

Community Organization Partner Agency Description & Scope of Work: FFY16

1. Agency Description

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 Sites
- WIA One-Stop Partner
- Food Bank/Pantries

Funding: *Describe briefly how your organization will fund SNAP allowable activities*

Gila County will be able to use County and local funding for SNAP allowable activities.

2. Agency Scope of Work

The goal of the SNAP Partnership is to educate, inform, and assist low income and likely eligible community members in accessing SNAP benefits to help alleviate hunger and food insecurity in Arizona.

Fill out the form below in concise and clear sentences to outline your agency's goals and innovative outreach/education methods. Be sure to highlight and clearly explain what makes your program effective.

Program Design

- a. **What target populations (e.g. Hispanic, elderly working poor, etc.) will your organization focus on? Which cities/towns? (Word limit: 50)**

We serve all of Gila County's population. This includes Veterans, elderly, working poor, low-income, Hispanic, American Indian and others in need.

- b. **Describe your organization's outreach and education methodology. How does/will SNAP activities fit into your organization's current work? What processes will be put in place? (Word limit: 200)**

Gila County Community Services assist people individually and in group workshops to provide education. SNAP is an important step in our process to help obtain self-sufficiency. We include SNAP in our case management and budget counseling.

- c. **Highlight 5 key aspects of your organization's planned outreach activities. (Word limit: 500, or 100 each)**

- a. Assisting community members with completing the application process to achieve benefits.
- b. Set up and staff booths at community events.
- c. Distribute SNAP information and material.
- d. Train local community partners on eligibility and benefits of SNAP.
- e. Inform potential clients what verification documents might be required. Making copies and providing faxing services as needed.

d. Fill in the table below for your agency's goals for FFY2016 (type N/A if not applicable)

<i>Outreach Activity</i>	Goal (#)
Distribute collateral materials to ## people	100
Table at ## outreach events	10
Educate ## community members at outreach events	100
Network about SNAP services and referrals with ## organizations	20
<i>Self-Service Activity (if services are available to clients but organizations do not assist with filling out the application)</i>	
Provide computer to ## households	
Provide referrals to ## SNAP partner agencies	
Provide phone, scanner/copier services to ## households	
<i>Full-Service Activity (where agencies work with clients to walk through all steps of the application)</i>	
Provide prescreening to ## households	36
Provide application assistance to ## households	36
Target ## new applications	24
Other activities:	

e. If your organization is applying as a recurring partner, part of your application evaluation will be based on your organization's past performance. If your agency faced any extenuating circumstances that you believe hindered your past SNAP Partnership performance, please indicate why this occurred and what solutions you will implement for FFY16. Examples of poor performance could include a lack of attendance on mandatory monthly calls, partnership trainings, or civil rights trainings, lack of completion of mandatory consumer surveys, untimely reporting, or inability to spend down the budget. (Word limit 250)

Gila County had a limited staff available to provide assistance to our community members. We are resolving this issue by expanding and training additional staff. We are changing our case management methods to include SNAP as a major resource for our clients. We will be attending more community events with SNAP material.

Federal Fiscal Year 2016

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 FFY16 (October 1, 2015 – September 30, 2016). 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 April 1st, 2015.

Be sure to include the:

- Application
- Scope of Work
- 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 Zachary Stringer at zstringer@azcaa.org. Thank you!

The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. USDA is an equal opportunity provider and employer.

FFY15 SNAP Partnership Application



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/>.

Instructions for Applying to Become a SNAP Community Organization Partner:

1. Fill out the *Partnership Agreement and Payee Form*.
2. 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*.
3. Read all items on the *Assurances* page and initial each item to signify your understanding and agreement.
4. Complete the *Agency Description and Scope of Work* form. Explain your agency's background, outreach methodology and goals that your agency has set for Federal Fiscal Year 2016. Describe the innovative elements of your organization's activity.
5. Using the *Staffing Budget Worksheet*, determine what your staffing costs will be for the Federal Fiscal Year spanning October 1, 2015 – September 30, 2016. 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/>.
6. 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.

7. 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. All explanations should be broken down with calculations and should clearly justify why an expense is being requested. 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.

8. Lastly, complete the *Locations and Services Form* to explain where your agency offers application assistance services.
9. Submit all documents via email to Amanda Lee (alee@azcaa.org) **on or before April 1st, 2015**. 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.
10. 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 2015.
11. 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)
- Partner Memorandum of Understanding*
(completed and signed by Organization's Official Representative)
- Partner Assurances*
- Organization's current W-9*

- Agency Description and Scope of Work*
- Staffing Budget (see Excel Spreadsheet)*
- Program Line Item Budget (see Excel Spreadsheet)*
- Budget Justification*
- Location Form (Excel Spreadsheet)*

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 Ave., Suite 200, Globe, AZ 85501

Contact Person for Program: Malissa Buzan

Phone: 928-425-7631 ext. 8693 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.

- X 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 Community Services

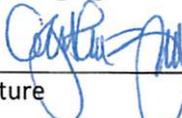
Cynthia Zwick, Executive Director

Michael A. Pastor, Chairman, Board of Supervisors

Authorizing Agent

Name and Title (Please Print)

Signature



4.27.15

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: Nick Montague, Fiscal Manager
Address: Gila County Community Services
5515 S. Apache Ave, Ste 200
Globe, AZ 85501
e-mail: nmontague@gilacountyaz.gov

2. Please mail COP reimbursements to:

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

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
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)**

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 COPs), 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, 2015 and ends September 30, 2016.

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 April 1st, 2015**. 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:

"The U.S. Department of Agriculture (USDA) prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal and, where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.) If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint_filing_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov. 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, 2015 through September 30, 2016. ACAA and COP indicate agreement with this MOU by their signatures.

ARIZONA COMMUNITY ACTION ASSOCIATION

Gila County Community Services

Cynthia Zwick, Executive Director

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

Authorizing Agent

Name and Title (Please Print)

Signature

Signature

Date

Date



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 Assurances

Initial Here to Indicate You Have Read and Understand The Assurance Statement	Assurance Statement
	The COP is responsible for completion of activities outlined in the Scope of Work and Partnership Agreement and Payee Form.
	The amount requested in COP's Program Budget is the maximum allowable reimbursement for FFY15, and may only be payable for allowable expenses. COP is responsible for timely repayment of any reimbursed costs deemed unallowable by DES or USDA.
	Activities included in the Scope of Work are those deemed allowable as outlined in the USDA guidance provided by DES and ACAA.
	Volunteers may be utilized to help meet the Scope of Work, but their time cannot be billed to this Partnership.
	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.
	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.
	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.
	Program activities are conducted in compliance with all federal laws, rules, and regulations including Civil Rights and OMB regulations governing cost issues.
	Program activities are reasonable and necessary to accomplish outreach goals and reach potentially eligible households.

GILA COUNTY

Program Line Item Budget Details

Contract Year FFY 2016 (October 2015 - September 2016)

AGENCY NAME:	Gila County	
Expenses	Total Expenses * (100% budgeted expenses)	**Reimbursement (40% of Expenses)
(g) Personnel (Salary and Benefits)	\$ -	\$ -
Other Direct Costs		\$ -
(h) Copying/Printing/Materials	\$ 1,000.00	\$ 400.00
(i) Internet/Telephone		\$ -
(j) Equipment	\$ 2,220.00	\$ 888.00
(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)	\$ 3,340.00	\$ 1,336.00
Travel		
(o) Long Distance		\$ -
(p) Local (0.445/mile)	\$ 320.00	\$ 128.00
(q) Subtotal Travel (i+j)	\$ 320.00	\$ 128.00
(r) Contractual		\$ -
(s) Total Personnel, Direct Costs, Travel, and Contractual (s=g+n+q+r)	\$ 3,660.00	\$ 1,464.00
Indirect Cost Rate (key in rate i.e 10%)		
(t) Indirect Costs (Indirect rate X s)	\$ -	\$ -
(u) TOTAL (s+t)	\$ 3,660.00	\$ 1,464.00

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 Details and Narrative document.
- The Reimbursement column will reflect the total amount available Partner should expect to receive during the 2016 FFY (Oct 2015-Sept 2016)

Agency	Gila County
Date Received	4/17/2015
Date Reviewed	4/24/2015

Partnership Agreement & Payee Form	Complete	Missing Information	Incorrect Information	Other: Signature is missing on the Partnership Agreement Form.	
Partner MOU	Complete	Missing Information	Incorrect Information	Other: Signature is missing on the MOU.	
Assurances	Complete	Missing Information	Incorrect Information	Other: Assurances page is not initialed.	
W-9	Complete	Missing Information	Incorrect Information	On File	Other:
EIN Check/ 501c3 status	Complete	Missing Information	Incorrect Information		
Comments	Please make the corrections stated above in each section with notes in "Other."				

Location and Services Provided	Complete	Missing Information	Incorrect Information	On File	Other:
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Agency Description & Scope of Work	Description	Complete	Missing Information	Incorrect Information	Other:
	Scope of Work	Complete	Missing Information	Incorrect Information	Other:
Comments					

Staffing Budget	Complete	Missing Information	Incorrect Information	Other:	
Names Complete	Yes	No			
Titles Complete	Yes	No			
Total Matches Program Budget	Yes	No			
Total Matches Justification	Yes	No			
Comments	Applicant is not seeking reimbursement on Staffing Expenses due to staff being funded by CSBG grants.				

Program Budget	Complete	Missing Information	Incorrect Information	Other:	
Personnel Matches Staffing Budget	Yes	No			
Information Matches Justification	Yes	No			
Comments	Applicant is not seeking reimbursement on Staffing Expenses due to staff being funded by CSBG grants.				

Budget Justification	Complete	Missing Information	Incorrect Information	Other:	
Personnel	Clearly explained/Matches Budget	Needs more detail	Does not match program budget	Other:	
Personnel Time Tracking	Clearly explained/Matches Budget	Missing Information	Incorrect Information	Other:	
Copying/Printing/Materials	Clearly explained/Matches Budget	Needs more detail	Does not match program budget	Other:	
Internet/Telephone	Clearly explained/Matches Budget	Needs more detail	Does not match program budget	Other:	
Equipment/Other Capital	Clearly explained/Matches Budget	Needs more detail	Does not match program budget	Other:	
Supplies and Non Capital	Clearly explained/Matches Budget	Needs more detail	Does not match program budget	Other:	
Building/Space	Clearly explained/Matches Budget	Needs more detail	Does not match program budget	Other:	
Other	Clearly explained/Matches Budget	Needs more detail	Does not match program budget	Other:	
Long Distance Travel (Outside of AZ)	Clearly explained/Matches Budget	Needs more detail	Does not match program budget	Other:	
Local Travel (AZ)	Clearly explained/Matches Budget	Needs more detail	Does not match program budget	0.445/mile Used Other:	
Contractual	Clearly explained/Matches Budget	Needs more detail	Does not match program budget	Other:	
Indirect	Clearly explained/Matches Budget	Needs more detail	Does not match program budget	Other:	
Comments					

SNAP Outreach Budget Justification

FFY 2016 (October 2015 – September 2016)

Purpose: Provide a budget narrative that **explains** and **justifies** each cost and clearly describes how the amount for each line was determined. Each expense detail and narrative must consist of the following:

1. Total Expense associated with supporting SNAP outreach/application assistance. This amount must be the same as the total on the SNAP Outreach Line Item Program Budget (Excel format)
2. Description of how the expense benefits/supports the program and methodology for calculation. Ensure that these descriptions justify exactly the cost and calculation for why expenses requested are needed. This is a narrative description, do not use symbols in this section.
3. Calculations showing how the expense was computed. Use only the following acceptable symbols: X # \$ %, = + - (X is capital only)

All budget documents must be submitted using documents provided.

For an example of a Partner Budget Justification, please visit ACAA's website at:

<http://azcaa.org/partnerships/snap/>.

Format must remain consistent with original form to include (Word document in Arial, 11 font)

Organization Name: Gila County Community Services

g. Personnel: Staffing Detail Document Attached. Specific information regarding **staff names and salary** are to be included on Staffing Detail Document. Do not include staff names on this document. Please pay special attention to the lines bolded in red below.

1. We will not have any charges for this line item.
2. Total SNAP Expense: \$ 00.00
3. Description of SNAP related duties (and location when multiple sites are assigned to organization) for each position as noted on SNAP Outreach Staffing Detail:
 - a. We will not have any charges for this line item.

h. Copying/Printing/Materials:

1. Total SNAP Expense: \$1,000.00
2. Describe how the figures in the line item budget were calculated. *(Do not use symbols in your description.)*
 - a. 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. Show Calculations for expense described in #1:
Copies – 10,000 X \$0.10 = \$ 1,000.00 (100 percent cost for SNAP)
-

i. Internet/Telephone:

1. Total SNAP Expense: \$00.00

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

j. Equipment:

1. Total SNAP Expense: \$2,220
 2. Describe how the figures in the line item budget were calculated:
New computer and scanning equipment will be purchased for the staff that will be responsible for SNAP applications and outreach.
 3. Show Calculations for expense described in #1:
\$1400.00 Dell Desktop Computer
\$ 419.99 Desktop Scanner
\$ 400.00 Printer
\$2219.99 Total SNAP Expense
-

k. Supplies:

1. Total SNAP Expense: \$120.00
 2. Describe how the figures in the line item budget were calculated.
Supplies – paper, pens, ink cartridges specifically for the SNAP program
 3. Show Calculations for expense described in #1:
\$10.00 per month X 12 months = \$120.00 (100% charged to SNAP)
-

- i. Building/Space:** The costs of publicly owned space may only be recovered with a depreciation schedule or use allowance, plus applicable charges for utilities, maintenance, and general upkeep. Cost for space owned by a public entity cannot be reimbursed based on private market rental rates, regardless of whether it is direct billed or donated. (*OMB regulations at 2 CFR 225 (OMB Circular A-87), 2 CFR 220 (OMB Circular A-21), and 2 CFR PART 215 (OMB Circular A-110) and Departmental regulations at 7 CFR 3016. and FNS Policy Memorandum-March 9, 1998*) Whether depreciation or a use allowance is used, SNAP outreach share of the costs should be calculated using the percentage of square footage used for outreach. In most cases, depreciation will be used. Use allowance is applied when the building is fully depreciated. Organizations may charge no more than two percent of the cost of the building per year. FNS has developed a standard cost of \$5.31 for 1000 square feet in use for one hour. This breaks out into a \$2.04 hourly charge for 1000 square feet of space and a \$3.27 hourly charge for the same 1000 square feet for maintenance and utility cost.

1. Total SNAP Expense: \$00.00

We will not have any charges for this line item.

m. Other:

1. Total SNAP Expense: \$00.00
We will not have any charges for this line item.
-

n. Subtotal Other Direct Costs:

2. Total SNAP Expense: \$3,340.00
-

o. Long Distance: Itemize travel expenses of personnel/volunteers by purpose (e.g., staff to training, field interviews, advisory group meeting, etc.). Show the basis of computation (e.g., six people to 3-day training at \$X airfare, \$X lodging, \$X subsistence). ****Conference agendas must be submitted to justify the percentage of time these conferences will be spent on allowable SNAP activities****

1. Total SNAP Expense: \$ 00.00
We will not have any charges for this line item.
-

p. Local Travel:

1. Total SNAP Expense: \$320
 2. Purpose of Travel (*Do not use symbols in your description.*):
We will be travelling throughout Gila County to provide SNAP outreach and assistance.
 3. Show Calculations:
 $60 \text{ miles per month} \times 12 \text{ months} = 720 \text{ total miles} \times \$0.445 = \$320.40$
-

r. Contractual: Provide a description of the product or services to be procured by contract and an estimate of the cost. Describe in detail the purpose of each contract to carry out the objectives of the program.

1. Total SNAP Expense: \$00.00
We will not have any charges for this line item.
-

t. Indirect Costs: Indirect costs are allowed only if permitted by the grant program. If the applicant has a federally-approved indirect cost rate, a copy of the rate approval (a fully

executed, negotiated agreement) must be attached. If the applicant does not have an approved rate, an indirect cost rate of 10% may be used, or the applicant can request a federally-approved indirect cost rate by contacting the applicant's cognizant federal agency. The cognizant federal agency will review all documentation and approve a rate for the applicant organization. If the applicant does not choose to use an indirect cost rate and the applicant's accounting system permits, costs may be allocated in the direct costs categories.

1. Total Expense for Indirect Cost: \$00.00

We will not have any charges for this line item.

u. TOTAL: \$3,660

Note: This form is used so that ACAA knows what locations your agency will offer SNAP application services at. These results are used to create a searchable map of AZ SNAP assisters (www.azcaa.org/findhelp/snap), which is given to other agencies to make referrals

Community Partner Organization Name	Phone	SNAP Application Hours	Walk in, appointment, or both
Gila County Community Services	928-425-7631	M-F 8:00 am to 5:00 pm	Appointment Only
Gila County Community Action Program	928-474-7192	M-F 8:00 am to 5:00 pm	Appointment Only

SNAP Outreach Plan FFY2016

Partner Location and Services Form

Results will be listed on the

Self-Service and/or Full-Service	Locations (include all sites)		
	Contact name	E-mail	Physical Address (Street, City, State, Zip)
Full-Service	Allison Torres	atorres@gilacountyaz.gov	5515 S. Apache Ave, Suite 200, Globe, AZ 85501
Full-Service	Dorine Prine	dprine@gilacountyaz.gov	107 W. Frontier St, Bldg C, Payson, AZ 85541

Mailing Address (Street, City, State, Zip)	Website	Languages Available On Site
5515 S. Apache Ave, Suite 200, Globe, AZ 85501	www.gilacountyaz.gov	English, Spanish
107 W. Frontier St, Bldg C, Payson, AZ 85541	www.gilacountyaz.gov	English

Special Populations Served (i.e. Seniors, Immigrants/Refugee, Veterans, etc.)
Low-income, Families, Homeless, Seniors, Veterans, American Indian.
Low-income, Families, Homeless, Seniors, Veterans, American Indian.