Attachment K. Administrative Cost Table and Transmittal Email

OMB No. 0584-[NEW]

*Job Search as a Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) Component*

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Administrative Cost Table and Transmittal Email

Dear <State SNAP Director and/or E&T Director>,

We are looking forward to our upcoming visit to discuss the role of job search activities in your State’s Supplemental Nutrition Assistance Program (SNAP) Employment and Training (E&T) program. During the visit, we would like to get a better understanding of the costs you incur to administer the SNAP job search and other E&T activities as part of our broader discussion about how the program works. To facilitate the discussion of costs, we would like to request that you complete the tables below before our visit. [*If relevant:*] We have prepopulated some information based on your State E&T plan, but please make any edits or updates needed. When we meet in person, we may ask you a few follow-up questions about the information in the tables.

We sincerely appreciate your assistance in this important effort for the Food and Nutrition Service.

Sincerely,

<Site Visit Lead>

*According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0584-xxxx. The time required to complete this information collection is estimated to average 3 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the following address: U.S. Department of Agriculture, Food and Nutrition Services, Office of Policy Support, 3101 Park Center Drive, Room 1014, Alexandria, VA 22302, ATTN: PRA (0584-xxxx\*). Do not return the completed form to this address.*

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Table A. Total SNAP E&T Budget, to be Completed by SNAP Director or SNAP E&T Director Before the Visit

| Cost Component | SNAP E&T Budgeted Amount for Fiscal Year (FY) 2019 |
| --- | --- |
| 1. Administrative costs:
	1. 100% funds
 |  |
| * 1. 50/50 funds
 |  |
| * 1. Total administrative costs
 |  |
| 1. Participant reimbursements
 |  |
| 1. Other costs\*
 |  |
| 1. Total
 |  |

|  |
| --- |
| \* If other costs are budgeted for, please describe these costs here (including dollar amount and purpose of the expenditure) or attach any relevant documentation: |



Table B. Administrative Costs of SNAP Job Search and Other E&T Components, to be Completed by SNAP Director or SNAP E&T Director Before the Visit

| Job SearchComponent | A. Total Budgeted Costs for FY 2019 | B. Anticipated Monthly Participants (Unduplicated Count) for FY 2019 | C. Anticipated Monthly Costs (Administrative Costs Only) for FY 2019 | D.Anticipated Monthly Cost per Unduplicated Participant for FY 2019 (C/B)  | E. Actual Monthly Participants (Unduplicated Count) for FY 2019 | F. Actual Monthly Costs (Administrative Costs Only) for FY 2019 | G. Actual Monthly Cost per Unduplicated Participant for FY 2019 (F/E) |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **Job Search Components** *[Please list each type of job search activity offered.]* |
| Example 1. Independent job search |  |  |  |  |  |  |  |
| Example 2. Job search training |  |  |  |  |  |  |  |
| Example 3. Job retention services |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Other E&T Components** *[Please list any other types of E&T services, including those offered under educational, training, or work components.]* |
| Example 1. Basic skills instruction (e.g., GED) |  |  |  |  |  |  |  |
| Example 2. Work readiness training |  |  |  |  |  |  |  |
| Example 3. Vocational skills training |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |
| **Participant Reimbursements for Supportive Services** *[Please list by type of reimbursement, if available, or else total reimbursements.]* |
| Example 1. Transportation |  |  |  |  |  |  |  |
| Example 2. Childcare |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |