# Federal Fiscal Year 2015

# SNAP Community Organization Partner Application

**This application provides community and faith based organizations in the state of Arizona with the documents required to become a Community Organization Partner for FFY15 (October 1, 2014 – September 30, 2015). Please review the Application Checklist on the following two pages for more information on the application process, or refer to the ACAA website under the 'Partnerships" tab for details.**

**Please submit your application via email to Amanda Lee at alee@azcaa.org on or before May 15, 2014.**

**Be sure to include the:**

- **Application**
- **Staffing Budget Worksheet**
- **Program Line Item Budget Worksheet**
- **Budget Justification**
- **Location and Service Hours Worksheet**
- **Organization's current W-9 form**

**These forms are all available on the ACAA website.**

**Questions or concerns should be addressed to Amanda Lee at alee@azcaa.org or Donna Roberts at droberts@azdes.gov. Thank you!**

*In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410 or call (800) 795-3272 (voice) or (202) 720-6382 ( TTY). USDA is an equal opportunity provider and employer.*

Arizona Community Action Association
Advocating, Educating and Partnering to Prevent and Alleviate Poverty

DEPARTMENT OF ECONOMIC SECURITY
*Your Partner For A Stronger Arizona*

United States Department of Agriculture Food and Nutrition Services
Supplemental Nutrition Assistance Program
Draw-Down Funding for Community Partnerships to Increase SNAP Enrollment

# Community Organization Partner Application Instructions

All documents, materials and forms can be found under the Partnership Tab-SNAP on the ACAA website at http://azcaa.org/partnerships/snap-3/.

## Instructions for Applying to Become a SNAP Community Organization Partner:

1. Fill out the *Partnership Agreement and Payee Form*.

2. Complete the *Agency Description and Scope of Work* form. Select which outreach and service activities your organizations will undertake, and describe your organization's activity under each selected option.

3. Using the *Staffing Budget Worksheet*, determine what your staffing costs will be for the Federal Fiscal Year spanning October 1, 2014 – September 30, 2015. Please calculate these costs according to the percentage of time each staff person will spend working on the Allowable Activities, and include your worksheet with your application. Examples of these documents can be found on ACAA's website under Partnership tab-SNAP or http://azcaa.org/partnerships/snap-3/.

4. Using the *Program Line Item Budget* document, please provide a projected budget for all activities being conducted under this program. Please remember this is a projection, so it should be reasonable and justifiable, and should represent **100%** of your program costs allocated to SNAP Outreach.

   Please show all costs/expenses associated with this program. Your reimbursement rate will be *40 cents for each dollar* expended by your organization, but DES and USDA need to budget for and be invoiced for **100%** of the costs you incur in order to properly calculate the correct reimbursement.

5. Along with your *Program Line Item Budget*, please include a *Budget Justification* for each line item. Your Budget Justification is a narrative that explains and justifies each cost and clearly explains how the amount for each line was determined. Be sure to provide details for what is included in the line labeled "other" on the line item budget. A sample is provided on the ACAA website.

6. Read the *Memorandum of Understanding* and be sure you agree to all terms and specifications prior to submitting your proposal. If the *MOU* is agreeable, please replace all **red** text with your organization's name and have your organization's official representative sign and date the *MOU*.

7. Read all items on the *Assurances* page and initial each item to signify your understanding and agreement.

8. Submit all documents via email to Amanda Lee (alee@azcaa.org) **on or before May 15th, 2014**. All applications will be reviewed by ACAA and DES. You may be asked to clarify any item you submit, and must do so in writing.

9. Once your application has been approved, you will receive an award notification, reporting documents, and an invoice template for reimbursement requests. We expect to be able to notify all Partners of your acceptance and your approved budget in September, 2014.

10. Please refer to the complete list of items required to apply, below. If you have questions about an item or about the application process, please direct them via email to Amanda Lee at alee@azcaa.org.

**Items Required to Apply:**

- ❑ *Partnership Agreement and Payee Form* (completed and signed)
- ❑ *Agency Description and Scope of Work*
- ❑ *Partner Memorandum of Understanding* (completed and signed by Organization's Official Representative)
- ❑ *Partner Assurances*

- ❑ *Staffing Budget (see Excel Spreadsheet)*
- ❑ *Program Line Item Budget (see Excel Spreadsheet)*
- ❑ *Budget Justification*
- ❑ *Location and Service Hours (Excel Spreadsheet)*
- ❑ *Organization's current W-9*

Any questions regarding this Program, the application process, or items required for submission should be directed to:

**Amanda Lee**
**Outreach and Community Development Manager**
**Arizona Community Action Association**
**alee@azcaa.org**
**602-604-0640**

# Arizona Community Organization Partner Agreement

Agency: Gila County Community Services

Address (if more than one address, please attach a sheet with this information for each location): 5515 S. Apache Avenue, Suite 200, Globe, Arizona 85501 and 107 W. Frontier Street, Payson, AZ 85541

Contact Person for Program: Malissa Buzan

Phone: 928-425-7631, Extension 7192 Contact Email: mbuzan@gilacountyaz.gov

- We understand that our name and street address information as provided above may be made available on the ACAA and DES websites. As such, we may include additional information (such as other services provided, hours of operation, how to schedule an appointment), found on the *Location and Services Provided* sheet with our listing.
  - ☒ YES. We would like to keep this listing.
  - ☐ NO. We would like to OPT OUT of this listing

- We have staff or volunteers who can conduct outreach and assistance in the following languages:

English Spanish

The aforementioned entity agrees to partner with the Arizona Community Action Association (ACAA) and serve as a Community Organization Partner (COP) to conduct outreach and improve access for applicants and recipients of Supplemental Nutrition Assistance Program (SNAP) benefits in Arizona. With our authorized signature, we acknowledge and accept the terms set forth in this application and its documents. We agree to conform to the terms of these documents and abide by the program budget submitted. We understand that any changes made to any part of this agreement must be requested in writing to ACAA and accepted in writing in order to be in compliance with all terms.

| Arizona Community Action Association | Gila County |
|---|---|
| Cynthia Zwick, Executive Director | Michael A. Pastor, Chairman, Board of Supervisors |
| Authorizing Agent | Name and Title (Please Print) |
| Signature | Signature |
| Date | Date |

**OFFICIAL PAYEE AND REPRESENTATIVE**

*Please attach your W-9 when you return this form. A current W-9 will be required to receive payment.*

1. For questions regarding COP's invoice or budget, please contact:

   Contact Person name and email: Malissa Buzan mbuzan@gilacountyaz.gov
   Address: Gila County Community Services
   5515 S. Apache Ave., Suite 200
   Globe, Arizona 85501

2. Please mail COP reimbursements to:

   ☒ Same as above
   Contact Person name and email: _____
   Address: _____

3. The name of the contact person, street address, telephone number, and e-mail address where financial and administrative records are maintained is:

   ☐ Same as above
   Contact Person name and email: Nick Montague nmontague@gilacountyaz.gov
   Address: Gila County Community Services
   5515 S. Apache Ave., Suite 200
   Globe, Arizona 85501

The contact person, or their designee, shall be responsible for informing ACAA of performance concerns of which the COP becomes aware in the performance of its duties and responsibilities, and be responsible for providing in a timely manner original or copies of documentation required by this agreement, and for being available to ACAA and DES for consultation and assistance, as requested by ACAA or DES or as agreed by COP, during COP's normal business hours and days of operation.

3. The name, address, telephone number and e-mail address of ACAA's contact person is:

**Amanda Lee**
**Arizona Community Action Association**
**2700 N. 3rd St, Suite 3040**
**Phoenix, AZ 85004**
**602-604-0640 ext 19**
alee@azcaa.org

ACAA's contact person will be available to assist COP in its performance of this agreement on an "as needed" basis during ACAA's normal business hours and days of operation. All contact with ACAA by the COP must be through ACAA's contact person.

# Memorandum of Understanding

United States Department of Agriculture Food and Nutrition Services
Supplemental Nutrition Assistance Program
Draw-Down Funding for Community Partnerships to Increase SNAP Enrollment

**This is a Partnership Agreement between**
**Arizona Community Action Association (ACAA)**
**and**
**Gila County Community Services**
**Community Organization Partner (COP)**

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## I. Purpose and Scope

The purpose of this Memorandum of Understanding (MOU) is to clearly identify the roles and responsibilities of each party as they relate to providing increased access and enrollment in the Supplemental Nutrition Assistance Program (SNAP), also known as Nutrition Assistance in Arizona. The Arizona Community Action Association (ACAA) is the entity responsible for enrolling and supporting partners (heretofore referenced as **COP**s), as well as administering the draw-down of these USDA through the Arizona Department of Economic Security (DES).

This Partnership is intended to help inform potentially eligible households about the availability, eligibility requirements, application procedures and benefits of SNAP. To support this goal, ACAA and COP will participate in activities targeting eligible households, providing accurate information, serving as a trusted source of information and assistance in your community, and assisting households with completing the application process, preferably through the Health-e Arizona online application portal. Allowable activities are outlined in the Partnership Agreement and Payee Form.

Both ACAA and COP should ensure that program activities are conducted in compliance with all applicable Federal laws, rules, and regulations including Civil Rights and Office of Management and Budget (OMB) circulars governing cost issues.

All applicants and recipients are granted civil rights in accordance with Federal laws and US Department of Agriculture, Food and Nutrition Services (USDA) policy that services will be provided without discrimination on the basis of race, color, national origin age, sex, disability, sexual orientation, political beliefs or religion.

## II. MOU Term

The term of this MOU Agreement is the period within which the project responsibilities of this agreement shall be performed. The term begins October 1, 2014 and ends September 30, 2015.

## III. ACAA Role and Responsibilities

1. ACAA shall serve in the following roles and maintain responsibilities stated herein during the duration of the MOU term:

   1.1 Provide guidance and resources to COP regarding applicable federal and state laws and regulations and program guidelines.

1.2 Review and approve all documentation evidencing COP's performance of services as set forth in the Scope of Work and monitor COP's compliance with the MOU.

1.3 Provide training and technical assistance to COP on SNAP, promising practices related to outreach, improving access, and increasing program participation, and fiscal and programmatic rules and regulations on an as-needed basis.

1.4 Promptly process activity reports and invoices submitted by partners on a monthly basis. Invoices and activity reports will be processed by ACAA on the 15th of each month, or the first day of business thereafter in the event the 15th of the month occurs on a non-business day for ACAA. Activities must be eligible for USDA draw-down as allowable expenses according to the terms and conditions set forth in this MOU. COP is responsible up front for all costs incurred, and reimbursement will be received only for allowable activities as approved by ACAA, DES, and USDA.

2. ACAA liability for funds related to this Partnership is limited as follows:

2.1 COP acknowledges that all funds to be provided pursuant to this Agreement will be provided by USDA.

2.2 ACAA's obligations under this Agreement are subject to USDA's provision of funds pursuant to the Program Documents.

## IV. COP Responsibilities

1. COP shall agree to the following during the duration of the MOU term:

1.1 Provide SNAP outreach services and application assistance as outlined in the approved Partnership Agreement and Payee Form, Scope of Work, and Program Budget.

1.2 Follow all relevant laws and regulations regarding documentation, reporting, use, etc. of these federal funds in accordance with OMB circulars A-122 and A-133 (for non-profits) or OMB circulars A-87 and A-133 (for State, Local, and Indian Tribal Governments) or OMB circulars A-21 (for Educational Institutions). http://www.whitehouse.gov/omb/circulars/

1.3 Furnish project management, contract administration and fiscal control services, including but not limited to:

a) Adherence to the approved Partnership Agreement and Payee Form, Scope of Work, Assurances, and Program Budget.

b) Return of this MOU, Partnership Agreement and Payee Form, Program Budget and Budget Justification, Scope of Work, and Assurances with the required signatures, **by Friday May 15th, 2014**. All documents shall be submitted to Amanda Lee at alee@azcaa.org.

c) Preparation and timely submission of complete and accurate monthly expenditure and activity reports. Activity reports and invoices shall reflect 100% of activities completed and expenses incurred for the program. COP will be reimbursed **40 percent** of allowable expenses included on the invoice up to and not to exceed your Program Budget unless alterations or changes receive prior approval. A final report of activities completed, expenses incurred, and weekly activity logs **shall be submitted by the 10th day of the month following the month for which draw-down is requested.** For example, you must submit a report by November 10th in order to receive a draw-down for October's expenses.

d) Participation in trainings and meetings as requested by ACAA, including monthly Partner calls.

e) Participate in evaluation of SNAP Outreach.

f) Retention of all records supporting the funds used for draw-down, as well as any additional expenditures covered by the draw-down funds for three (3) years after the end of the contract term. This requirement applies to fiscal records, reports and client information. Additionally, COP agrees to make all records relating to draw-down activities and expenses available upon request by ACAA, DES and/or any Federal entity. Any costs that cannot be substantiated by source documentation may be disallowed.

g) Return any funds necessary to repay ACAA for any disallowed expenses in which COP has not complied with the requirements of this MOU and applicable state and federal regulations. Funds will be returned to ACAA within 30 days of receipt of written notification.

h) Submission of a copy of audited financial statements to ACAA nine months after the end of the COP's fiscal year during which this grant falls. COP agrees to provide access to auditors to determine compliance with federal regulations. If your agency does not undergo an annual audit process, alternative arrangements may be made upon approval of ACAA.

1.4 Maintain proper standards of disclosure and confidentiality as set forth by USDA:

a) Case file information on SNAP recipients, including names of recipients, social security numbers, and other sensitive information is considered confidential and may not be released.
b) Disclosure of information obtained from recipients may be made only to persons directly connected with the administration of SNAP or to others provided that the program recipient signs a release form documenting their agreement to the specific release. Such an agreement shall not be a condition of receipt of benefits. *(7 CFR Section 272.1(c); and (Section 11(e)(8) of The Food and Nutrition Act of 2008, as amended.)*
c) State agencies and their contractors must protect confidential and private information gained from clients during the outreach process. Appropriate physical and computer security policies should be in place to protect sensitive information.

## V. ACAA and COP Agree to the Following Provisions:

1. Documents prepared by organizations using program funding for external release, in print or other media, or via the internet, must undergo appropriate review and approval prior to release. Documents prepared by COP and intended for publication and distribution must receive the necessary departmental approvals from ACAA and DES prior to publishing or distribution. Documents shall be submitted to ACAA for review, and ACAA will submit to DES on behalf of COP when necessary. Reviews may take up to ten (10) working days. This MOU identifies the following documents intended for external release as subject to both internal and external review prior to printing and distribution:

1.1 Types of documents/communications:
a) One time, periodic, or occasional
b) Providing factual information to the public or target audience to increase enrollment in SNAP
c) Conveying a specific message to a select target audience about SNAP

Examples:
- Brochure
- Fact sheet
- Media campaigns and advertisements

- Newsletter
- Fotonovela
- Press release or other press materials
- Public Service Announcement

1.2 Press releases announcing events sponsored by COP shall not require prior approval unless they include information about the Partnership described herein or SNAP eligibility or rules. Social networking, such as Facebook, Twitter, and blog posts, requires prior approval in cases where the partnership created herein or information regarding eligibility or programmatic rules is included. ACAA shall be notified upon release of any press release or social media piece released by COP, and COP shall provide copies of all releases to ACAA at the end of the Term.

1.3 Materials, whether newly developed or reprinted, may require an appropriate acknowledgement/funding statement in accordance with state and federal agency specifications. COP shall contact Amanda Lee at alee@azcaa.org for information on approved acknowledgement/funding statements and which types of materials should carry which version of the statement. For materials not listed, contact ACAA for guidance on which statement is appropriate.

1.4 Any materials relaying information about the SNAP program shall contain the following statement:

"In accordance with Federal law and U.S. Department of Agriculture policy, this institution is prohibited from discriminating on the basis of race, color, national origin, sex, age, religion, political beliefs, or disability. To file a complaint of discrimination, write USDA, Director, Office of Civil Rights, Room 326-W, Whitten Building, 1400 Independence Avenue, SW, Washington, D.C. 20250-9410 or call (202) 720-5964 (voice and TDD). USDA is an equal opportunity provider and employer."

An abbreviated version of this statement is available if space constraints exist.

2. COP shall prominently display the USDA nondiscrimination poster "And Justice for All", provided by DES or ACAA, at any facility providing services outlined in this Partnership.

3. Program activities shall not supplant existing SNAP outreach programs, and where operating in conjunction with existing programs, shall enhance and supplement them.

## VI. Funding

1. Funding available for this program is on a monthly draw-down basis. Interested Partners must sign this MOU and provide ACAA with a Partnership Agreement and Payee Form and Scope of Work for activities COP expects to complete in the Term, as well as a Program Budget, Budget Justification, Assurances, current W-9, and any other requested documentation or information in order to apply to become a COP. Funding is subject to the following terms:

1.1 **Funding for this Partnership is 100% USDA Federal reimbursement and as such is subject to the availability of Federal funds.** USDA may, due to internal budgeting decisions or changes in federal allocation, reduce or eliminate funding for this program at any time, with or without advance notice. Additionally, DES may choose to discontinue this Partnership at any time, with or without advance notice. COP understands and agrees to hold harmless ACAA for any funds expended for which COP is not able to receive reimbursement due to termination of funding.

1.2 Funding for this Partnership is reimbursement only. No request can be honored to advance funds or pay costs incurred by the COP without prior approval by ACAA and DES. ACAA makes no guarantee of the reimbursement of federal funds and is not liable for any costs incurred by COP which are not reimbursed by USDA and/or DES.

1.3 It is the responsibility of the COP to monitor all contract expenditures by line item and ensure no over expenditures occur. If an over expenditure occurs, ACAA and DES may disallow any costs exceeding the line item amount approved at the start of the contract year and reimbursement for amounts exceeding the approved budget will not be approved.

2. Funding is subject to approval by ACAA, DES, and USDA. ACAA will utilize the available USDA federal draw-down to provide COP funds in accordance with COP's reasonable request, and ACAA reserves the right to ask COP to adjust the Partnership Agreement and Payee Form, Scope of Work and/or Budget to fit with the funding available.

2.1 COP agrees to submit all reports and documentation required by the **10th day** of the month following the month in which work was completed. ACAA and DES will process the request through the proper channels and COP will receive a check in the amount approved for matching draw-down, **equal to a maximum of 40% of the funds expended by COP for allowable activities in the month prior.**

2.2 COP is responsible for submitting an invoice for each month of the contract year. In months where no activity was completed under this Partnership, COP is responsible for reporting this to ACAA and submitting an invoice showing that no expenses were incurred for the month.

2.3 COP acknowledges and accepts that reimbursement for allowable activities is dependent upon the approval of ACAA, DES, and USDA. The aforementioned parties may disallow any expense reported which is not in accordance with the Allowable Activities outlined by USDA and/or not in accordance with COP Partnership Agreement and Payee Form, Scope of Work and/or Budget.

2.4 COP acknowledges and agrees that all invoices are subject to approval DES and USDA and ACAA's approval does not bind DES or USDA, nor constitute a guarantee by ACAA of payment to COP.

3. Contractor agrees to indemnify, defend and hold ACAA and its directors, officers, employees and agents harmless for, from and against any tax or other liabilities, losses, costs, expenses (including attorneys' fees and court costs), penalties, claims, demands resulting from or arising out of a breach of this Agreement by Contractor or Contractor's employees or agents, or resulting from or arising out of rendering services under this Agreement by Contractor or Contractor's employees or agents or to the extent caused by the negligence or intentional misconduct of Contractor or Contractor's employees or agents. ACAA agrees to indemnify, defend and hold Contractor and its directors, officers, employees and agents harmless for, from and against any liabilities, losses, costs, expenses (including attorneys' fees and court costs), penalties, claims, demands to the extent caused by the negligence or intentional misconduct of ACAA or ACAA's employees or agents.

## VII. Modification and Termination

1. This agreement may be cancelled or terminated without cause by either party giving (30) calendar days advance written notice to the other party. Such notification shall state the effective date of termination or cancellation and include any final performance and/or payment invoicing instructions/requirements.

2. Any and all amendments must be made in writing and must be agreed to and executed by ACAA and COP before becoming effective.

3. ACAA intends to Partner with multiple COPs. This Partnership is non-competitive, and can be terminated at any time by ACAA. ACAA reserves the right to terminate any Partnership without advance notice for any violation of contract agreement.

## VIII. Effective Date and Signature

This MOU shall be effective upon the signature of ACAA and COP authorized officials. It shall be in force from October 1, 2014 through September 30, 2015. ACAA and COP indicate agreement with this MOU by their signatures.

ARIZONA COMMUNITY ACTION ASSOCIATION

Cynthia Zwick, Executive Director

Authorizing Agent

Signature

Date

Gila County Community Services

Michael A. Pastor, Chairman, Gila Co. Board of Supervisors

Name and Title (Please Print)

Signature

Date

APPROVED AS TO FORM:

Bryan Chambers, Deputy Attorney Principal

Date

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## Community Organization Partner Assurances

| Initial Here to Indicate You Have Read and Understand The Assurance Statement | Assurance Statement |
|---|---|
| MB | The COP is responsible for completion of activities outlined in the Scope of Work and Partnership Agreement and Payee Form. Additional work done to support SNAP Outreach AHCCCS is not eligible for reimbursement. |
| MB | The amount requested in COP's Program Budget is the maximum allowable reimbursement for FFY13, and may only be payable for allowable expenses. COP is responsible for timely repayment of any reimbursed costs deemed unallowable by DES or USDA. |
| MB | Activities included in the Scope of Work are those deemed allowable as outlined in the USDA guidance provided by DES and ACAA. |
| MB | Volunteers may be utilized to help meet the Scope of Work, but their time cannot be billed to this Partnership. |
| MB | Only non-federal funds may be used to draw-down a reimbursement. The non-federal funds used in this agreement may not be used for any other federal match. |
| MB | Funding for this program may be revoked by USDA at any time without prior notification. COP is eligible for reimbursement only for allowable activities approved by ACAA, and it is the sole responsibility of the COP to pay any related expenses in full regardless of whether or not the requested reimbursement is provided by USDA. |
| MB | Documentation of activities, expenditures, and audits completed must be maintained by COP for a minimum of 3 years after completion of the Term. It is the sole responsibility of the COP to maintain all records and provide them to ACAA, DES, and/or USDA upon request. |
| MB | Program activities are conducted in compliance with all federal laws, rules, and regulations including Civil Rights and OMB regulations governing cost issues. |
| MB | Program activities are reasonable and necessary to accomplish outreach goals and reach potentially eligible households. |

## Community Organization Partner Agency:
## Services Provided Form

**Please check below for all services provided. List any additional services under "Other."**

| **Service** | ✓ |
|---|---|
| Food Boxes | |
| AHCCCS application assistance | |
| Health care services | |
| Dental care services | |
| WIC Center | |
| Crisis Pregnancy Center | |
| Employment Assistance | √ |
| Clothing | |
| Rental Assistance | √ |
| Housing Repair, Rehabilitation & Weatherization | √ |
| Emergency Assistance | √ |
| Utilities Assistance | √ |
| Telephone Discount programs | √ |
| Homeless Services | √ |
| Legal Services | |
| Other/Comments: | |

# Community Organization Partner Agency Description & Scope of Work

1. **Please provide a few brief sentences about your organization, including your mission, brief history, and any relevant experience or programs. This information will be provided to DES and USDA and may also be published on the ACAA and DES websites.**

**Mission: Improving the Quality of Life for All Residents, One Life at a Time**

**History: Gila County Community Action Program (CAP) has over 30 years of experience providing services for low income individuals and families. Since 1988, CAP has partnered with other agencies to enhance their service delivery and outreach. We have case managers who are very experienced in assisting people to access programs and services designed to improve their quality of life. CAP is dedicated to alleviate and prevent poverty in Gila County.**

**Relevant experience/programs:**

**Gila County CAP has experience and/or operates:**

- **Low Income Home Energy Assistance ( LIHEAP) Utility Grants**
- **Weatherization Assistance Program**
- **Home Energy Assistance Fund**
- **Supplemental Nutrition Assistance Program (SNAP) Outreach**
- **Nutrition Assistance Community Organization Partnerships**
- **Arizona Self Help (www.arizonaselfhelp.org)**
- **People's Information Guide**
- **Volunteer Income Tax Assistance Site**
- **WIA One-Stop Partner**
- **Food Bank/Pantries**

***Locations: Complete the Federal Fiscal Year 2015 Location and Service Provided Form***

**Gila County Community Services**
**5515 S. Apache Ave, Suite 200**
**Globe, Arizona 85501**

**Gila County Community Services**
**107 W. Frontier Street, Bldg C**
**Payson, Arizona 85541**

2. **Please provide a brief narrative describing the activities you intend to complete for Federal Fiscal Year 2015 below. The activities included here should reflect your Partnership Agreement and Payee Form as well as your Budget (program and staffing) and Budget Justification. This Scope of Work is designed to give ACAA a clear understanding of the intended use of your funds and ensure your reimbursement is based on USDA Allowable Activities.**

    1. **Please check <u>each</u> activity you plan to do as an outreach, self-service and/or full-service partner for Federal Fiscal Year 2015 (☑)**
    2. **Write the narrative under <u>each</u> activity you plan to do. Only explanations for the activities you anticipate doing are needed. Full service partners do not need to explain Self-service partner activities.**
    3. **List employment titles, and not employee names.**
    4. **Include specific activities each position performs.**
    5. **Please be sure your Scope of Work includes ALL planned activities and be as specific as possible regarding which staff responsibilities.**

**Outreach Partner:**

**☑ Provide outreach materials for clients in office**

**The Program Manager, Case Manager, Housing Assistant, and Administrative Clerk will provide SNAP information and brochures that Gila County CAP will develop specific to our service population to clients in office.**

**The Program Manager, Case Manager, Housing Assistant, and Administrative Clerk will provide SNAP Information and Brochures that Gila County CAP at job fairs, food pantries/banks, VITA sites, shelters, network meetings, senior centers, faith-based organizations, and public housing locations.**

**☑ Attend/host outreach events (or meetings) in the community to provide information about SNAP eligibility**

**The Program Manager, Case Manager, Housing Assistant, and Administrative Clerk will travel to and attend events such as job fairs, food pantries/banks, VITA sites, shelters, network meetings, and public housing locations to provide information about the SNAP program.**

**Information targeted towards Veterans and elderly populations will be at senior centers, homeless shelters, and faith-based organizations within Gila County.**

**☑ Provide information on application process and documents required to clients**

**The Program Manager, Case Manager, Housing Assistant, and Administrative Clerk will provide detailed information on the SNAP application process. S/he will make appointments to apply, as well as prepare them on the proper documents to bring in for their appointment.**

Information towards families will be disseminated on the Gila County website, www.gilacountyaz.gov, which will be managed by the Program Manager.

Self-Service Partner: (skip explanations if you are full-service partner)

- ☐ Provide a computer to prescreen through www.arizonaselfhelp.org
- ☐ Provide a computer to apply online through www.healthearizonaplus.gov
- ☐ Provide equipment for clients to copy, scan, or fax documents for application
- ☐ Provide paper applications as requested by applicants
- ☐ Provide access to telephone to call DES

Full-Service Partner:

☑ Provide assistance with prescreening through www.arizonaselfhelp.org
A computer will be made available for prescreening on ASH. The Program Manager, Case Manager and Administrative Clerk will assist with this activity.

☑ Provide assistance with applying online through www.healthearizonaplus.gov
A computer will be made available for applying on HEAplus. The Program Manager, Case Manager, Housing Assistant, and Administrative Clerk will assist with this activity. Appointments will be made, and walk-ins will be accommodated if possible.

A computer will be available at each of our sites in Globe and Payson.

☑ Provide assistance in copying, printing, and faxing documents for applicants
All scanners, copiers, and fax machines will be made available for applicants. The Program Manager, Case Manager, Housing Assistant, and Administrative Clerk will assist with this activity.

☑ Assist clients with completing paper applications as requested by applicants
Paper applications are available upon request of applicants and may also be used in the case the website is not working properly.

☑ Assist applicants and/or recipients in tracking their case via MyFamilyBenefits website
The Program Manager, Case Manager, Housing Assistant, and Administrative Clerk will assist with helping applicants track their cases on https:/egov.azdes.gov/dbme/faa/myFamilyBenefits/, and/or www.AZMyFamilyBenefits.gov/.

☑ Assist clients and applicants with contacting DES via phone
A telephone will be made available to assist clients and applicants to contact DES.

☑ Any additional allowable activities:

**All Gila County CAP staff will also educate CAP Partners to provide information regarding SNAP eligibility, and where CAP sites are located, to increase information about CAP's services.**

**All CAP Staff will educate applicants on SNAP eligibility and will be available to answer questions and provide directions.**

# SNAP Outreach Staffing Detail

## Budget Contract Year: FFY 2015

| AGENCY Name: | Gila County Community Services | | | | | | | |
|---|---|---|---|---|---|---|---|---|
| Staff Person Title * | | Name of Staff Person (first and last) | % FTE Outreach (a) | Salary (b) | Outreach Salary (c=aXb) | Benefits Rate (d) | Outreach Benefits (e = cXd) | Total (f=c+e) |
| | Program Manager | Dorine Prine | 15% | $30,534.40 | $4,580 | 31.50% | 1442.7504 | $6,023 |
| | Case Manager | Vacant | 10% | $29.785.60 | $2.979 | 31.80% | 947.18208 | $3,926 |
| | Director | Malissa Buzan | 5% | $78,062.40 | $3,903 | 24.20% | 944.55504 | $4,848 |
| | Admin Clerk | Allison Torres | 10% | $22,713.60 | $2,271 | 35.70% | 810.87552 | $3,082 |
| | Housing Assistant | Estelle Belarde | 10% | $23,857.80 | $2,386 | 25.90% | 617.91702 | $3,004 |
| | | | | | $0 | | 0 | $0 |
| | | | | | $0 | | 0 | $0 |
| | | | | | $0 | | 0 | $0 |
| | | | | | $0 | | 0 | $0 |
| | | | | | $0 | | 0 | $0 |
| | | | | | $0 | | 0 | $0 |
| | | | | | $0 | | 0 | $0 |
| | | | | | $0 | | 0 | $0 |
| | | | | | $0 | | 0 | $0 |
| | | | | | $0 | | 0 | $0 |
| | TOTAL | | | | $16,119 | | 4763.2801 | $20,882 |

(*All proposed project staff to be hired / employed should be included and identified as Vacant)

# Program Line Item Budget Details

Contract Year FFY 2015 (October 2014 - September 2015)

| AGENCY NAME: | Gila County Community Services | |
|---|---|---|
| **Expenses** | **Total Expenses * (100% budgeted expenses)** | ****Reimbursement (40% of Expenses)** |
| (g) Personnel (Salary and Benefits) | $ 20,882.00 | $ 8,352.80 |
| Other Direct Costs | | $ - |
| (h) Copying/Printing/Materials | $ 100.00 | $ 40.00 |
| (i) Internet/Telephone | $ - | $ - |
| (j) Equipment | $ 2,499.98 | $ 999.99 |
| (k) Supplies and Non Capital Expenditures | $ 120.00 | $ 48.00 |
| (l) Building/Space | $ - | $ - |
| (m) Other | $ - | $ - |
| (n) **Subtotal Other Direct Costs** (n=h+i+j+k+l+m) | $ 2,719.98 | $ 1,087.99 |
| Travel | | |
| (o) Long Distance | | $ - |
| (p) Local (0.445/mile) | $ 320.40 | $ 128.16 |
| (q) Subtotal Travel (i+j) | $ 320.40 | $ 128.16 |
| (r) Contractual | | $ - |
| **(s) Total Personnel, Direct Costs, Travel, and Contractual** (s=g+n+q+r) | $ 23,922.38 | $ 9,568.95 |
| **Indirect Cost Rate (key in rate i.e 10% )** | | |
| (t) Indirect Costs (Indirect rate X s) | $ - | $ - |
| **(u) TOTAL (s+t)** | $ 23,922.38 | $ 9,568.95 |

**Instructions:**

- Document must be submitted in original format (Excel).
- Total Expense Column must equal 100% of expenses associated with supporting SNAP outreach/application assistance.
- The amounts in this column must be the same as the total amounts listed on the Budget Detals and Narrative document.
- The Reimbursement column will reflect the total amount available Partner should expect to receive during the 2014 FFY (Oct 2013-Sept 2014)

**GILA COUNTY COMMUNITY ACTION PROGRAM**
**Budget Details and Narrative**

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g. Personnel:

1. Staff will use daily tracking log to identify time spent supporting clients with completing the application, answering questions over the phone and in person. In addition, staff will complete a form when attending outreach events identifying time spend and populations served.

2. Total Expense: **$17,879.00**

3. Description of SNAP related duties –

   a. Program Manager – will contribute 15% of her time to the program and be responsible for organizing SNAP outreach activities; for providing direct services to clients through application assistance, prescreening, documents assistance and community outreach; will provide information and brochures at job fairs, food bank and pantries, etc., as outlined on our Scope of Work, Outreach Partner section. Will also be responsible for ensuring all activities associated with the SNAP Partnership program are performed; responsible for programmatic reporting.
   b. Case Manager – will contribute 10% of her time to the SNAP Program; will also be responsible for providing direct services to clients through application assistance, prescreening, documents assistance and community outreach.
   c. Director – will contribute 5% of her time to SNAP Program; she will oversee the entire program and staff to ensure all activities associated with the SNAP Partnership Program are performed; will also be providing direct services to clients through application assistance, prescreening, documents assistance and community outreach.
   d. Administrative Clerk – will contribute 10% of her time to the SNAP Program; will also be providing direct services to clients through application assistance, prescreening, documents assistance and community outreach.

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h. Copying/Printing/Materials:
   1. Total Expense: **$100.00**
   2. Description: Staff uses in house copiers and printers for SNAP outreach and application activities. We will make approximately 10,000 copies per year for the SNAP Program.
   3. Calculations: Copies – 10,000 X $0.10 = $ 100.00 (100 percent cost for SNAP)

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i. *Internet/Telephone:*

There are not any expenses for this category that will be charged to SNAP

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j. Equipment:

1. Total Expense: **$2,499.98**
2. Description: New Scanning and computer equipment will be purchased for the staff that will be responsible for SNAP outreach and applications.
3. Calculations: Desktop Computer - $1,400 X 1 = $1,400.00
   Desktop Scanner - $366.66 X 3 = $1099.98

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k. Supplies
   1. Total Expense: **$120.00**
   2. Description: Supplies – paper, pens, ink cartridges specifically for the SNAP program
   3. Calculations: $10.00 per month X 12 months = $120.00 (100% charged to SNAP)

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l. Building/Space
   1. We will not have any charges for this line item

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m. Other:
   1. We will not have any charges for this line item

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n. Subtotal Other Direct Costs

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o. Long Distance:
   1. We will not have any charges for this line item

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p. Local Travel
   1. Total Expense: **$ 320.40**
   2. Description: we will be travelling throughout Gila County to provide SNAP outreach and assistance
   3. Calculations: 60 miles per month X 12 months = 720 total miles X $0.445 = 320.40

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q. Subtotal Travel: **$320.40**

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r. Contractual: We will not have any charges for this line item

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s. Total Personnel, Direct Costs, Travel and Contractual:

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t. Indirect Costs: We will not have any charges for this line item

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u. TOTAL (s+t) **$20,919.38**

# SNAP Outreach Plan FFY2015

## Community and Faith Organization Location and Services Provided

| Recipient Organization Name | Phone | SNAP Application Hours | Self-Service and/or Full-Service | Locations (include all sites) | | | | | | Mailing Address (Street, City, State, Zip) | Website | Languages Available On Site | Special PopulationsServed (i.e. Seniors, Immigrants/Refugees, Veterans, etc.) |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | Contact name | E-mail | Zip | Zip Code | County | Physical Address (Street, City, State, Zip) | | | | |
| Gila County Community Action Program | 928-474-7192 | 8:00 am to 5:00 pm | Full-Service | Denise Price | dprice@gilacounty.gov | 85541 | 85541 | Gila | 107 W. Frontier St, Suite C Payson, AZ 85541 | same as physical | [illegible] | English | Seniors, Veterans, Low Income |
| Gila County Community Action Program | 928-425-7631 | 8:00 am to 5:00 pm | Full-Service | Denise Price | dprice@gilacounty.gov | 85501 | 85501 | Gila | 5515 S. Apache Ave., Suite 100, Globe, AZ 85501 | same as physical | [illegible] | English, Spanish | Seniors, Veterans, Low Income |
| | | | | | | | | | | | | | |
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Form **W-9**
(Rev. August 2013)
Department of the Treasury
Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

**Give Form to the requester. Do not send to the IRS.**

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
Gila County

Business name/disregarded entity name, if different from above

Check appropriate box for federal tax classification:
☐ Individual/sole proprietor ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶

☑ Other (see instructions) ▶ Local Government - County

Exemptions (see instructions):
Exempt payee code (if any) 3
Exemption from FATCA reporting code (if any) C

Address (number, street, and apt. or suite no.)
1400 East Ash Street

Requester's name and address (optional)

City, state, and ZIP code
Globe, Arizona 85501

List account number(s) here (optional)

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Employer identification number
8 6 - 6 0 0 0 4 4 4

## Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below), and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here** Signature of U.S. person ▶ Debbra Savage Date ▶ 02-21-14

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** The IRS has created a page on IRS.gov for information about Form W-9, at *www.irs.gov/w9*. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

## Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.