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GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF LABOR AND ECONOMIC OPPORTUNITY  
LANSING

SUSAN CORBIN  
DIRECTOR

**OFFICIAL  
Policy Issuance (PI): 21-25**

**Date:** October 1, 2021

**To:** Michigan Works! Agency (MWA) Directors

**From:** Joe Billig, Division Administrator **SIGNED**  
Targeted Services  
Workforce Development

**Subject:** Food Assistance Employment and Training (FAE&T) Plus Program Plan  
Instructions for Fiscal Year (FY) 2022

**Programs  
Affected:** FAE&T

**Rescissions:** None

**References:** Food and Nutrition Act (the Act) of 2008, 7 United States Code (U.S.C.)  
§ 2011 (2008) (originally enacted as Food Stamp Act of 1977, as amended,  
Public Law [PL] 88-525 [1964])

Food, Conservation, and Energy Act of 2008 (2008 Farm Bill), PL 110-246  
(2008) (codified, as amended, at 7 U.S.C.) § 2015

Food and Nutrition Act of 2008, as amended by the Agriculture Improvement  
Act of 2018, PL 115-334, (2018)

7 Code of Federal Regulations, Department of Agriculture, Parts 273.75  
and 277

PI 21-02, Michigan Works! System Plan Instructions for Calendar Year 2021,  
issued January 5, 2021, and subsequent changes

PI 19-30, Procurement issued October 25, 2019

FAE&T Manual, issued November 18, 2020

**Background:** The Food and Nutrition Act provides that state agencies be given maximum  
flexibility in designing Employment & Training (E&T) programs for individuals  
receiving Food Assistance. An E&T program is a package of services, which  
includes assessment, component activities, participant reimbursements, and  
follow-up. The United States Department of Agriculture, Food & Nutrition

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Service (FNS) provides states with 50 percent reimbursement funds to support and expand robust E&T programs funded with non-federal dollars.

The Michigan Department of Health and Human Services (MDHHS) and the Michigan Department of Labor and Economic Opportunity, Workforce Development (LEO-WD) are committed to expanding job-driven E&T services to all Food Assistance Program (FAP) recipients by operating a voluntary FAE&T Plus program. The FAE&T Plus program connects with third-party partners, known as Plus providers, that focus on employer demand while offering skills training and credentials required to obtain self-sustaining employment.

**Policy:** This policy is in effect for Detroit Employment Solutions Corporation (DESC), Southeast Michigan Community Alliance (SEMCA) and West Michigan Works! to subcontract with multiple entities to deliver the FAE&T Plus program. The program provides FAP recipients between the ages of 18 and 59 the opportunity to increase skills and abilities necessary to obtain self-sustaining employment. Participants must not be receiving cash benefits from the MDHHS, and they must be able to work upon program completion.

### **Allocations**

All program delivery and supportive services expenditures must be paid for with the Plus providers' non-federal funding. The State of Michigan will work in conjunction with the Plus provider and the MWA to request 50 percent reimbursement from the FNS via the Management of Award to Recipients System (MARS). The MWA will receive a reimbursement amount equal to 10 percent of approved Plus provider expenditures, and the Plus Provider will receive a 40 percent reimbursement. For FY 2022, DESC is an approved Plus provider delivering intermediary services for all FAE&T and FAE&T Plus providers in their service delivery area. Attachment A represents the funding designated for each MWA. The allocation for DESC includes \$30,723 that is reimbursable to DESC in their role as a Plus provider.

### **Plus Provider Budget Variances**

The funding for the allocations were derived from the approved FAE&T Plus budgets for each Plus provider. It is common for the Plus provider to require a modification to their initial budget during the FY. The MWA must notify WD, in writing, if such changes create a 10 percent variance in the MWA's overall program delivery or supportive services allocation.

### **Use of Funds**

There is no carry-in of unexpended FY 2021 FAE&T Plus funds. There will be no carry-forward of any unexpended FY 2022 FAE&T Plus funds into FY 2023. The FAE&T Plus funds may only be used on a reimbursement basis after the MWA receives and approves the Plus providers' monthly invoices. The required invoice process is detailed later in this policy.

## Coordination of Services

A participant may receive services from the MWA and a Plus provider or multiple Plus providers at the same time. It is the MWA's responsibility to coordinate services for co-enrolled participants to prevent duplications of services. Duplication of service means the participant engages in the same activity with multiple providers or receives the same supportive service from multiple providers. Duplicate services are not eligible for reimbursement.

## Program Delivery

In addition to program delivery costs for approved activities, program funds may be used for actual educational costs if the MWA verifies and documents no other source of financial assistance is available to the participant. With the exception of student loans, participants must attempt to secure federal financial aid (e.g., a Pell Grant) if applicable, for the educational institution/activity.

The FNS does not recognize unsubsidized employment as an allowable category of service. Therefore, case management and supportive service expenditures associated with supporting the participants continued employment is part of the Job Retention Services (JRS) activity. The Plus provider must have an approved JRS activity to qualify for reimbursement.

Participants engaged in work-based learning, including On-the-Job Training, apprenticeships, paid internships, and transitional jobs, do not qualify for JRS.

## Supportive Services

Supportive Services are services designed to assist participants in overcoming barriers that prevent them from engaging in E&T activities. They must be reasonable and necessary, and directly related to participation in activities, ***not for supporting participants' involvement in unsubsidized employment.***

Supportive services may include:

- Clothing (appropriate to participate in the E&T activity).
- Drug tests (required for employment or training program).
- Fees (i.e., activity, course registration, union dues, test fees, licensing and bonding fees, and background checks needed to participate in the E&T activity)
- Fingerprinting (required for employment).
- Housing Assistance (limited to two months for rent and utilities only).
- Legal services (expunging a criminal record to secure employment).

- Medical services (i.e., TB test, vision exam, eyeglasses, dental care, or physical to participate in the E&T activity or required for employment).
- Personal grooming supplies/services (i.e., personal hygiene products and services, including haircuts, to meet program or potential employer appearance standards).
- State of Michigan identification card, temporary driving instruction permit, driving skills test, and driver's license.
- Technology equipment – enter in the One-Stop Management Information System (OSMIS) under fees.
  - Cellular phone service (limited to three months and no other source of free data or phone service is available or appropriate for the situation).
  - Personal computer/laptop/tablet and necessary accessories.
  - Internet or hotspot (limited to three months unless provided for a training program with a longer length. Also, the MWA must ensure no other source of free internet is available or appropriate for the situation).
- Training materials, textbooks, and supplies.
- Transportation (i.e., bus pass, gasoline cards, mileage reimbursement, taxi [including Uber and Lyft-type services] and necessary non-maintenance vehicle repairs [limited to \$350]).
- Work and training tools (i.e., equipment, tools, safety clothing, and uniforms necessary to complete E&T training).

### **Job Retention Supportive Services**

Job retention supportive services are designed to assist the participant in maintaining employment and can only be provided when a participant is enrolled in the JRS activity. The following job retention supportive services are permissible if they are required to maintain the employment:

- Clothing (i.e., safety clothing and uniforms).
- Fees (i.e., union dues, test fees, licensing, and bonding fees).
- Personal grooming supplies/services (i.e., personal hygiene products and services, including haircuts, to meet employer appearance standards).
- Transportation (i.e., bus pass, gasoline cards, mileage reimbursement, taxi [including Uber and Lyft-type services] and necessary non-maintenance vehicle repairs [limited to \$350]).
- Work tools and equipment.

The Plus providers may provide supportive services in the form of a prepaid allowance based on approximate costs, where the costs are reasonable and

verifiable. Alternatively, supportive services may be provided through reimbursement to the participant for the actual cost of services incurred.

If gift cards or vouchers are provided, **as a prepaid allowance**, their use must be restricted to specific purchases or services allowed by the program **or** a receipt is required from the participant. For mileage reimbursement, the completed activity log where mileage was required satisfies the receipt requirement. In addition, case file documentation must clearly identify the supportive service provided.

The following items **do not** qualify for reimbursement:

- Automobile insurance.
- Automobile ownership/operator taxes (tag and title).
- Automobile purchase.
- Bad debt.
- Drug/alcohol counseling or therapy.
- Food staples and groceries.
- Living stipend.
- Mental health treatment.
- Relocation expenses.
- Student loans, fees, penalties, or fines.
- Any expenditure to support employment that was obtained prior to enrollment in FAE&T Plus.

### **Plan Instructions**

- **Approval Request** – which bears the signatures of authorized Chief Elected Official(s) and the Workforce Development Board chairperson.
- **Narrative** – which describes the planned program activities and supportive services to be provided **by each organization**, as described in the plan narrative instructions.
- **Budget Information Summary (BIS)** – which includes one BIS for Program Delivery and one BIS for Supportive Services. Separate Grant Action Notices will be issued for each funding source.

### **Fiscal Information**

#### ***Documentation Required from the Plus Provider***

The Plus provider must submit invoices monthly to the MWA, no later than the 10th of the following month. The last invoice of the fiscal year must be submitted within 30 days of the end of the fiscal year. The MWA may require earlier due dates.

For each reimbursement request, the MWA is required to have the Plus provider submit the official forms listed below and follow the form instructions and additional information in the FAE&T and FAE&T Plus Manual.

- FAET-200, Plus Invoice and Non-Federal Funds Certification.
- OSMIS Report, FAE&T Plus Participants for Invoice.
- OSMIS Report, FAE&T Plus Supportive Services for Invoice.

Note: All participants must have been eligible for FAE&T Plus at the time the cost was incurred for the Plus provider to qualify for reimbursement. If the participant is found ineligible, the Plus provider cannot bill for the participant.

DESC is approved as a Plus provider delivering intermediary services which includes training and support for the Plus providers. DESC **must** maintain a completed FAET-200\_MWA FY22 DESC form to support each of their reimbursement requests.

### ***MWA Requesting Reimbursement via the MARS***

The MWA must verify and approve all requests for reimbursement prior to recording the expenditures in the MARS. A completed FAET-300 Plus Approved Non-Federal Expenditures form must remain with the invoice documentation to support each MARS draw and is subject to review. In addition, a copy of the FAET-300 must be submitted to [LEO-FAET-Policy@michigan.gov](mailto:LEO-FAET-Policy@michigan.gov) within 10 days of the MARS draw.

When generating a MARS Expenditure Report, the MWA should:

- Select the FY22 FAE&T PLUS PROGRAM grant.
  - Enter the **total amount** from the “Program Expenditures” column on the FAET-300 form to the “Non-Federal Funds” cost category.
  - Enter the **total amount** of the Program Delivery “Federal Reimbursement” column on the FAET-300 form to the “Program Delivery” cost category (this will be the amount of the MARS Draw).
- Select the FY22 FAE&T SUPP SERVS grant.
  - Enter the **total amount** from the “Supportive Services Expenditures” column on the FAET-300 form to the “Non-Federal Funds” cost category.
  - Enter the **total amount** of the Supportive Services “Federal Reimbursement” column on the FAET-300 form to the “Supportive Services” cost category (this will be the amount of the MARS Draw).
- Note: If Community Development Block Grant (CDBG) funds are used to provide services, follow the above procedures, except record 100 percent of costs for the CDBG expenditures in the “Other Federal Funds” cost category on the MARS expenditure report.

Additional considerations:

- The MWA is only eligible to request cash for expenditures reported in either the Supportive Services or Program Delivery cost categories.
- As detailed on the FAET-300 Plus form, when reimbursement funds are received from MARS, the MWA is eligible to retain 10 percent of the “Total Program Delivery and/or Supportive Services Expenditures” reported. The balance of the disbursement is required to be distributed to the Plus provider(s). DESC will retain the full reimbursement for expenditures associated with their role as a Plus provider.
- Reimbursement payments due to the Plus providers must occur within 60 days of the MWA receiving an invoice and all required documentation.
- The funds the Plus provider receives from reimbursement may be used as a non-federal revenue source for future FAE&T Plus invoices. This is known as re-utilizing funds. If the Plus provider or MWA chooses this option, they **must** keep a separate record of receipt and use of these funds and indicate such on the FAET-200 or FAET-200\_MWA form.

All Plus providers accepting reimbursement funds are considered subrecipients of a federal award as defined in Code of Federal Regulations (CFR) Section 200.330.

The MWA must obtain sufficient documentation to ensure the funds reported as Non-Federal Funds Expended meet the requirements of the CFR Section 200.306 including, but not limited to, the following requirements:

- 1) They are not included as contributions for any other Federal award.
- 2) They are necessary and reasonable for accomplishment of project or program objectives.
- 3) They are allowable and in compliance with the State Plan.
- 4) They are not paid by the Federal Government under another award. If the match was found ineligible, the Plus provider and the MWA may not draw the matching federal funds.

**Action:**

The MWA must process all cash requests through the MARS in accordance with the MARS Manual. The MWA must retain appropriate documentation to support each cash draw. Grantees are required to report all financial transactions on a full accrual basis. Accrued expenditures are costs incurred for goods and services but not paid during the reporting period.

All reporting of fiscal expenditures of the funds provided through this policy must be reported to WD on a quarterly basis. All quarterly financial expenditure reports are due to WD no later than the 20th calendar day after the end of the calendar quarter. A final close-out report is also required and is due to WD no later than 45 days after the end of the grant period. In the event that the due date falls on a weekend or state government holiday, reports are due on the last business day prior to the due date. Submit reports in [MARS](#). If

there are any questions regarding cash requests or submission of expenditure reports, please call Mr. Michael LaCharite at 517-335-6051.

The MWA officials receiving funding shall prepare and submit a signed Approval Request form, a Plan Narrative, and BIS forms within 30 days of the official date of this policy to [LEO-TSDIV@michigan.gov](mailto:LEO-TSDIV@michigan.gov) or by hardcopy to:

Michigan Department of Labor and  
Economic Opportunity  
Workforce Development  
Targeted Services Division  
Ms. Melissa Stebbins  
201 North Washington Square, 4<sup>th</sup> Floor  
Lansing, Michigan 48913

WD will not accept documents prior to the official date of the policy.

**Inquiries:** Questions regarding this policy should be directed to your Reemployment Services State Coordinator at 517-335-5858.

This policy is available for downloading from [WD's website](#).

WD is an equal opportunity employer program. Auxiliary aids and services are available upon request to individuals with disabilities. WD is funded by State and Federal funds, more details available on the Legal Disclaimer page at [www.michigan.gov/leo](http://www.michigan.gov/leo). Please contact Ms. Whitney Wasser by telephone at 517-582-1214 or by email at [wasserw@michigan.gov](mailto:wasserw@michigan.gov) for details.

**Expiration**

**Date:** September 30, 2022

JB:LM:ww  
Attachments



**FOOD ASSISTANCE EMPLOYMENT & TRAINING (FAE&T) PLUS  
INVOICE AND NON-FEDERAL FUNDS CERTIFICATION  
FAET-200 AND FAET-200\_MWA Instructions**

The FAET-200 form is an individualized Excel workbook that the Michigan Works! Agency (MWA) provides to the Plus provider at the beginning of the fiscal year. The Plus provider updates the workbook each month and includes the invoice and non-federal funds certification forms with the invoice packet sent to the MWA. The MWA reviews and approves the information before processing the request for reimbursement. The FAET-200\_MWA form is an individualized Excel workbook that the State of Michigan provides each fiscal year to an MWA approved as a Plus provider.

**That FAET-200 and FAET-200\_MWA workbooks includes the following:**

- A Required Information worksheet tab for entry of the Plus provider characteristics and MWA approved reimbursement funding levels.
- A worksheet tab for each month of the fiscal year, plus an optional close-out worksheet.
  - The monthly worksheet tabs contain the FAE&T Plus invoices.
  - The close-out worksheet tab contains the FAE&T Plus close-out invoice.
  - The Plus invoices and the close-out invoice are linked together with calculations to generate the fiscal year to date reimbursement values.
- A worksheet tab for the non-federal funds certification form for each month, plus an optional close-out worksheet.
  - The non-federal funds certification forms are linked together with calculations to generate the fiscal year to date non-federal funds expended.

**Instructions for filling out the FAET-200 and FAET-200\_MWA workbooks are as follows:**

- FAET-200: The MWA completes the blue highlighted cells in Section I of the Required Information worksheet tab. Once completed, the MWA provides an individualized Excel document to each Plus provider. The workbook must be saved with the Plus provider's name as part of the file name. (Ex: FAET-200 FY22 ABC Training)
- FAET-200\_MWA: The State of Michigan completes the blue highlighted cells in Section I of the Required Information worksheet tab and provides an individualized Excel document to the MWA that is also an approved Plus provider. The workbook will be saved with the fiscal year and name of the MWA as part of the file name. (Ex: FAET-200\_MWA FY22 DESC)
- The Plus provider completes the yellow highlighted cells in the following worksheets:
  - Section II of the Required Information worksheet tab.
  - The worksheet for the invoice month.
  - The non-federal certification worksheet for the month matching the invoice.

- The Plus provider maintains the Excel document and provides the MWA with a signed hard or electronic copy of the individual monthly invoice, the non-federal funds certification and all supporting documentation.

### **Required Information Worksheet**

#### SECTION I

**Michigan Works! Agency (MWA) Name:** Enter the name of the MWA as it should be displayed on the top of each invoice. This will be pre-populated on the FAET-200\_MWA spreadsheet.

**Current Fiscal Year Funding:** The Grant names for Program Delivery and Supportive Services are pre-populated.

**Approved Budget for Plus Non-Federal Expenditures:** Enter the amount of the approved budgets for Program Delivery and/or Supportive Services, as outlined in the contract agreement between the MWA and the Plus provider. The values should align with the Plus provider's budget approved by the State of Michigan. This will be pre-populated on the FAET-200\_MWA spreadsheet.

**Amount Approved for Reimbursement (based on actual expenditures):** *The cells calculate 40% of the Approved Budgets entered on the FAET-200 and 50% on the FAET-200\_MWA.*

#### SECTION II

**Plus Provider Name or Name of MWA as Plus Provider:** Enter the name of the Plus provider providing the services.

**Address, City, State, and Zip Code:** Enter the business address of the Plus provider.

**Contact Person, Email, and Phone #:** Identify a person and provide contact information for purposes of discussing the invoice contents.

**Federal I.D. #:** Enter the Plus provider's federal I.D. number, if applicable.

**Contract #:** Enter the number of the contract agreement between MWA and Plus provider.

### **Invoice Worksheets (Oct, Nov, Dec, Jan, Feb, Mar, Apr, May, June, July, Aug, Sept, Close Out)**

#### SECTION I – IDENTIFICATION

**Plus Provider Name:** Name is pre-populated from the Required Information worksheet.

**Address, City, State, and Zip Code:** Business address is pre-populated from the Required Information worksheet.

**Contact Person, Email, and Phone #:** Contact information is pre-populated from the Required Information worksheet.

**Report Type:** Select “Original” if this is the first invoice for the identified month. Select “Revised” if this invoice represents a change from the first invoice submitted for the identified month. On the September invoice only “Original” is displayed as a Report Type. The optional close out worksheet includes “Close Out” as the Report Type.

**Fund Source(s):** The current fiscal year funding sources are pre-populated from the Required Information worksheet.

**Maximum Approved Reimbursement:** The maximum approved reimbursement values for Program Delivery and/or Supportive Services are pre-populated from the Required Information worksheet.

**Invoice Begin Date:** The first day of the month is pre-populated.

**Invoice End Date:** The last day of the month is pre-populated.

**Invoice #:** Enter a number to identify and track the invoice.

**Federal I.D. #:** Federal I.D. is pre-populated from the Required Information worksheet.

**Contract #:** Contract number is pre-populated from the Required Information worksheet.

## SECTION II – PARTICIPANTS

**Number of participants billed for program delivery costs:** Enter the number of Plus participants served during the monthly invoice period. Note: this number should match the unique number of participants displayed on the FAE&T Plus Participants for Invoice report. The number of participants may not be applicable if billing for FAE&T Plus required meetings, program monitoring, or similar activities required to support FAE&T Plus program delivery.

**Number of participants billed for supportive services costs:** Enter the number of Plus participants served during the monthly invoice period. Note: this number should match the unique number of participants displayed on the FAE&T Plus Support Services for Invoice report.

## SECTION III – EXPENDITURES

**Plus Provider Expenditures (Non-Federal):** Enter the amount of non-federal funds spent to provide FAE&T Plus services to eligible participants or to support program delivery, during the invoice period. List expenditures for Program Delivery separate from the Supportive Services.

**Federal Reimbursement (40%):** *The cells calculate 40% of the Plus provider expenditures entered on the FAET-200 and 50% on the FAET-200\_MWA.*

**Fiscal Year to Date Reimbursements:** *The cells calculate the cumulative value from this invoice and invoices submitted earlier in the fiscal year. These values must not exceed the maximum approved for reimbursement.*

**Totals:** *The cells calculate the sum of Plus provider expenditures, federal reimbursement, and fiscal year to date reimbursements.*

## SECTION IV – REMARKS

This section describes the additional information required to be submitted with each invoice to qualify for reimbursement payments.

## SECTION V – CERTIFICATION

**Signature, Name and Title, and Date:** Sign and date the invoice to certify the information provided is true and accurate. Enter the name and title of the person signing the invoice.

**Date Received by MWA:** The MWA must record the date the invoice was received from the Plus provider.

### Non-Federal Funds Certification Worksheets (Oct, Nov, Dec, Jan, Feb, Mar, Apr, May, June, July, Aug, Sept, Close Out)

## SECTION I – APPROVED BUDGETS AND EXPENDITURES

**Name of Plus Provider:** Name is pre-populated from the Required Information worksheet.

**Funds Expended Begin Date:** Date is pre-populated.

**Funds Expended End Date:** Date is pre-populated.

**Total Non-Federal Funds Expended:** Amount from the corresponding invoice is displayed.

**Approved Program Delivery Budget:** Amount pre-populated from the Required Information worksheet.

**Program Delivery - Non-Federal Funds Expended this Month:** Amount from the corresponding invoice is displayed.

**Program Delivery - Non-Federal Funds Expended - Fiscal Year to Date:** *This cell calculates the cumulative value from the corresponding invoice and invoices submitted earlier in the fiscal year.*

**Approved Supportive Services Budget:** Amount pre-populated from the Required Information worksheet.

**Supportive Services - Non-Federal Funds Expended this Month:** Amount from the corresponding invoice is displayed.

**Supportive Services - Non-Federal Funds Expended - Fiscal Year to Date:** *This cell calculates the cumulative value from the corresponding invoice and invoices submitted earlier in the fiscal year.*

## SECTION II – NON-FEDERAL FUNDS

**Source and Type of Non-Federal Funds:** Enter the source and type of non-federal funds used to provide FAE&T Plus services during the invoice period.

**Amount:** Enter the amount of funds expended for each source and type identified.

**Monthly Total:** *The cell calculates the sum of the non-federal funds listed.* The total must match the total non-federal funds expended for the month.

## SECTION III – CERTIFICATION

**Name of Authorized Agent:** Enter the name of the authorized agent.

**Authorized Representative Signature and Date:** Sign and date the certification form.

**Authorized Representative Name, Title, and Phone number:** Enter the name, title, and phone number of the authorized representative.

## FAE&T Plus Invoice

0

### SECTION I - IDENTIFICATION

Plus Provider Name	0	Fund Source	FY22 FAE &T PLUS PROGRAM
		Fund Source	FY22 FAE &T PLUS SUPP SERVS
Address	0	<b>Maximum Approved For Reimbursement</b>	
City	0	Program Delivery	\$ -
State	0	Supportive Services	\$ -
Zip Code	0		
Contact Person	0	Invoice Begin Date	10/01/21
Contact Email	0	Invoice End Date	10/31/21
Contact Phone #	0		
		Invoice #	
Report Type	<input type="checkbox"/> Original <input type="checkbox"/> Revised	Federal I.D. #	0
		Contract #	0

### SECTION II - PARTICIPANTS

**# of Participants**

Number of participants billed for program delivery costs	
Number of participants billed for supportive services costs	

### SECTION III - EXPENDITURE S

DESCRIPTION	Plus Provider Expenditures (Non-Federal)	Federal Reimbursement (40%)	Fiscal Year to Date Reimbursements
Program Delivery (associated with the eligible participants)		\$ -	\$ -
Supportive Services (a.k.a. participant reimbursements)	\$ -	\$ -	\$ -
<b>Totals</b>	\$ -	\$ -	\$ -

### SECTION IV - REMARKS

The following **must** be attached to expedite payment of invoice:

1. OSMIS reports titled FAE &T Plus Participants for Invoice and FAE &T Plus Support Services for Invoice.
2. Line-item detail and back up documentation for program delivery and supportive services costs incurred.
3. Signed non-federal certification form.

### SECTION V - CERTIFICATION

I certify to the best of my knowledge and belief, the information provided is true and accurate.

Signature	
Name and Title	
Date	

Date Received By MWA \_\_\_\_\_

By signing this report, I certify to the best of my knowledge and belief that the report is true, complete, and accurate, and the expenditures, disbursements and objectives set forth in the terms and conditions of the Federal award. I am aware that any false, fictitious, or fraudulent information, or the omission of any material fact, may subject me and cash receipts are for the purposes to criminal, civil or administrative penalties for fraud, false statements, false claims or otherwise. (U.S. Code Title 18, Section 1001 and Title 31, Sections 3729-3730 and 3801-3812).

## Non-Federal Funds Certification FAE&T Plus

This form must be submitted with each FAE&T Plus Invoice

### SECTION I - APPROVED BUDGETS AND EXPENDITURES

Name of Plus Provider	0
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Funds Expended Begin Date	10/01/21
Funds Expended End Date	10/31/21
Total Non-Federal Funds Expended	\$ -

Approved Program Delivery Budget	\$ -
Program Delivery - Non-Federal Funds Expended this Month	\$ -
<i>Program Delivery - Non-Federal Funds Expended - Fiscal Year to Date</i>	\$ -

Approved Supportive Services Budget	\$ -
Supportive Services - Non-Federal Funds Expended this Month	\$ -
<i>Supportive Services - Non-Federal Funds Expended - Fiscal Year to Date</i>	\$ -

### SECTION II - NON-FEDERAL FUNDS

The following non-federal funds were used to operate the FAE&T Plus program during the period indicated above. The funds were used to provide approved services to eligible FAE&T Plus participants and not used to match any other Federal program.

Source and Type of Non-Federal Funds	Amount
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
	\$ -
<b>Monthly Total</b>	<b>\$ -</b>

Note: the total must match the total non-federal funds expended from above.

### SECTION III - CERTIFICATION

Name of Authorized Agent		
Authorized Representative Signature		Date:
Name of Authorized Representative		
Title		Phone Number:

**SUMMARY OF APPROVED NON-FEDERAL EXPENDITURES SUBMITTED FOR  
50 PERCENT FEDERAL REIMBURSEMENT VIA THE  
MANAGEMENT OF AWARDS TO RECIPIENTS (MARS)**

**FAET-300 INSTRUCTIONS**

The FAET-300 form is an Excel workbook the Michigan Works! Agency (MWA) completes to support each draw from the MARS for the Food Assistance Employment & Training Plus Program (FAE&T Plus).

The form calculates the Plus Provider Expenditures, the Requested Federal Reimbursement, the amount Retained by the MWA for Administration, and the amount Reimbursed to the Plus Provider(s) for each invoice period.

The completed FAET-300 Plus Approved Non-Federal Expenditures form must remain with the invoice documentation to support each MARS draw and is subject to review by the State of Michigan and/or Food and Nutrition Service.

**SECTION I – IDENTIFICATION**

**Michigan Works! Agency (MWA):** Enter the name of the MWA.

**MWA Contact Person, Email Address, and Phone Number:** Identify a person and provide contact information for purposes of discussing the MARS draw.

**Report Period Begin Date:** Enter the first day of the period for the MARS draw.

**Report Period End Date:** Enter the last day of the period for the MARS draw.

**SECTION II – PROGRAM DELIVERY**

**Plus Provider Name(s):** Enter the name of each Plus provider that submitted an invoice requesting reimbursement for Program Delivery expenditures for the report period. Note: This includes MWAs that are approved Plus providers.

**Program Delivery Expenditures:** Enter the amount of funds each Plus provider reported as non-federal expenditures for program delivery on their invoice for the report period.

**Federal Reimbursement:** *The cell automatically calculates 50 percent of the program delivery expenditures entered for each Plus provider.*

**Retained by MWA for Administration:** *The cell automatically calculates 10 percent of the program delivery expenditures entered for each Plus provider.*

**Reimbursed to Plus Provider(s):** *The cell automatically calculates 40 percent of the program delivery expenditures entered for each Plus provider.*

**Total Program Expenditures & Reimbursements:** *The cells automatically calculate the sum of program expenditures and federal reimbursement retained by the MWA for administration and reimbursed to Plus provider(s).*



### SECTION III – SUPPORTIVE SERVICES

**Plus Provider Name(s):** Enter the name of each Plus provider that submitted an invoice requesting reimbursement for supportive service expenditures for the report period. Note: This includes MWAs that are also approved Plus providers.

**Supportive Service Expenditures:** Enter the amount of funds each Plus provider reported as non-federal expenditures for supportive services on their invoice for the report period.

**Federal Reimbursement:** *The cell automatically calculates 50 percent of the supportive service expenditures entered for each Plus provider.*

**Retained by MWA for Administration:** *The cell automatically calculates 10 percent of the supportive service expenditures entered for each Plus provider.*

**Reimbursed to Plus Provider(s):** *The cell automatically calculates 40 percent of the supportive service expenditures entered for each Plus provider.*

**Total Supportive Services Expenditures & Reimbursements:** *The cells automatically calculate the sum of supportive service expenditures and federal reimbursement retained by the MWA for administration and reimbursed to Plus provider(s).*

**Date Processed in MARS:** Enter the date the draw was processed in MARS.

**Submit to:** [LEO-FAET-Policy@michigan.gov](mailto:LEO-FAET-Policy@michigan.gov) within 10 days of the MARS draw.

**Food Assistance Employment and Training (FAE&T) Plus Program**  
**Summary of Approved Non-Federal Expenditures Submitted for 50 Percent Federal Reimbursement via MARS**

Michigan Works! Agency (MWA)			
MWA Contact			
MWA Contact Email Address			
MWA Contact Phone Number	Report Period Begin Date		Report Period End Date

Plus Provider Name(s)	Program Delivery Expenditures		Disbursement of Reimbursed Funds	
	Program Expenditures (paid for with non-federal funds)	Federal Reimbursement (MARS Draw Amount)	Retained by MWA for Administration (10% of Expenditures)	Reimbursed to Plus Provider(s) (40% of Expenditures)
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
<b>Total Program Expenditures &amp; Reimbursements</b>	\$ -	\$ -	\$ -	\$ -

Plus Provider Name(s)	Supportive Service Expenditures (participant reimbursements)		Disbursement of Reimbursed Funds	
	Supportive Service Expenditures (paid for with non-federal funds)	Federal Reimbursement (MARS Draw Amount)	Retained by MWA for Administration (10% of Expenditures)	Reimbursed to Plus Provider(s) (40% of Expenditures)
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
		\$ -	\$ -	\$ -
<b>Total Supportive Service Expenditures &amp; Reimbursements</b>	\$ -	\$ -	\$ -	\$ -

Date Processed in MARS	
------------------------	--

Plus Provider Name section can include an MWA that is approved as a Plus provider.  
 FAET-300 Plus Approved Non-Federal Expenditures (Revised 8/23/2021)

Submit completed form to [LEO-FAET-Policy@michigan.gov](mailto:LEO-FAET-Policy@michigan.gov) within 10 days

### ***Approval Request Form Instructions***

1. Michigan Works! Agency (MWA): Enter the name of the MWA.
2. Plan Title(s): Enter the appropriate title for the plan being submitted. "Food Assistance Employment and Training Plus" has been pre-printed.
3. Policy Issuance Number: Enter the policy issuance number. "21-25" has been pre-printed.
4. Plan Period: Enter the start and end dates of the plan period. "10/01/21 through 09/30/22" has been pre-printed.

The required signatories are designated in accordance with the Workforce Development Policy Issuance 21-02, issued January 5, 2021. Signatures are required from the Workforce Development Board Chair and the Chief Elected Official(s), or their authorized designee(s).

## Approval Request Form

1. Michigan Works! Agency (MWA) Name and Number:

2. Plan Title(s):

Food Assistance Employment and Training Plus

3. Policy Issuance Number:

21-25

4. Plan Period:

October 1, 2021 through September 30, 2022

The Chief Elected Official(s) and Workforce Development Board hereby request approval of this document. Please insert the printed name for each signature provided below.

Signature of Authorized Chief Elected Official

Date:

Printed Name:

Signature of Authorized Chief Elected Official

Date:

Printed Name:

Signature of Authorized Chief Elected Official

Date:

Printed Name:

Signature of Workforce Development Board Chairperson

Date:

Printed Name:

## ***Food Assistance Employment and Training Plus (FAE&T Plus)***

### ***Plan Narrative Instructions***

#### A. Michigan Works! Agency (MWA) Identification Information

FAE&T Plus Contact Person: Identify the MWA contact person (including telephone number and email address) for purposes of discussing the FAE&T Plus plan contents.

#### B. Description of Services to be Provided

The plan narrative is to provide a description of the FAE&T Plus program design. The following elements must be included for **each organization the MWA has contracted with to deliver the approved E&T activities as a Plus provider.**

1. A description of the recruitment process.
2. A description of the eligibility verification process.
3. A description of the orientation process.
4. A description of the participant assessment tool.
5. A description of each of the planned FAE&T Plus activities.
6. The projected total number of participants the organization plans to serve.
7. A description of the supportive services available to participants for which the Plus provider will request reimbursement.
8. A description of the coordination of services between the MWA and Plus provider, if participants will be served by both organizations.

## Budget Information Summary (BIS) Instructions

### *Food Assistance Employment and Training Plus - Program Delivery*

#### SECTION I - IDENTIFICATION

**Michigan Works! Agency (MWA) Name:** Enter the name of the MWA.

**Policy Issuance Number:** Enter the policy issuance number. "21-25" has been pre-printed.

**Grant Name:** Enter the grant name. "FY22 FAE&T PLUS PROGRAM" has been pre-printed.

**Project Name:** Enter the project name. "Plus Program" has been pre-printed.

**Plan Period:** Enter the start and end dates of the plan period. "10/01/21 through 09/30/22" has been pre-printed.

**Catalog of Federal Domestic Assistance (CFDA):** Enter the CFDA number associated with the Program. "10.561" has been pre-printed.

#### SECTION II - TOTAL FUNDS AVAILABLE

**Beginning Allocation:** Enter the amount of the beginning allocation.

**Additional Allocation:** Enter the amount of the additional allocation, if applicable.

**De-obligation:** Enter the de-obligation amount, if applicable.

**Total Funds Available:** *This cell will automatically calculate the sum of Section II.*

#### SECTION III – PLANNED EXPENDITURES

**Program Delivery:** *This cell will automatically equal the total funds available.*

**Note:** The Program Delivery BIS form titled "21-25\_BIS-Program.xlsx" is attached to this policy email.

## Budget Information Summary (BIS) Instructions

### *Food Assistance Employment and Training Plus – Supportive Services*

#### SECTION I – IDENTIFICATION

**Michigan Works! Agency (MWA) Name:** Enter the name of the MWA.

**Policy Issuance Number:** Enter the policy issuance number. “21-25” has been pre-printed.

**Grant Name:** Enter the grant name. “FY22 FAE&T PLUS SUPP SERVS” has been pre-printed.

**Project Name:** Enter the project name. “Plus Supp Servs” has been pre-printed.

**Plan Period:** Enter the start and end dates of the plan period. “10/01/21 through 09/30/22” has been pre-printed.

**Catalog of Federal Domestic Assistance (CFDA):** Enter the CFDA number associated with the Program. “10.561” has been pre-printed.

#### SECTION II – TOTAL FUNDS AVAILABLE

**Beginning Allocation:** Enter the amount of the beginning allocation.

**Additional Allocation:** Enter the additional allocation, if applicable.

**De-obligation:** Enter the de-obligation amount, if applicable.

**Total Funds Available:** *This cell will automatically calculate the sum of section II.*

#### SECTION III – PLANNED EXPENDITURES

**Supportive Services:** *This cell will automatically equal the total funds available.*

**Note:** The Supportive Services BIS form titled “21-25\_BIS-Supp-Servs.xlsx” is attached to this policy email.

**ATTACHMENT A**

Food Assistance Employment and Training Plus Allocation for Reimbursement  
Fiscal Year 2022, PI 21-25

<b>Michigan Works! Agency</b>	<b>Allocation for Approved Reimbursement Funds for Program Delivery</b>	<b>Allocation for Approved Reimbursement Funds for Supportive Services</b>
	(\$)	(\$)
ACSET dba West MI Works!	285,807.00	5,300.00
Detroit Employment Solutions Corporation	807,745.00	38,612.00
Southeast Michigan Community Alliance	37,500.00	1,500.00
<b>Total</b>	<b>1,131,052.00</b>	<b>45,412.00</b>