h | ere to enter text. | |
| Number of Participants Planning to Serve | Click h | ere to enter text. | |
| Cost Per Participant | Click h | ere to enter text. | |

TANF/CPI Report:

Report Month/Quarter and Year:

Statistics:

Contractor:

During this month/quarter, please provide the below information on all the TANF families you served. Please provide any other relevant data you wish to share.

| Participant Frogram Vide Guern vocational Completed Comp | | | | | | | | |
|--|--|--|--|--|------|--|--|--|
| ## of Start hours/wee Finding Procession Finding Program Fin | Other information to report? | | | | | | | |
| # of Start hours/wee Employed at Frovided Provided Provided Provided Provided Provided Provided Provided Program Hourly Program Prog | Specific Goals met? | | | | | | | |
| # Completed Service Service at Employed at Froulinent (1.6. Milestones (1.6. Milestone) (1.6. Milestones (1.6. Milestone) (1.6. Milestones (1. | Kids still in the home (Y/N) | | | | | | | |
| # of Start hours/wee Provided Provided Provided Provided Provided Provided Provided Propted Program Progra | Employment After Program Completion (Y/N) Hourly Wage, | | | | | | | |
| # of Start hours/wee Enrolled aducation, Enrolled Hours/wee Enrolled aducation, End (Y/N) | Completed successfully (Y/N) (reason) | | | | | | | |
| # of Start hours/wee Enrolled Enrollment (1.e. (Y/N), Governm vocational Hourly ent training Hours/wee Enrolled education, In counseling) Kids Date k in counseling) | Program Exit Date | | | | | | | |
| Employed at Enrollment (Y/N), Governm Hourly ent Hourly ent Hourswee Enrolled Kids Date k in | Milestones Completed Prior to Service End (Y/N - | | | | | | | |
| # of Start hours/we k Kids Date k | Service Provided (I.e. vocational training type, education, | | | | | | | |
| # of Start hours/we k Kids Date k | Governm ent Programs Enrolled in | | | | | | | |
| # Of # Sids | Employed at at Enrollment (Y/N), Hourly Wage, hours/wee | | | | | | | |
| | Program Start Date | | | | | | | |
| Participant Name (New Y/N) | # Xids | | | | | | | |
| | Participant Name (New Y/N) | | | | | | | |

Progress Reporting:

Goal 1: Goal #1 you expect to accomplish with this contract per your submitted proposal.

Objective: A: Objective A that is being implemented to accomplish Goal #1.

Evaluation: What is the performance outcome of Objective A?

Objective: B: Objective B that is being implemented to accomplish Goal #1.

Evaluation: What is the performance outcome of Objective B?

Objective: C. Objective C that is being implemented to accomplish Goal #1.

Evaluation: What is the performance outcome of Objective C?

Goal 2: Goal #2 you expect to accomplish with this contract.

Objective: A: Objective A that is being implemented to accomplish Goal #2.

Evaluation: What is the performance outcome of Objective A?

Objective: B: Objective B that is being implemented to accomplish Goal #2.

Evaluation: What is the performance outcome of Objective B?

Objective: C. Objective C that is being implemented to accomplish Goal #2.

Evaluation: What is the performance outcome of Objective C?

Successes and Challenges:

Please share monthly/quarterly successes and challenges.