

SNAP E&T Application

Organization Type

Please offer some general information about your organization and provide the name and information of the person we should contact to follow-up on your survey responses as necessary.

1. Organization Name _____
2. Organization Website _____
3. Organization Type Community College Community Based Organization Government Agency
4. Organization Contact _____
First Name Last Name
5. Title of Organization Contact _____
6. Email Address of Organization Contact _____
example@example.com
7. Phone Number of Organization Contact _____
Area Code Phone Number
8. Parishes served _____
9. Tax ID Number _____
10. Total Workforce Development Budget _____

Services and Training Provided

The Following questions are designed to help us better understand your service model. This includes the customers you serve, the variety of services you provide, how services are integrated and the partners with whom you collaborate.

11. What are your formal processes for assessing participants' skills, strengths, educational background, and supportive services needed prior to the start of training and/or education? Check all that apply.

- Application/Eligibility Group Orientation/Workshop Questionnaire/Interest Inventory
 Aptitude (TABE, NCRC, ETC.) Assessment Interview

12. Does your organization provide any of the following education and training services?
Check all that apply.

Directly Provide Contract Out Refer Out

| | Directly Provide | Contract Out | Refer Out |
|---------------------------------------|------------------|--------------|-----------|
| English as a Second Language | | | |
| High School Completion | | | |
| Vocational Education | | | |
| Soft/Executive Functioning Skills | | | |
| Post-secondary Education (non-degree) | | | |
| Post-secondary Education (degree) | | | |
| Industry-recognized Credentials | | | |
| Access to Labor Market Information | | | |
| Job Search Workshops | | | |
| Pre-apprenticeship Program | | | |
| Internship | | | |
| On-the-job Training | | | |
| Job Retention Coaching | | | |
| Employment Linked to SNAP Eligibility | | | |
| Job Placement | | | |
| Regular Employment | | | |
| Entrepreneurship | | | |
| WIA-Related Activities | | | |
| Other | | | |

Other (specify the education or training service and how it is provided) _____

13. Does your organization provide any of the following supportive services for your customers? Please select all that apply.

Directly Provide Contract Out Refer Out

| | Directly Provide | Contract Out | Refer Out |
|--------------------------------------|------------------|--------------|-----------|
| Navigation/Case Management | | | |
| Career Counseling | | | |
| Transportation Assistance | | | |
| Assistance with Training Costs | | | |
| Medical Supports | | | |
| Assistance with Pre-employment Costs | | | |
| Wrap-around Services | | | |
| Other | | | |

Other (specify the education or training service and how it is provided) _____

14. What non-degree certificates and industry recognized credentials does your organization offer? Please list the specific names.

15. Of the population served by your organization, what percentage are in low-income households (130% of federal poverty level)? Please estimate.

- 0 - 25%
 26 - 50%
 51 - 75%
 76 - 100%

Tracking Data/Targeted Population

SNAP E&T programs require multiple organizations to collaborate and share defined data sets about the customers they are collectively serving. It is critical to quantify the impact and outcomes of these programs. We want to better understand the data that you already collect about your participants.

16. Which of the following demographic, socioeconomic, parental, and background data on your participants' does your organization's data management system collect or record? Check all that apply.

| | |
|--------------------------|---|
| <input type="checkbox"/> | Eligibility for or receipt of food assistance |
| <input type="checkbox"/> | Eligibility for or receipt of TANF (FIP) |
| <input type="checkbox"/> | Pre-employment status and wages |
| <input type="checkbox"/> | Age |
| <input type="checkbox"/> | Gender |
| <input type="checkbox"/> | Race |
| <input type="checkbox"/> | Ethnicity |
| <input type="checkbox"/> | Employment status at time of application |
| <input type="checkbox"/> | Background and barriers |

17. Which of the following program participation and outcome data does your organization's data management system collect or record? Check all that apply.

| | |
|--------------------------|-----------------------------------|
| <input type="checkbox"/> | Program participation |
| <input type="checkbox"/> | Support services provided |
| <input type="checkbox"/> | Employment status (pre-training) |
| <input type="checkbox"/> | Employment status (post-training) |
| <input type="checkbox"/> | Non-degree academic achievement |

18. Does your organization and staff have the capacity to collect additional data?

- Yes
 No
 Unsure

Tracking/Outcome Reporting Measures

UWSELA will be responsible for providing DCFS with the information it needs to submit reports to the U.S. Department of Agriculture's Food and Nutrition Service (FNS) on program performance.

19. Please indicate the number of participants related to each question below:

| | Number |
|--|--------|
| Number of participants that dropped out of the E&T Program | |
| Number of participants that obtain employment prior to completion of the program | |
| Number of participants that obtained employment at the end of the program | |
| Number of job placements | |
| Number of participants who have a GED/HS Diploma prior to E&T participation | |
| Number of English as a Second Language participants | |

Sources of Non-Federal Funding

Many E&T programs are funded through a 50/50 federal reimbursement. Please indicate whether your organization receives non-federal funds that are potentially available for a federal match. In addition, keep in mind that funding that originates from the federal government is passed through a State or local entity cannot be used as match.

20. Does your organization have funding usable for employment and training services that meet all three criteria? 1) Non-federal funds; 2) Not committed as match for other federally funded programs; and 3) Available throughout the federal fiscal year (October 1 through September 30).

Yes No Unsure

21. If "Yes" to the above question, what are those specific funding streams? Check all that apply.

| | |
|--------------------------|--------------------------------------|
| <input type="checkbox"/> | Grants from Foundations State grants |
| <input type="checkbox"/> | Local grants Agency's general fund |
| <input type="checkbox"/> | Social enterprise funds |
| <input type="checkbox"/> | Grants from Foundations State grants |
| <input type="checkbox"/> | Local grants Agency's general fund |

22. Provide an estimate of the non-federal dollars that could be used for a potential FA E&T program between (October 1 through September 30). _____

23. What do those non-federal funding streams cover? Check all that apply.

| | |
|--------------------------|--|
| <input type="checkbox"/> | Administrative costs Tuition or Program Fees |
| <input type="checkbox"/> | Books and Supplies Case management |
| <input type="checkbox"/> | Support services |
| <input type="checkbox"/> | Administrative costs Tuition or Program Fees |
| <input type="checkbox"/> | Books and Supplies Case management |