# 2026 – 2027 BIENNIAL SERVICE AGREEMENT (BSA) QUESTIONS IN QUALTRICS

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## Biennial Service Agreement 2026 - 2027 Survey

Welcome to the 2026 – 2027 Tribal Nation and County MFIP Biennial Service Agreement Survey! We are excited to be utilizing Qualtrics software to administer the BSA this year. This survey is required to receive consolidated funds for the Minnesota Family Investment Program (MFIP). This required survey will gather information from Tribal Nations, counties and consortia across the state about the services and strategies intended to meet program measures with the goal of increasing economic stability of low-income families on MFIP.

#### Your participation in the survey

- We anticipate this survey will take a significant amount of time to complete, please plan accordingly.
- Your responses to this survey will need to be posted and shared for 30 days prior to submission on October 30, 2025.
- Your participation in this survey is required for the MFIP program.
- You can see your progress via the progress bar at the top of the screen. Do not skip questions, and for questions without an answer, please indicate "N/A".

#### How survey information will be used

State staff from the MFIP program will use information collected to help gather information about the program strengths and service delivery gaps. This is a comprehensive assessment of current efforts will help provide insights into what type of assistance is needed. Results will help provide information that will help support the development of new strategies to better serve participants who are utilizing MFIP supports. Responses will also help to inform ongoing efforts to continually improve the MFIP program so that it works better for children, youth and families in Minnesota.

We know that as public service professionals and leaders, you are incredibly busy, and we are so grateful for your time in completing this survey. Thank you for all you do for Minnesota children, families, and communities.

#### To navigate this survey

- If you are using a mouse or touch screen, click the "Next page" and "Back" buttons at the bottom of your screen to advance or go back a page.
- If you are using keyboard shortcuts or assistive technology, use the tab key to navigate to an object, arrow keys to navigate within an object (or response options), and space bar to select an item.
- Preview Results: Once you approach the end of the survey, you can preview your results and download a PDF document. This document is what is shared during the 30-day public comment timeframe.
- After the 30 day public comment period is complete, you will then log back in through the link provided in the original email and at the end of the survey, please be sure to click or select the "Submit" button at the bottom of your screen to record your responses due by October 30, 2025.

## Contact Information - Please fill in and complete each field for this section.

Tribal Nation Name / County /	Delegate
Consortium	Dakota
Plan Year	2026-27
Contact Person	Mark Jacobs
Contact i cison	Mark Jacobs
Title	Workforce Development Director
Address	1 Mendota Road West, Suite 170
City	W . G . D . I
City	West St. Paul
State	MN
Zip Code	55118
Phone Number	
Filone Number	651-554-5622
Email Address	mark.jacobs@co.dakota.mn.us
Confirm Email Address	mark.iacobs@co.dakota.mn.us

Please review <u>Bulletin # 25-11-02</u> for more details before you complete this survey.

You can also access the Bulletin through this link: <a href="https://www.dhs.state.mn.us/main/idcplg?">https://www.dhs.state.mn.us/main/idcplg?</a>
<a href="mailto:ldcService=GET\_FILE&Rendition=Primary&RevisionSelectionMethod=LatestReleased&allowInterrupt=1&dDocName=mn\_072357&noSaveAs=1&utm\_medium=email&utm\_source=govdelivery">https://www.dhs.state.mn.us/main/idcplg?</a>
<a href="mailto:ldcService=GET\_FILE&Rendition=Primary&RevisionSelectionMethod=LatestReleased&allowInterrupt=1&dDocName=mn\_072357&noSaveAs=1&utm\_medium=email&utm\_source=govdelivery</a>

Identify challenges in <b>financial assistance</b> that are prohibiting you from properly serving Minnesota Family Investment
Program (MFIP) families in your community.
Clients reporting not receiving their mail (invoices, requests for information, review forms) which results in programs closing and/or lapse in benefits and high call volumes. Lack of availability of low-income housing options. Mental and physical health concerns of our customers. Applying for SSA benefits is challenging and time consuming many of our customers do not take advantage of this possible resource.
Identify challenges in <b>employment services</b> that are prohibiting you from properly serving MFIP families in your community.
There is a significant amount of paperwork which takes away from the counseling and meeting with the client to address their specific needs and barriers. The other issues include: need to focus more on career pathways, not just simply getting a job; limited public transportation.
Identify resources in your community that benefit MFIP families.
There are many community partners and resources available!
Identify resources that are <b>not available in your community</b> that would benefit MFIP families.
N/A

# MFIP Employment Services Supervisor Contact Name Jill Pittelkow Phone 651-554-5670 **Email** jill.pittelkow@co.dakota.mn.us **DWP Supervisor Contact** Name Jill Pittelkow Phone 6515545670 **Email** jill.pittelkow@co.dakota.mn.us Financial Assistance Services Supervisor Contact Name Kim Pederson

651-554-5668

kim.pederson@co.dakota.mn.us

Phone

**Email** 

# Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP)

What strategies do you use for hard-to-engage participants? Check all that apply.

<b>✓</b>	Home visits	
~	Off-site meeting opportunities	
<b>✓</b>	Virtual Appointments	
	Workforce One Connect App	
	Sanction outreach services	
	Incentives, please specify:	
	Other, please specify in the text box below	
What	type of job development do you do? Check all that apply.	
	Sector job development	
	Individual job development	
	Other, please specify in the text box below.	
	Other, please specify in the text box below.	
	ou have an ongoing job development partnership or sector base with community employers to help parti employment?	cipants
	xample, some of these activities could include, but are not limited to: Interview opportunities, job skills acement, job shadowing, on-site job training, work experience, helping to plan training programs, other.	training,
$\bigcirc$	No	
	Yes	

Please	e check all activities community employers provide to help participants with employment.				
<b>✓</b>	Interview opportunities				
	Job skills training				
<b>✓</b>	Job placement				
Job shadowing On-site job training					
<b>✓</b>	Helps plan training programs				
	Other, please specify in the text box below				
Do you	u provide the following services to prepare participants for work?				
	cample, some of these services could include, but are not limited to: Transportation, soft skills training, financial ng, mentoring, other.				
$\sim$	No Yes				
When <b>provid</b>	it comes to the services provided to help prepare participants for work, please check all activities that are led.				
<b>~</b>	Transportation				
~	Soft Skills Training				
$\overline{\Box}$	Financial Planning				
	Mentoring				
	Other, please specify in text box below				

Do you provide job retention services for employed participants?
For example, some of these services could include, but are not limited to: Assist with issues that develop on the job, transportation, financial planning, soft skill training, mentoring, personal contact with employee and how often, other.
No Yes
When it comes to job retention services for employed participants, please <b>check all that apply</b> .
Available to assist with issues that develop on the job
Transportation
Financial planning
Soft skills training  Mentering
Mentoring  Developed contact with the complexes and how often.
Personal contact with the employee and how often:
Other, please specify in the text box below
How long do you provide job retention services?
O Up to 3 months
O 6 months
12 months
Other (please specify)

Do you provide job advancement services to employed participants?
For example, some of these services could include, but are not limited to: career laddering, coaching / mentoring, education / training, networking, ongoing job search, other
No Yes
When it comes to job advancement services for employed participants, please <b>check all that apply</b> .
Career laddering
Coaching/mentoring
Education/training
Networking
Ongoing job search
Other Other
Do you utilize any career pathways programs or skill assessment and credentialing programs for your participants?
For example, some of these programs include, but are not limited to: Pathways to Prosperity, Work Keys, National Career Readiness Certificate
No Yes

## Family Stabilization Services (FSS)

Do you have qualified professionals available to assist with FSS cases in your service area who meet the licensure and accreditation requirements? For example, qualified professionals could include, but are not limited to: licensed physician, physician assistant, advanced practice registered nurse, physical therapist, occupational therapist, licensed social worker, licensed psychologist, certified school psychologist, mental health professional, certified psychometrist, other)? When it comes to having qualified professionals available to assist with FSS cases in your area who meet the licensure and accreditation requirements, please check all that apply. Licensed physician Advanced practice registered nurse Occupational therapist Licensed psychologist Mental health professional Physician assistant Physical therapist Licensed social worker Certified school psychologist Certified psychometrist Other Vocational Rehabilitation Worker Do you make referrals for children of FSS participants? For example, some referrals for children of FSS participants could include, but are not limited to:

Children's Mental Health Services, Child Wellness Check-ups, Follow Along Program, Public Nurse home visiting services, Women, Infants, and Children program (WIC), other?

	Children's Mental Health Services	
$\subseteq$	Child Wellness Check-ups	
	Follow Along Program	
$\Box$	Public Health Nurse home visiting services	
~	Women, Infants and Children Program (WIC)	
	Other	
Are an	ny of these services for children offered to non-FSS families?	
$\bigcirc$	No	
$\sim$	Yes	
Ser	vices for families under 200% of Federal Poverty Guideline (FPC	ĵ)
-	ou provide services to families who have exited MFIP/DWP or families at risk of receiving MFIP or the Diversion Program (DWP), but are under 200% of the Federal Poverty Guideline (FPG)?	onary
service	es, Adult Basic Education (ABE) / English Language Learning (ELL) classes, computer lab access, transportation / e repair, other.	
<b>•</b>	No	
$\bigcirc$	Yes	
How Id	ong do you provide these services?	
	Un to 2 months	
$\sim$	Up to 3 months	
$\sim$	6 months	
	12 months Other (please specify)	
$\overline{}$	otici (picase specify)	
N/A		

When it comes to making referrals for children of FSS participants, please  ${\it check\ all\ that\ apply}.$ 

Do you provide services to Non-Co	ustodial Parents (NCPs) that	are under 200% of the Fe	deral Poverty Guideline (FPG)?
For example, this could include, services, ABE / ELL classes, comput			ort services, job retention
No Yes			
Minnesota Family In	vestment Progra	am (MFIP) Servi	ces for Teen
Parents		2 ( 2. ) 33	
Are there specialized workers who	work primarily with teen pa	arents?	
No Yes			
Please indicate the specialized wo	rkers for each age group, <b>ch</b>	neck all that apply for each	age group.
	Minors (Under age 18)	Age 18 / 19	Not Applicable (N/A)
Financial Worker	<b>✓</b>		
Employment Services Worker		<b>✓</b>	
Social Worker	<b>✓</b>		
Public Health Nurse	<b>✓</b>		
Child Care Worker	<b>✓</b>		
Child Protection Worker			
Other job role (please specify)			~

When it comes to **Teen parents who are considered minors (participants who are under age 18)**, please indicate if there a single point of contact for teen parents, that is, one staff with primary responsibility for keeping in contact with the teen, working with the teen, and making connections to other services?

Responses are for staff positions whose primary responsibility is for working with Teen Parents who are **considered minors** (under age 18), if yes, check the one position / position(s) that serves this function for this specific age group of MFIP Teen Parents.

	YES, for Minors (under age 18)	NO, not for Minors (under age 18)	Not Applicable (N/A)
Financial worker	<b>✓</b>		
Employment Services Worker		<b>✓</b>	
Social Worker (Social Services)		<b>✓</b>	
Public Health Nurse		<b>✓</b>	
Child Care Worker		<b>✓</b>	
Child Protection Worker		<b>✓</b>	
Other job role			<b>✓</b>

When it comes to **Teen Parents who are age 18 - 19**, please indicate if there a single point of contact for teen parents, that is, one staff with primary responsibility for keeping in contact with the teen, working with the teen, and making connections to other services?

Responses are for staff positions whose primary responsibility is for working with Teen Parents who are **age 18 - 19**, if yes, check the one position / position(s) that serves this function for this specific age group of MFIP Teen Parents.

	YES, for ages 18 - 19	NO, not for ages 18 - 19	Not Applicable (N/A)
Financial worker	<b>✓</b>		
Employment Services Worker	<b>✓</b>		
Social Worker (Social Services)	<b>✓</b>		
Public Health Nurse	<b>✓</b>		
Child Care Worker	<b>✓</b>		
Child Protection Worker			
Other job role			<b>✓</b>

Does your Tribal Nation / County enrolled and engaged in public h	·			
	Yes, mandatory	Yes, voluntary	No	
Minors (under age 18)	<b>✓</b>			
Age 18 / 19			<b>✓</b>	
Describe how you are ensuring y	vour services are <b>inclusive</b> fo	r all.		
<ol> <li>Allowing multiple access points of communications for clients: phone, email, mail, in person, upload portal, etc.</li> <li>Offering interpreter services including ASL and other languages when communicating with the client.</li> <li>We have a Client Relations Specialist position to help clients with accessing services. This allows people of all abilities to get access to their benefits regardless of barriers.</li> </ol>				
Describe how you are ensuring y	our services are <b>accessible</b>	for all.		
When applying for public assists accessible (online, email, paper) a few bilingual staff.				
How are you working to <b>advance</b>	<b>e equiity in særvice deliivery</b> ir	n your Tribal Nation / County?		
Equity Tool Workgroup: using d Strategic Plan and IDEA Workgr initiative focusing on access and focusing on access for clients.	oup: working to improve ID	EA for staff and clients. P2PW:	service delivery redesign	

	are required to complete 4 hours of IDEA training per year. We offer many training o	
0	Yes, voluntary. If yes, provide the title of the training and how often it is offered.	
0	No. If no, please explain:	
Оо ус	ou have culturally specific employment services for different racial / ethnic groups?	
<b>•</b>	No	
0	Yes, please describe.	
Wa	orkforce One Connect App	
	• •	
orkfo	orce One Connect App	
rkfo	orce One Connect App  ur Tribal Nation / County have the Workforce One Connect app available to participants?	1
orkfo es yo	ur Tribal Nation / County have the Workforce One Connect app available to participants?  No, please explain (fill in)	
rkfo es you	ur Tribal Nation / County have the Workforce One Connect app available to participants?  No, please explain (fill in)  Yes	
orkfo es you	ur Tribal Nation / County have the Workforce One Connect app available to participants?  No, please explain (fill in)  Yes  Sis selected, then the following questions appears.)	]
es you ( f <u>YES</u>	ur Tribal Nation / County have the Workforce One Connect app available to participants?    No, please explain (fill in)     Yes     Vis selected, then the following questions appears.)   Undicated "yes" in making Workforce One Connect app available to participants, please indicated	]      te which of
orkfo es you ( of <u>YES</u> ce yo owing	ur Tribal Nation / County have the Workforce One Connect app available to participants?    No, please explain (fill in)     Yes     Sis selected, then the following questions appears.)   Undicated "yes" in making Workforce One Connect app available to participants, please indicated groups are utilizing the app features in Workforce One:	]      te which o
es you  ( f <u>YES</u> ce yo	ur Tribal Nation / County have the Workforce One Connect app available to participants?    No, please explain (fill in)     Yes     Vis selected, then the following questions appears.)   Undicated "yes" in making Workforce One Connect app available to participants, please indicated	] te which o

Other (please specify) (fill in)

Do you provide trainings to prepare your staff to work effectively with people from various backgrounds and

## **MAXIS**

Do you limit the number of employment services staff that have MAXIS access?

example: the CCAP application)

Other, please specify

MFIP and / or Employment Services workers have MEC2 Inquiry access

Do you little number of employment services start that have MAXIS access:
<b>Note:</b> MN Department of Children, Youth, and Families does not limit the number of employment services staff that ca have MAXIS access.
○ No
Yes, please explain
Only the manager and lead workers have access.
Describe the process your service area uses to identify and resolve discrepancies between MAXIS and Workforce One
data in areas such as Family Stabilization Services coding, employment / hours, sanction status, etc.
The supervisors from both eligibility and employment and training meet monthly to discuss any discrepancies. We also
have a financial worker/employment counselor user group that meets monthly that also discussed issues related to
employment, process, sanctions, and other relevant issues back to the various teams for review.
Child Care Assistance Program
What strategies does your agency use that involve MFIP and / or Employment Services staff to support timely and consistent receipt of child care assistance through the Child Care Assistance Program? <b>Select all that apply.</b>
consistent receipt of child care assistance through the child care Assistance Program? Select all that apply.
Shared electronic document management system
Regular case consultation meetings
Workers with dual MFIP and CCAP role
Workers with dual Employment Services and CCAP role
Specific CCAP workers process MFIP child care cases
MFIP and / or Employment Service workers receive training related to CCAP
Communications with CCAP worker via phone, email or fax
Use of agency-developed forms or documents
MFIP and / or Employment Services workers assist families with completing CCAP paperwork (for

What barriers prevent timeliness?
Staff turnover. Loss of data due to technical issues. High caseloads.
Does your Tribal Nation / County provide emergency shelter or crisis services from your Consolidated Fund?
No Yes
Submit a copy of your Emergency Assistance policy as an attachment if any changes have been made since the last BSA. Also, please describe any major changes you have made to this policy down below.
N/A – No changes made.
Drop files or click here to upload
Please review <u>Bulletin # 25-11-02</u> for more details before you complete this section. You can also access the <u>Bulletin</u> from this link: <a href="https://www.dhs.state.mn.us/main/idcplg?">https://www.dhs.state.mn.us/main/idcplg?</a>
IdcService=GET_FILE&Rendition=Primary&RewisionSelectionWethod=LatestReleased&allowInterrupt=1&adDocName=+m 072357&noSaveAs=1&utm_medium=email&utm_source=govdelivery
If your service area is receiving a bonus, please share successful strategies of engagement:
N/A

We will continue to strive to address the disparity in African American outcomes compared to other groups. Strategies will include focusing on outcomes and steps that can help ensure successful exit from the program.
What procedures are in place to ensure that program funds are being used appropriately as directed by law? Check all
that apply.
✓ Budget control procedures for approving expenditures
Cash management procedures for ensuring program income is used for permitted activities
✓ Internal policies around use of funds (i.e., participant support services)
Other, please specify in the text box below
What procedures are in place to ensure program policies are followed and applied accurately? Check all that apply.
Case consultation
Sample case review by supervisors
Sample case review by lead worker / mentor
Sample case reviews by peers
Others, please specify in the text box below
If your Tribal Nation / County is interested in applying for the waiver for the upcoming
biennium, please complete the following questionss.
Describe the activity(s) you will provide.
N/A

What strategies and action steps for each of the groups below the disparities reference line do you plan to implement

for the coming biennium to reduce these disparities.

Explain the reasons for the increased administrative cost.		
N/A		
Describe the target population and number of people expected to be served.		
N/A		
Describe how the unpaid work experience is designed to impart skills and what steps are taken to help participants move from unpaid work to paid work.		
N/A		
If your County/Tribal Nation is providing unpaid work experience activities for MFIP participants and you don't already have an Injury Protection Plan (IPP) in place, please click on eDocs to fill out the IPP form. Email the completed form to: <a href="mailto:Jonathan.Hausman@state.mn.us">Jonathan.Hausman@state.mn.us</a>		
The following section will be collecting information on your current employment service providers. Please select one the following options and answer the following questions.		
<ul> <li>We have multiple Employment Service Providers we work with.</li> <li>We have a Workforce Center that is our only Employment Service Provider.</li> </ul>		

vailable in Workforce One.	
	Drop files or click here to upload

employment and training services among which participants can choose. The list will be used to verify current providers

If a Workforce Center is the only employment service provider, please upload a document that lists the multiple

## Current Employment Service Providers

In this section, you will have an opportunity to list all of your current employment services provider(s). As you enter their information, you will receive a follow-up question that will ask which populations this provider serves. Please indicate which respective population is served with each employment services provider. These questions will repeat for multiple entries if you have multiple employment service providers to include.

The list will be used to verify current providers available in Workforce One.

**HelpfulTipp:** It may be easier to complete this section by compiling the list of information needed for this section *before* you enter the information into this BSA survey. We will need the ES provider name, address, contact person, phone number and email for <u>each</u> ES provider. In addition, a follow-up question will ask about which populations the provider serves (for example: MFIP ES, DWP ES, FSS, Teen Parents, 200% FPG, \*Other).

ES Provider Name	Dakota County Employment & Economic Assistance
Address	1 Mendota Road West, Suite 170
Contact Person	Jill Pittelkow
Phone Number	651-554-5670
Email	jill.pittelkow@co.dakota.mn.us

Assistance			
MFIP ES  DWP ES  FSS Teen Parents  200% FPG Other			
I have entered all of the	ox to indicate if you have additional providers to add. e current Employment Service providers we work with. eyment Service providers to I need add.		
	services provider(s). On the following question please check the respective box to ved. The list will be used to verify current providers available in Workforce One.		
ES Provider Name	Avivo		
Address	1 Mendota Road West, Suite 170		
Contact Person	Nakia Vulu		
Phone Number	651-554-6583		
Email	nakia.capersvulu@avivomn.org		

Please check the respective box to indicate which population is served by Dakota County Employment & Economic

Please	e check the respective box to indicate which population is served by Avivo
<b>✓</b>	MFIP ES
	DWP ES
	FSS
	Teen Parents
	200% FPG
	Other
Please	e check the respective box to indicate if you have additional providers to add.
	I have entered all of the current Employment Service providers we work with
	I have additional Employment Service providers to I need add.
$\cup$	
Does	your Tribal Nation / County (select one):
	Have at least two employment and training service providers
	Have a CareerForce center that provides multiple employment and training services, offers multiple
0	services options under a collaborative effort, and can document that participants have choice among employment and training services designed to meet specialized needs.
$\bigcirc$	Intend to submit a financial hardship request. See following question.

## Budget

In the budget table below, indicate the amount and percentage for each item listed for the budget line items for calendar years 2026 – 2027.

#### Also note:

- Refer to the 2026-27 Minnesota Family Investment Program (MFIP) Biennial Service Agreement (BSA) Guidelines Bulletin section, "Allowable Services under MFIP Consolidated Fund."
- Total percent must equal 100.
- Income maintenance administration is reasonable in comparison to the whole budget.
- Ensure the Emergency Assistance/Crisis Services plan is included if funds are allocated.
- All services must be an allowable expenditure under the MFIP Consolidated Fund
- Allocation amounts must be spent by the end of calendar year, remaining amounts does not roll over into the following year
- Medical expenditures are NOT allowable.

**Helpful Tip:** Write down the total budgeted amounts for 2026 and 2027, this information will be asked for in a later section in the BSA. You will want to have the total budget amounts for 2026 and 2027 when you get to that section.

	Budgeted Amount	Percent
Employment Services (DWP)	\$44,063	1
Employment Services (MFIP)	1,387,994	31.5
Emergency Services/Crisis Fund	1,321,898	30
Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver)	330,474	7.5
Income Maintenance Administration	1,321,898	30
Incentives (include the total amount of funds budgeted for participant incentives but don't include support services here)	0	0
Under 200% Services	0	0
Capital Expenditures	0	0
Other	0	0
Total	\$4,406,327	100

	Budgeted Amount	Percent
Employment Services (DWP)	\$44,063	1
Employment Services (MFIP)	1,387,994	31.5
Emergency Services/Crisis Fund	1,321,898	30
Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver)	330,474	7.5
Income Maintenance Administration	1,321,898	30
Incentives (include the total amount of funds budgeted for participant incentives but don't include support services here)	0	0
Under 200% Services	0	0
Capital Expenditures	0	0
Other	0	0
Total	\$4,406,327	100

## **Certifications and Assurances**

## **Public Input**

Prior to submission, did the Tribal Nation / County solicit public input for at least 30 days on the contents of the agreement?

Yes, public input was gathered for at least 30 days regarding the contents of this agreement.
No, public input was <i>not</i> gathered for at least 30 days regarding the contents of this agreement.

Was public input received?

	Yes, public input was received and used.
	Yes, public input was received but <i>not</i> used.
	No public input was received.

(\*If "Yes, public input was received but not used" is selected, then the following question pops up)

If public input was received, but not used, please explain

_		
Tout fill in		
Text fill in		
. o		

#### **Assurances**

It is understood and agreed by the \${q://QID15/ChoiceTextEntryValue/2} board that funds granted pursuant to this service agreement will be expended for the purposes outlined in Minnesota Statutes, section 142G; that the commissioner of the Minnesota Department of Children, Youth, and Families (hereafter department) has the authority to review and monitor compliance with the service agreement, that documentation of compliance will be available for audit; that the Tribal Nation/County make reasonable efforts to comply with all MFIP requirements, including efforts to identify and apply for available state and federal funding for services within the limits of available funding; and that the Tribal Nation/County agrees to operate MFIP in accordance with state law and federal law and guidance from the department.

Tribal Nations and Counties may use the funds for any allowable expenditures under <u>Minnesota Statute</u>, <u>142G.76.2</u>, including case management outlined in <u>Minnesota Statutes</u>, section <u>142G</u>.

This allocation is funded with 8% state funds and 92% federal TANF funds and paid quarterly.

Federal funds. Payments are to be made from federal funds. If at any time such funds become unavailable, this CONTRACT shall be terminated immediately upon written notice of such fact by STATE to Tribal Nation/County. In the event of such termination, Tribal Nation/County shall be entitled to payment, determined on a pro rata basis, for services satisfactorily performed. An amendment must be executed any time any of the data elements listed in 2 CFR 200.332 and this clause, including the Assistance Listing number, are changed, such as additional funds from the same federal award or additional funds from a different federal award. STATE has determined that Tribal Nation/County is a "contractor" and not a "subrecipient" pursuant to 2 C.F.R section 200.331.

Pass-through requirements. Tribal Nation/County acknowledges that, if it is a subrecipient of federal funds under this CONTRACT, Tribal Nation/County may be subject to certain compliance obligations. Tribal Nation/County can view a table of these obligations in the <a href="Health and Human Services Grants Policy Statement">Health and Human Services Grants Policy Statement</a>, [1] Exhibit 3 on page II-3, in addition to specific public policy requirements related to the federal funds here. To the degree federal funds are used in this contract, STATE and Tribal Nation/County agree to comply with all pass-through requirements, including each Party's auditing requirements as stated in 2 C.F.R. § 200.332 (Requirements for pass-through entities) and 2 C.F.R. §§ 200.501-521 (Subpart F – Audit Requirements).[2]

Tribal Nation / County Name (Must match the name associated with the Unique Entity Identifier)

This response is auto-populated

**Tribal Nation / County Unique Entity Identifier (UEI)**: Effective April 4, 2022, the Unique Entity Identifier is the 12 character alphanumeric identifier established and assigned at <u>SAM.gov</u> to uniquely identify business entities and must match Tribal Nation / County name.

This response is auto-populated

Federal Award Identification Number (FAIN): 2601MNTANF and 2701MNTANF

Federal Award Date: October 1, 2025 (projected) (The date of the award to the MN Dept. of Children, Youth, and Families.)

Period of Performance (please use words and numbers, for example: May 23, 2025)

Start Date	January 1, 2026
End Date	December 31, 2027

Budget period start and end date: January 1, 2026 – December 31, 2027

#### Amount of federal funds:

A. Total Amount Awarded to DCYF for this project: \$103,290,000 (projected)

B. Total Amount Awarded by DCYF for this project to Tribal Nation / County named above:

Federal Award Project description: Temporary Assistance for Needy Families (TANF)

#### Name

Federal Awarding Agency: Administration for Children and Families

MN Dept. of Children, Youth, and Families (DCYF)

Contact information of DHS's awarding official: Jovon Perry, <u>Jovon.perry@state.mn.us</u>.

**Assistance Listings Number & Name (formerly known as CFDA No.)**: Payments are to be made from federal funds obtained by STATE through Catalog of Federal Domestic Assistance (CFDA) No.:

Number	93.558
Title	Temporary Assistance for Needy Families
Total amount made available at time of disbursement	

#### Is this federal award related to research and development?

Х	No
	Yes

Indirect Cost Rate for this federal award is: up to 15% (including if the de minimis rate is charged)

#### **SERVICE AGREEMENT CERTIFICATION**

Х	Checking this box certifies that this 2026 – 2027 MFIP Biennial Service Agreement has been prepared
	as required and approved by the Tribal Nation / County board(s) under the provisions of Minnesota
	Statutes, section 142G

State the name of the chair of the Tribal Nation / County board of commissioners or authorized designee, their mailing address and the name of the Tribal Nation / County.

Name (chair or designee)	Mike Slavik (certification to follow public posting)		
Mailing Address	Administration Center, 1590 Highway 55, Hastings MN 55033-2343		
Tribal Nation / County	Dakota County		

If your Tribal Nation / County agency is unable to complete your BSA by October 15th, 2025, you will need to request an extension by emailing <a href="mailto:Jonathan.Hausman@state.mn.us">Jonathan.Hausman@state.mn.us</a>. Please provide additional information about why you were not able to compete this form.

DATE OF CERTIFICATION (please use words and numbers, for example: September 23, 2025) (fill in)

Text fill in			

### **Public Comment Period**

You are about to see a summary of your responses on the next page when you click "Next." This is a spot to review your answers to your questions and to help prepare a PDF summary of your answers for the 30-day Public Comment Period.

Once you click "Next" and are taken to the following page, please do **NOT** click "next" or "submit" on the next page at this stage in the process. Your responses to the PDF summary need to be posted for 30 days prior to your submission of your answers and responses. Once you have had 30 days for public review and comment on BSA responses entered here, then you can log back in on the link that was provided in your original email and access the survey to submit for completion of the 2026-2027 BSA.