# 2026 – 2027
# BIENNIAL SERVICE AGREEMENT (BSA) QUESTIONS IN QUALTRICS

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STATE OF MN, MN DEPARMTNET OF CHILDREN, YOUTH, AND FAMILIES

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# Biennial Service Agreement 2026 - 2027 Survey

Welcome to the 2026 – 2027 Tribal Nation and County MFIP Biennial Service Agreement Survey! We are excited to be utilizing Qualtrics software to administer the BSA this year. This survey is required to receive consolidated funds for the Minnesota Family Investment Program (MFIP). This required survey will gather information from Tribal Nations, counties and consortia across the state about the services and strategies intended to meet program measures with the goal of increasing economic stability of low-income families on MFIP.

### Your participation in the survey

- We anticipate this survey will take a significant amount of time to complete, please plan accordingly.
- Your responses to this survey will need to be posted and shared for 30 days prior to submission on October 30, 2025.
- Your participation in this survey is required for the MFIP program.
- You can see your progress via the progress bar at the top of the screen. Do not skip questions, and for questions without an answer, please indicate "N/A".

### How survey information will be used

State staff from the MFIP program will use information collected to help gather information about the program strengths and service delivery gaps. This is a comprehensive assessment of current efforts will help provide insights into what type of assistance is needed. Results will help provide information that will help support the development of new strategies to better serve participants who are utilizing MFIP supports. Responses will also help to inform ongoing efforts to continually improve the MFIP program so that it works better for children, youth and families in Minnesota.

We know that as public service professionals and leaders, you are incredibly busy, and we are so grateful for your time in completing this survey. Thank you for all you do for Minnesota children, families, and communities.

### To navigate this survey

- If you are using a mouse or touch screen, click the "Next page" and "Back" buttons at the bottom of your screen to advance or go back a page.
- If you are using keyboard shortcuts or assistive technology, use the tab key to navigate to an object, arrow keys to navigate within an object (or response options), and space bar to select an item.
- Preview Results: Once you approach the end of the survey, you can preview your results and download a PDF document. This document is what is shared during the 30-day public comment timeframe.
- After the 30 day public comment period is complete, you will then log back in through the link provided in the original email and at the end of the survey, please be sure to click or select the "Submit" button at the bottom of your screen to record your responses due by October 30, 2025.

## Contact Information - Please fill in and complete each field for this section.

| | |
|---|---|
| Tribal Nation Name / County / Consortium | Dakota |
| Plan Year | 2026-27 |
| Contact Person | Mark Jacobs |
| Title | Workforce Development Director |
| Address | 1 Mendota Road West, Suite 170 |
| City | West St. Paul |
| State | MN |
| Zip Code | 55118 |
| Phone Number | 651-554-5622 |
| Email Address | mark.jacobs@co.dakota.mn.us |
| Confirm Email Address | mark.jacobs@co.dakota.mn.us |

Please review Bulletin # 25-11-02 for more details before you complete this survey.

You can also access the Bulletin through this link: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&Rendition=Primary&RevisionSelectionMethod=LatestReleased&allowInterrupt=1&dDocName=mn072357&noSaveAs=1&utm_medium=email&utm_source=govdelivery

Identify challenges in **financial assistance** that are prohibiting you from properly serving Minnesota Family Investment Program (MFIP) families in your community.

Clients reporting not receiving their mail (invoices, requests for information, review forms) which results in programs closing and/or lapse in benefits and high call volumes. Lack of availability of low-income housing options. Mental and physical health concerns of our customers. Applying for SSA benefits is challenging and time consuming many of our customers do not take advantage of this possible resource.

Identify challenges in **employment services** that are prohibiting you from properly serving MFIP families in your community.

There is a significant amount of paperwork which takes away from the counseling and meeting with the client to address their specific needs and barriers. The other issues include: need to focus more on career pathways, not just simply getting a job; limited public transportation.

Identify resources in your community that benefit MFIP families.

There are many community partners and resources available!

Identify resources that are **not available in your community** that would benefit MFIP families.

N/A

## MFIP Employment Services Supervisor Contact

| | |
|---|---|
| Name | Jill Pittelkow |
| Phone | 651-554-5670 |
| Email | jill.pittelkow@co.dakota.mn.us |

## DWP Supervisor Contact

| | |
|---|---|
| Name | Jill Pittelkow |
| Phone | 6515545670 |
| Email | jill.pittelkow@co.dakota.mn.us |

## Financial Assistance Services Supervisor Contact

| | |
|---|---|
| Name | Kim Pederson |
| Phone | 651-554-5668 |
| Email | kim.pederson@co.dakota.mn.us |

# Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP)

What strategies do you use for hard-to-engage participants? **Check all that apply.**

- [x] **Home visits**
- [x] **Off-site meeting opportunities**
- [x] **Virtual Appointments**
- [ ] Workforce One Connect App
- [ ] Sanction outreach services
- [ ] Incentives, please specify:
- [ ] Other, please specify in the text box below

What type of job development do you do? **Check all that apply.**

- [ ] Sector job development
- [x] **Individual job development**
- [ ] Other, please specify in the text box below.

Do you have an ongoing job development partnership or sector base with community employers to help participants with employment?

*For example, some of these activities could include, but are not limited to:* Interview opportunities, job skills training, job placement, job shadowing, on-site job training, work experience, helping to plan training programs, other.

- ( ) No
- (•) **Yes**

Please check all activities community employers provide to help participants with employment.

- [x] **Interview opportunities**
- [ ] Job skills training
- [x] **Job placement**
- [ ] Job shadowing
- [ ] On-site job training
- [ ] Work experience
- [x] **Helps plan training programs**
- [ ] Other, please specify in the text box below

Do you provide the following services to prepare participants for work?

*For example, some of these services could include, but are not limited to:* Transportation, soft skills training, financial planning, mentoring, other.

- ( ) No
- (•) **Yes**

When it comes to the services provided to help prepare participants for work, please **check all activities that are provided**.

- [x] **Transportation**
- [x] **Soft Skills Training**
- [ ] Financial Planning
- [x] **Mentoring**
- [ ] Other, please specify in text box below

Do you provide job retention services for employed participants?

*For example, some of these services could include, but are not limited to:* Assist with issues that develop on the job, transportation, financial planning, soft skill training, mentoring, personal contact with employee and how often, other.

- ○ No
- ◉ **Yes**

When it comes to job retention services for employed participants, please **check all that apply**.

- ☑ **Available to assist with issues that develop on the job**
- ☑ **Transportation**
- ☐ Financial planning
- ☑ **Soft skills training**
- ☑ **Mentoring**
- ☐ Personal contact with the employee and how often:
- ☐ Other, please specify in the text box below

How long do you provide job retention services?

- ○ Up to 3 months
- ○ 6 months
- ◉ **12 months**
- ○ Other (please specify)

Do you provide job advancement services to employed participants?

*For example, some of these services could include, but are not limited to:* career laddering, coaching / mentoring, education / training, networking, ongoing job search, other

- ○ No
- ◉ **Yes**

When it comes to job advancement services for employed participants, please **check all that apply**.

- ☐ Career laddering
- ☑ **Coaching/mentoring**
- ☐ Education/training
- ☑ **Networking**
- ☐ Ongoing job search
- ☐ Other

Do you utilize any career pathways programs or skill assessment and credentialing programs for your participants?

*For example, some of these programs include, but are not limited to:* Pathways to Prosperity, Work Keys, National Career Readiness Certificate

- ◉ **No**
- ○ Yes

# Family Stabilization Services (FSS)

Do you have qualified professionals available to assist with FSS cases in your service area who meet the licensure and accreditation requirements?

*For example, qualified professionals could include, but are not limited to:* licensed physician, physician assistant, advanced practice registered nurse, physical therapist, occupational therapist, licensed social worker, licensed psychologist, certified school psychologist, mental health professional, certified psychometrist, other)?

- ○ No
- ◉ **Yes**

When it comes to having qualified professionals available to assist with FSS cases in your area who meet the licensure and accreditation requirements, please **check all that apply**.

- ☐ Licensed physician
- ☐ Advanced practice registered nurse
- ☐ Occupational therapist
- ☐ Licensed psychologist
- ☐ Mental health professional
- ☐ Physician assistant
- ☐ Physical therapist
- ☑ **Licensed social worker**
- ☐ Certified school psychologist
- ☐ Certified psychometrist
- ☑ **Other**

Vocational Rehabilitation Worker

Do you make referrals for children of FSS participants?

*For example, some referrals for children of FSS participants could include, but are not limited to:* Children's Mental Health Services, Child Wellness Check-ups, Follow Along Program, Public Nurse home visiting services, Women, Infants, and Children program (WIC), other?

- ○ No
- ◉ **Yes**

When it comes to making referrals for children of FSS participants, please **check all that apply**.

- [ ] Children's Mental Health Services
- [x] **Child Wellness Check-ups**
- [ ] Follow Along Program
- [ ] Public Health Nurse home visiting services
- [x] **Women, Infants and Children Program (WIC)**
- [ ] Other

Are any of these services for children offered to non-FSS families?

- ( ) No
- (•) **Yes**

## Services for families under 200% of Federal Poverty Guideline (FPG)

Do you provide services to families who have exited MFIP/DWP or families at risk of receiving MFIP or the Diversionary Work Program (DWP), but are under 200% of the Federal Poverty Guideline (FPG)?

*For example, this could include, but is not limited to:* child care, GED, job posting, support services, job retention services, Adult Basic Education (ABE) / English Language Learning (ELL) classes, computer lab access, transportation / vehicle repair, other.

- (•) **No**
- ( ) Yes

How long do you provide these services?

- ( ) Up to 3 months
- ( ) 6 months
- ( ) 12 months
- (•) **Other (please specify)**

N/A

Do you provide services to Non-Custodial Parents (NCPs) that are under 200% of the Federal Poverty Guideline (FPG)?

*For example, this could include, but is not limited to:* child care, GED, job posting, support services, job retention services, ABE / ELL classes, computer lab access, transportation / vehicle repair, other.

- (●) **No**
- ( ) Yes

## Minnesota Family Investment Program (MFIP) Services for Teen Parents

Are there specialized workers who work primarily with teen parents?

- ( ) No
- (●) **Yes**

Please indicate the specialized workers for each age group, **check all that apply** for each age group.

| | Minors (Under age 18) | Age 18 / 19 | Not Applicable (N/A) |
|---|---|---|---|
| Financial Worker | ☑ | ☐ | |
| ☐ Employment Services Worker | ☐ | ☑ | |
| ☐ Social Worker | ☑ | ☐ | |
| ☐ Public Health Nurse | ☑ | ☐ | |
| ☐ Child Care Worker | ☑ | ☐ | |
| ☐ Child Protection Worker | ☐ | ☐ | |
| ☑ Other job role (please specify) | ☐ | ☐ | ☑ |

When it comes to **Teen parents who are considered minors (participants who are under age 18)**, please indicate if there a single point of contact for teen parents, that is, one staff with primary responsibility for keeping in contact with the teen, working with the teen, and making connections to other services?

Responses are for staff positions whose primary responsibility is for working with Teen Parents who are **considered minors (under age 18)**, if yes, check the one position / position(s) that serves this function for this specific age group of MFIP Teen Parents.

| | YES, for Minors (under age 18) | NO, not for Minors (under age 18) | Not Applicable (N/A) |
|---|---|---|---|
| Financial worker | ☑ | ☐ | ☐ |
| Employment Services Worker | ☐ | ☑ | ☐ |
| Social Worker (Social Services) | ☐ | ☑ | ☐ |
| Public Health Nurse | ☐ | ☑ | ☐ |
| Child Care Worker | ☐ | ☑ | ☐ |
| Child Protection Worker | ☐ | ☑ | ☐ |
| Other job role | ☐ | ☐ | ☑ |

When it comes to **Teen Parents who are age 18 - 19**, please indicate if there a single point of contact for teen parents, that is, one staff with primary responsibility for keeping in contact with the teen, working with the teen, and making connections to other services?

Responses are for staff positions whose primary responsibility is for working with Teen Parents who are **age 18 - 19**, if yes, check the one position / position(s) that serves this function for this specific age group of MFIP Teen Parents.

| | YES, for ages 18 - 19 | NO, not for ages 18 - 19 | Not Applicable (N/A) |
|---|---|---|---|
| Financial worker | ☑ | ☐ ☐ | |
| Employment Services Worker | ☑ | ☐ ☐ | |
| Social Worker (Social Services) | ☑ | ☐ | |
| ☐ Public Health Nurse | ☑ | ☐ | |
| ☐ Child Care Worker | ☑ | ☐ | |
| ☐ Child Protection Worker | ☐ | ☐ | |
| ☑ Other job role | ☐ | ☐ | ☑ |

Does your Tribal Nation / County have an active partnership with local public health agency to get teen parents enrolled and engaged in public health nurse home visiting services? Please **select one option for each age group**.

| | Yes, mandatory | Yes, voluntary | No |
|---|---|---|---|
| Minors (under age 18) | ☑ | ☐ | ☐ |
| Age 18 / 19 | ☐ | ☐ | ☑ |

Describe how you are ensuring your services are ***inclusive*** for all.

1. Allowing multiple access points of communications for clients: phone, email, mail, in person, upload portal, etc.
2. Offering interpreter services including ASL and other languages when communicating with the client.
3. We have a Client Relations Specialist position to help clients with accessing services. This allows people of all abilities to get access to their benefits regardless of barriers.

Describe how you are ensuring your services are ***accessible*** for all.

When applying for public assistance programs we offer various ways to apply to make the programs and process accessible (online, email, paper). For families with limited English, we use the language line or interpreters. We have a few bilingual staff.

How are you working to ***advance equity in service delivery*** in your Tribal Nation / County?

Equity Tool Workgroup: using data and an equity tool to find disparity, address it, and measure improvements. Strategic Plan and IDEA Workgroup: working to improve IDEA for staff and clients. P2PW: service delivery redesign initiative focusing on access and retention for clients as well as informed choice. Client Relations Specialist positions focusing on access for clients.

Do you provide trainings to prepare your staff to work effectively with people from various backgrounds and perspectives?

- (●) **Yes, mandatory. If yes, provide the title of the training and how often it is provided.**

Staff are required to complete 4 hours of IDEA training per year.  We offer many training o

- ( ) Yes, voluntary. If yes, provide the title of the training and how often it is offered.
- ( ) No. If no, please explain:

Do you have culturally specific employment services for different racial / ethnic groups?

- (●) **No**
- ( ) Yes, please describe.

# Workforce One Connect App

## Workforce One Connect App

Does your Tribal Nation / County have the Workforce One Connect app available to participants?

| | |
|---|---|
| | No, please explain (fill in) |
| X | Yes |

*(*If YES is selected, then the following questions appears.)*

Since you indicated "yes" in making Workforce One Connect app available to participants, please indicate which of the following groups are utilizing the app features in Workforce One:

| | |
|---|---|
| X | Employment Services |
| X | Financial Workers |
| | Childcare Workers |
| | Other (please specify) (fill in) |

# MAXIS

Do you limit the number of employment services staff that have MAXIS access?

***Note:*** *MN Department of Children, Youth, and Families does not limit the number of employment services staff that can have MAXIS access.*

- ○ No
- ◉ **Yes, please explain**

Only the manager and lead workers have access.

Describe the process your service area uses to identify and resolve discrepancies between MAXIS and Workforce One data in areas such as Family Stabilization Services coding, employment / hours, sanction status, etc.

The supervisors from both eligibility and employment and training meet monthly to discuss any discrepancies. We also have a financial worker/employment counselor user group that meets monthly that also discussed issues related to employment, process, sanctions, and other relevant issues back to the various teams for review.

# Child Care Assistance Program

What strategies does your agency use that involve MFIP and / or Employment Services staff to support timely and consistent receipt of child care assistance through the Child Care Assistance Program? **Select all that apply.**

- ☐ Shared electronic document management system
- ☐ Regular case consultation meetings
- ☑ **Workers with dual MFIP and CCAP role**
- ☐ Workers with dual Employment Services and CCAP role
- ☐ Specific CCAP workers process MFIP child care cases
- ☐ MFIP and / or Employment Service workers receive training related to CCAP
- ☐ Communications with CCAP worker via phone, email or fax
- ☐ Use of agency-developed forms or documents
- ☐ MFIP and / or Employment Services workers assist families with completing CCAP paperwork (for example: the CCAP application)
- ☐ MFIP and / or Employment Services workers have MEC2 Inquiry access
- ☐ Other, please specify

What barriers prevent timeliness?

Staff turnover. Loss of data due to technical issues. High caseloads.

Does your Tribal Nation / County provide emergency shelter or crisis services from your Consolidated Fund?

- ○ No
- ◉ Yes

Submit a copy of your Emergency Assistance policy as an attachment if any changes have been made since the last BSA. Also, please describe any major changes you have made to this policy down below.

N/A – No changes made.

Drop files or click here to upload

Please review Bulletin # 25-11-02 for more details before you complete this section. You can also access the Bulletin from this link: https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&Rendition=Primary&RevisionSelectionMethod=LatestReleased&allowInterrupt=1&dDocName=mnr072357&noSaveAs=1&utm_medium=email&utm_source=govdelivery

If your service area is receiving a bonus, please share successful strategies of engagement:

N/A

What strategies and action steps for each of the groups below the disparities reference line do you plan to implement for the coming biennium to reduce these disparities.

We will continue to strive to address the disparity in African American outcomes compared to other groups. Strategies will include focusing on outcomes and steps that can help ensure successful exit from the program.

What procedures are in place to ensure that program funds are being used appropriately as directed by law? **Check all that apply.**

- [x] Budget control procedures for approving expenditures
- [x] Cash management procedures for ensuring program income is used for permitted activities
- [x] Internal policies around use of funds (i.e., participant support services)
- [ ] Other, please specify in the text box below

What procedures are in place to ensure program policies are followed and applied accurately? **Check all that apply.**

- [x] Case consultation
- [x] Sample case review by supervisors
- [x] Sample case review by lead worker / mentor
- [ ] Sample case reviews by peers
- [ ] Others, please specify in the text box below

## If your Tribal Nation / County is interested in applying for the waiver for the upcoming biennium, please complete the following questions.

Describe the activity(s) you will provide.

N/A

Explain the reasons for the increased administrative cost.

N/A

Describe the target population and number of people expected to be served.

N/A

Describe how the unpaid work experience is designed to impart skills and what steps are taken to help participants move from unpaid work to paid work.

N/A

If your County/Tribal Nation is providing unpaid work experience activities for MFIP participants and you don't already have an Injury Protection Plan (IPP) in place, please click on eDocs to fill out the IPP form. Email the completed form to: Jonathan.Hausman@state.mn.us

The following section will be collecting information on your current employment service providers. Please select one the following options and answer the following questions.

- (●) **We have multiple Employment Service Providers we work with.**
- ( ) We have a Workforce Center that is our only Employment Service Provider.

If a Workforce Center is the only employment service provider, please upload a document that lists the multiple employment and training services among which participants can choose. The list will be used to verify current providers available in Workforce One.

Drop files or click here to upload

## Current Employment Service Providers

In this section, you will have an opportunity to list all of your current employment services provider(s). As you enter their information, you will receive a follow-up question that will ask which populations this provider serves. Please indicate which respective population is served with each employment services provider. These questions will repeat for multiple entries if you have multiple employment service providers to include.

The list will be used to verify current providers available in Workforce One.

***Helpful Tip:*** It may be easier to complete this section by compiling the list of information needed for this section *before* you enter the information into this BSA survey. We will need the ES provider name, address, contact person, phone number and email for ***each*** ES provider. In addition, a follow-up question will ask about which populations the provider serves (for example: MFIP ES, DWP ES, FSS, Teen Parents, 200% FPG, *Other).

| | |
|---|---|
| ES Provider Name | Dakota County Employment & Economic Assistance |
| Address | 1 Mendota Road West, Suite 170 |
| Contact Person | Jill Pittelkow |
| Phone Number | 651-554-5670 |
| Email | jill.pittelkow@co.dakota.mn.us |

Please check the respective box to indicate which population is served by Dakota County Employment & Economic Assistance

- [ ] MFIP ES
- [x] **DWP ES**
- [ ] FSS
- [ ] Teen Parents
- [ ] 200% FPG
- [ ] Other

Please check the respective box to indicate if you have additional providers to add.

- ( ) I have entered all of the current Employment Service providers we work with.
- (•) **I have additional Employment Service providers to I need add.**

List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

| | |
|---|---|
| ES Provider Name | Avivo |
| Address | 1 Mendota Road West, Suite 170 |
| Contact Person | Nakia Vulu |
| Phone Number | 651-554-6583 |
| Email | nakia.capersvulu@avivomn.org |

Please check the respective box to indicate which population is served by Avivo

- [x] **MFIP ES**
- [ ] DWP ES
- [ ] FSS
- [ ] Teen Parents
- [ ] 200% FPG
- [ ] Other

Please check the respective box to indicate if you have additional providers to add.

- (●) **I have entered all of the current Employment Service providers we work with.**
- ( ) I have additional Employment Service providers to I need add.

Does your Tribal Nation / County (select one):

- (●) **Have at least two employment and training service providers.**
- ( ) Have a CareerForce center that provides multiple employment and training services, offers multiple services options under a collaborative effort, and can document that participants have choice among employment and training services designed to meet specialized needs.
- ( ) Intend to submit a financial hardship request. See following question.

# Budget

In the budget table below, indicate the amount and percentage for each item listed for the budget line items for calendar years 2026 – 2027.

**Also note:**

- Refer to the 2026-27 Minnesota Family Investment Program (MFIP) Biennial Service Agreement (BSA) Guidelines Bulletin section, "Allowable Services under MFIP Consolidated Fund."
- Total percent must equal 100.
- Income maintenance administration is reasonable in comparison to the whole budget.
- Ensure the Emergency Assistance/Crisis Services plan is included if funds are allocated.
- All services must be an allowable expenditure under the MFIP Consolidated Fund
- Allocation amounts must be spent by the end of calendar year, remaining amounts does not roll over into the following year
- Medical expenditures are NOT allowable.

**Helpful Tip:** Write down the total budgeted amounts for 2026 and 2027, this information will be asked for in a later section in the BSA. You will want to have the total budget amounts for 2026 and 2027 when you get to that section.

2026 Budget Line Items: Please ensure that the percent total does NOT exceed 100%

| | Budgeted Amount | Percent |
|---|---|---|
| Employment Services (DWP) | $44,063 | 1 |
| Employment Services (MFIP) | 1,387,994 | 31.5 |
| Emergency Services/Crisis Fund | 1,321,898 | 30 |
| Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver) | 330,474 | 7.5 |
| Income Maintenance Administration | 1,321,898 | 30 |
| Incentives (include the total amount of funds budgeted for participant incentives but don't include support services here) | 0 | 0 |
| Under 200% Services | 0 | 0 |
| Capital Expenditures | 0 | 0 |
| Other | 0 | 0 |
| Total | $4,406,327 | 100 |

2027 Budget Line Items: Please ensure that the percent total does NOT exceed 100%

| | Budgeted Amount | Percent |
|---|---|---|
| Employment Services (DWP) | $44,063 | 1 |
| Employment Services (MFIP) | 1,387,994 | 31.5 |
| Emergency Services/Crisis Fund | 1,321,898 | 30 |
| Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver) | 330,474 | 7.5 |
| Income Maintenance Administration | 1,321,898 | 30 |
| Incentives (include the total amount of funds budgeted for participant incentives but don't include support services here) | 0 | 0 |
| Under 200% Services | 0 | 0 |
| Capital Expenditures | 0 | 0 |
| Other | 0 | 0 |
| Total | $4,406,327 | 100 |

# Certifications and Assurances

## Public Input

Prior to submission, did the Tribal Nation / County solicit public input for at least 30 days on the contents of the agreement?

| | |
|---|---|
| | Yes, public input was gathered for at least 30 days regarding the contents of this agreement. |
| | No, public input was *not* gathered for at least 30 days regarding the contents of this agreement. |

Was public input received?

| | |
|---|---|
| | Yes, public input was received and used. |
| | Yes, public input was received but *not* used. |
| | No public input was received. |

*(*If "Yes, public input was received but not used" is selected, then the following question pops up)*

If public input was received, but not used, please explain

| |
|---|
| *Text fill in* |

## Assurances

It is understood and agreed by the ${q://QID15/ChoiceTextEntryValue/2} board that funds granted pursuant to this service agreement will be expended for the purposes outlined in Minnesota Statutes, section 142G; that the commissioner of the Minnesota Department of Children, Youth, and Families (hereafter department) has the authority to review and monitor compliance with the service agreement, that documentation of compliance will be available for audit; that the Tribal Nation/County make reasonable efforts to comply with all MFIP requirements, including efforts to identify and apply for available state and federal funding for services within the limits of available funding; and that the Tribal Nation/County agrees to operate MFIP in accordance with state law and federal law and guidance from the department.

Tribal Nations and Counties may use the funds for any allowable expenditures under Minnesota Statute, 142G.76.2, including case management outlined in Minnesota Statutes, section 142G.

This allocation is funded with 8% state funds and 92% federal TANF funds and paid quarterly.

**Federal funds**. Payments are to be made from federal funds. If at any time such funds become unavailable, this CONTRACT shall be terminated immediately upon written notice of such fact by STATE to Tribal Nation/County. In the event of such termination, Tribal Nation/County shall be entitled to payment, determined on a pro rata basis, for services satisfactorily performed. An amendment must be executed any time any of the data elements listed in 2 CFR 200.332 and this clause, including the Assistance Listing number, are changed, such as additional funds from the same federal award or additional funds from a different federal award. STATE has determined that Tribal Nation/County is a "contractor" and not a "subrecipient" pursuant to 2 C.F.R section 200.331.

**Pass-through requirements**. Tribal Nation/County acknowledges that, if it is a subrecipient of federal funds under this CONTRACT, Tribal Nation/County may be subject to certain compliance obligations. Tribal Nation/County can view a table of these obligations in the Health and Human Services Grants Policy Statement,[1] Exhibit 3 on page II-3, in addition to specific public policy requirements related to the federal funds here. To the degree federal funds are used in this contract, STATE and Tribal Nation/County agree to comply with all pass-through requirements, including each Party's auditing requirements as stated in 2 C.F.R. § 200.332 (Requirements for pass-through entities) and 2 C.F.R. §§ 200.501-521 (Subpart F – Audit Requirements).[2]

**Tribal Nation / County Name (Must match the name associated with the Unique Entity Identifier)**

| |
|---|
| *This response is auto-populated* |

**Tribal Nation / County Unique Entity Identifier (UEI)**: Effective April 4, 2022, the Unique Entity Identifier is the 12 character alphanumeric identifier established and assigned at SAM.gov to uniquely identify business entities and must match Tribal Nation / County name.

| |
|---|
| *This response is auto-populated* |

**Federal Award Identification Number (FAIN):** 2601MNTANF and 2701MNTANF

**Federal Award Date**: October 1, 2025 (projected) (The date of the award to the MN Dept. of Children, Youth, and Families.)

**Period of Performance (please use words and numbers, for example: May 23, 2025)**

| | |
|---|---|
| Start Date | January 1, 2026 |
| End Date | December 31, 2027 |

**Budget period start and end date**: January 1, 2026 – December 31, 2027

**Amount of federal funds**:
A. Total Amount Awarded to DCYF for this project: $103,290,000 (projected)
B. Total Amount Awarded by DCYF for this project to Tribal Nation / County named above:

| |
|---|
| *$8,812,654* |

**Federal Award Project description:** Temporary Assistance for Needy Families (TANF)

**Name**
Federal Awarding Agency: Administration for Children and Families
MN Dept. of Children, Youth, and Families (DCYF)
Contact information of DHS's awarding official: Jovon Perry, Jovon.perry@state.mn.us.

**Assistance Listings Number & Name (formerly known as CFDA No.)**: Payments are to be made from federal funds obtained by STATE through Catalog of Federal Domestic Assistance (CFDA) No.:

| | |
|---|---|
| Number | 93.558 |
| Title | Temporary Assistance for Needy Families |
| Total amount made available at time of disbursement | |

**Is this federal award related to research and development?**

| | |
|---|---|
| X | No |
| | Yes |

**Indirect Cost Rate for this federal award is**: up to 15% (including if the de minimis rate is charged)

## SERVICE AGREEMENT CERTIFICATION

| | |
|---|---|
| X | Checking this box certifies that this 2026 – 2027 MFIP Biennial Service Agreement has been prepared as required and approved by the Tribal Nation / County board(s) under the provisions of Minnesota Statutes, section 142G |

State the name of the chair of the Tribal Nation / County board of commissioners or authorized designee, their mailing address and the name of the Tribal Nation / County.

| | |
|---|---|
| Name (chair or designee) | Mike Slavik (certification to follow public posting) |
| Mailing Address | Administration Center, 1590 Highway 55, Hastings MN 55033-2343 |
| Tribal Nation / County | Dakota County |

If your Tribal Nation / County agency is unable to complete your BSA by October 15th, 2025, you will need to request an extension by emailing Jonathan.Hausman@state.mn.us. Please provide additional information about why you were not able to compete this form.

**DATE OF CERTIFICATION (please use words and numbers, for example: September 23, 2025)** *(fill in)*

| |
|---|
| *Text fill in* |

# Public Comment Period

You are about to see a summary of your responses on the next page when you click "Next." This is a spot to review your answers to your questions and to help prepare a PDF summary of your answers for the 30-day Public Comment Period.

Once you click "Next" and are taken to the following page, please do **NOT** click "next" or "submit" on the next page at this stage in the process. Your responses to the PDF summary need to be posted for 30 days prior to your submission of your answers and responses. Once you have had 30 days for public review and comment on BSA responses entered here, then you can log back in on the link that was provided in your original email and access the survey to submit for completion of the 2026-2027 BSA.