

## Contact Information – Please fill in and complete each section

Tribal Nation Name / County / Consortium	Morrison County Health and Human Services
Plan Year	2026-2027
Contact Person	Amy Waldvogel
Title	Financial Assistance Supervisor
Address	213 1 <sup>st</sup> Ave Se
City	Little Falls
State	MN
Zip Code	56345
Phone Number	320-632-0221
Email Address	<a href="mailto:Amy.Waldvogel@morrisoncountymn.gov">Amy.Waldvogel@morrisoncountymn.gov</a>
Confirm Email Address	Amy.Waldvogel@morrisoncountymn.gov

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=mndhs-072357&noSaveAs=1&utm\\_medium=email&utm\\_source=govdelivery](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&Rendition=Primary&RevisionSelectionMethod=LatestReleased&allowInterrupt=1&dDocName=mndhs-072357&noSaveAs=1&utm_medium=email&utm_source=govdelivery)

## Needs Statement

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

Morrison County continues to see issues with transportation being a mostly rural community. There are limited transportation options for rural residents, therefore limiting their opportunities. Morrison County's MFIP caseload continues to have "hard to serve" clients. By "hard to serve", we feel clients have mental illness, physical illness, needed in home to care for a family member, and/or unable to speak English, etc.

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

Several challenges hinder our ability to effectively serve MFIP families. These include limited access to reliable childcare, employers unwilling to hire justice-involved individuals, and physical, chemical, or mental health issues that restrict employment options. Lack of transportation and the absence of a high school diploma further limit job opportunities and long-term stability.

Identify resources in your community that benefit MFIP families.

Food assistance through Ruby's Pantry and local food shelves. Volunteer opportunities are available that can help individuals build recent references for employment. Additional support comes from organizations like the Chapel Store and Catholic Charities. Families also have access to educational classes on topics such as budgeting, parenting, and homeownership, along with free tax preparation services

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

More employers who are open to hiring justice-involved individuals, as well as reliable evening transportation options beyond taxis. Access to childcare during early morning and evening hours is also limited, creating barriers for parents with nontraditional work schedules. Additionally, short-term training opportunities—especially those offered virtually or through visiting instructors—are needed to help individuals gain skills and improve employment prospects.

## Tribal and County Contact Information (Document Upload)

Please upload a PDF Supervisor Contact List document that includes the name, phone, and email contact information for all MFIP Employment Supervisors, DWP Supervisors, Employment Support Supervisors, and Financial Assistance Services Supervisors. You only need to give a person's name, phone and email once.

**Choose file** to upload.

### Tribal and County Contact Information Fields

#### MFIP Employment Services Supervisor Contact

Name	Becky Costner
Email	<a href="mailto:BeckyC@rmcep.com">BeckyC@rmcep.com</a>
Phone	218-570-9129

#### DWP Supervisor Contact

Name	Becky Costner
Email	<a href="mailto:BeckyC@rmcep.com">BeckyC@rmcep.com</a>
Phone	218-570-9129

#### Financial Assistance Services Supervisor Contact

Name	Amy Waldvogel
Email	<a href="mailto:Amy.Waldvogel@morrisoncountymn.gov">Amy.Waldvogel@morrisoncountymn.gov</a>
Phone	320-632-0221

## Service Models

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

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

<input checked="" type="checkbox"/>	Home Visits
<input checked="" type="checkbox"/>	Off-site meeting opportunities
<input checked="" type="checkbox"/>	Virtual Appointments
<input type="checkbox"/>	Workforce One Connect App
<input checked="" type="checkbox"/>	Sanction outreach services
<input checked="" type="checkbox"/>	Incentives, please specify: Attached to attendance at group workshop
<input type="checkbox"/>	Other, please specify in the text box below (fill in)

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

<input checked="" type="checkbox"/>	Sector job development
<input checked="" type="checkbox"/>	Individual job development
<input type="checkbox"/>	Other, please specify in the text box below (fill in)

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.*

<input checked="" type="checkbox"/>	Yes
<input type="checkbox"/>	No

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

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

<input checked="" type="checkbox"/>	Interview opportunities
<input checked="" type="checkbox"/>	Job skills training
<input checked="" type="checkbox"/>	Job placement
<input checked="" type="checkbox"/>	Job shadowing
<input checked="" type="checkbox"/>	On-site job training
<input checked="" type="checkbox"/>	Work experience
<input checked="" type="checkbox"/>	Helps plan training programs
<input type="checkbox"/>	Other, please specify in the text box below (fill in)

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.*

x	Yes
	No

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

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
x	Financial Planning
x	Mentoring
	Other, please specify in the text box below (fill in)

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.*

x	Yes
	No

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

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

x	Available to assist with issues that develop on the job
x	Transportation
x	Financial planning
x	Soft skills training
x	Mentoring
x	Personal contact with the employee, and how often (Fill in)
	Other, please specify in the text box below (fill in)

*(\*If YES is selected from the previous question, then the following question appears.)*

How long do you provide job retention services?

	Up to 3 months
	6 months
x	12 months
	Other, please specify (fill in)

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*

x	Yes
	No

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

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

x	Career laddering
x	Coaching / mentoring
x	Education / training
x	Networking
x	Ongoing job search
	Other (fill in)

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*

x	Yes
	No

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

When it comes to the programs that you utilize for career pathway, skills assessment, or credentialing, please check all that apply.

x	Pathways to Prosperity (P2P)
x	Work Keys
x	National Career Readiness Certificate (NCRC)
x	Other (fill in) MCIS, ServSafe certification, Drive 5

## 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)?*

x	Yes
	No

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

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**.

x	Licensed physician
x	Advanced practice registered nurse
x	Occupational therapist
x	Licensed psychologist
x	Mental health professional
x	Physician assistant
x	Physical therapist
x	Licensed social worker
x	Certified school psychologist
x	Certified psychometrist
	Other (fill in)

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?*

x	Yes
	No

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

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

x	Children's Mental Health Services
x	Child Wellness Check-ups
x	Follow Along Program
x	Public Health Nurse home visiting services
x	Women, Infants, Children Program (WIC)
x	Other: Head Start

(\*If YES is selected from the previous question, then the following question appears.)

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

x	Yes
	No

## 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.

x	Yes
	No

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

For families who you serve that are under 200% of Federal Poverty Guidelines, that have either exited MFIP/DWP or at risk of receiving MFIP or DWP, please **check all services that apply** for these families.

x	Child care
	GED
x	Job postings
x	Support services
x	Job retention services
	ABE / ELL classes
x	Computer lab classes
	Transportation / vehicle repair
	Other (fill in)

(\*If YES is selected from the previous question, then the following question appears.)

How long do you provide these services?

	Up to 3 months
	6 months
	12 months
x	Other (please specify) Indefinitely for Universal participants

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.*

x	Yes
	No

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

Please check all services that apply.

	Child care
	GED
x	Job postings
x	Support services
x	Job retention services
	ABE / ELL classes
x	Computer lab classes
	Transportation / vehicle repair
	Other (fill in)

*(\*If YES is selected from the previous question, then the following questions appear.)*

How long do you provide these services?

	Up to 3 months
	6 months
	12 months
x	Other (please specify) (fill in) indefinitely for Universal participants

How many NCPs are you currently serving? *(text fill in response)*

They are considered Universal Participants and are not tracked
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Describe the process you have in place to verify income below 200% FPG for families who are not on MFIP or DWP. *(text fill in response)*

No income requirements for Universal participants. Intake application for other potential programs
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## Minnesota Family Investment Program (MFIP) Services for Teen Parents

Are there specialized workers who work primarily with teen parents?

x	Yes
	No

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

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

Specialized Workers	Minors (Under age 18)	Age 18 / 19	Not Applicable (n/a)
Financial Worker	x	x	
Employment Services Worker		x	
Social Worker	x	x	
Public Health Nurse	x	x	
Child Care Worker	x	x	
Child Protection Worker	x	x	
Other job role (please specify – fill in)			

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.

Specialized Workers	Yes, for Minors (Under age 18)	No, not for Minors (under age 18)	Not Applicable (n/a)
Financial Worker		x	
Employment Services Worker		x	
Social Worker (Social Services)	x		
Public Health Nurse		x	
Child Care Worker		x	
Child Protection Worker		x	
Other job role (please specify)			x

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.

<b>Specialized Workers</b>	<b>Yes, for ages 18 - 19</b>	<b>No, not for ages 18 - 19</b>	<b>Not Applicable (n/a)</b>
Financial Worker		x	
Employment Services Worker	x		
Social Worker (Social Services)		x	
Public Health Nurse		x	
Child Care Worker		x	
Child Protection Worker		x	
Other job role (please specify)			x

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**.

<b>Age Group</b>	<b>Yes, mandatory</b>	<b>Yes, voluntary</b>	<b>No</b>
Minors (under age 18)	x		
Age 18 / 19		x	

## Using a Whole Family Approach

Describe how you are ensuring your services are **inclusive** for all. *(text fill in response)*

RMCEP is committed to identifying and addressing the root causes of disparities affecting historically underserved populations. We work to ensure fair access and broad representation across all areas of our service delivery. Our staff receive ongoing training to strengthen their understanding and ability to effectively support underrepresented communities

Describe how you are ensuring your services are **accessible** for all. *(text fill in response)*

RMCEP completes annual ADA assessments and actively works to remain compliant with all accessibility regulations. We are committed to providing ongoing training to our staff to ensure they have the knowledge and skills necessary to maintain accessible services. Additionally, RMCEP strives to offer information and resources in a variety of formats to address different accessibility needs, ensuring that all users can access our services effectively.

How are you working to **advance equity in service delivery** in your Tribal Nation / County? *(text fill in response)*

RMCEP advances equity in service delivery by providing culturally responsive, individualized support that addresses participants' unique barriers, goals, and cultural context. We connect participants with employers who actively support inclusivity in their hiring practices. We collaborate with culturally specific community organizations to support participant engagement.

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

x	Yes, mandatory. If yes, provide the title of the training and how often it is provided (fill in) Staff are required to attend the MFIP conference held annually. We also provide domestic violence training from Women's Advocates to qualify staff as Family Violence Specialists. This training will be provided annually.
x	Yes, voluntary. If yes, provide the title of the training and how often it is offered (fill in) Yes, voluntary. If yes, provide the title of the training and how often it is offered (fill in) Global Career Development Facilitator (GCDF) is offered biennially. One of its core areas—Working with Diverse Populations—focuses on recognizing the unique needs of people based on culture, ability, socioeconomic status, life experience, and other factors. It emphasizes cultural competence and adaptability in service delivery.

	No. If no, please explain (fill in)
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Do you have culturally specific employment services for different racial / ethnic groups?

	No
x	Yes, please describe. (fill in)      We provide culturally responsive employment services that address the diverse needs of individuals from various racial and ethnic backgrounds

# Collaboration and Communication with Others

## 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
	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
x	Yes, please explain (fill in) 1 employment services staff has access and 1 manager/supervisor

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. *(text fill in response)*

RMCEP uses MAXIS to confirm important details of a case to include active status, employment hours, sanction count and FSS category. We utilize the WF1 report options to identify mismatches on FSS categories and will then contact the eligibility worker to get clarification. Eligibility workers and ES staff connect frequently to consult on cases.

## 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.**

<input checked="" type="checkbox"/>	Shared electronic document management system
<input checked="" type="checkbox"/>	Regular case consultation meetings
<input checked="" type="checkbox"/>	Workers with dual MFIP and CCAP role
<input type="checkbox"/>	Workers with dual Employment Services and CCAP role
<input checked="" type="checkbox"/>	Specific CCAP workers process MFIP child care cases
<input checked="" type="checkbox"/>	MFIP and / or Employment Services workers receive training related to CCAP
<input checked="" type="checkbox"/>	Communications with CCAP worker via phone, email, or fax
<input type="checkbox"/>	Use of agency-developed forms or documents
<input checked="" type="checkbox"/>	MFIP and / or Employment Services workers assist families with completing CCAP paperwork (for example: the CCAP application)
<input checked="" type="checkbox"/>	MFIP and / or Employment Services workers have MEC2 Inquiry access
<input checked="" type="checkbox"/>	Other, please specify (fill in) monthly meets with the Career Force Center to cover cases and needs

What barriers prevent timeliness? *(text fill in response)*

Morrison county does not have a waiting list, we feel applications and notifications of childcare assistance are timely with Employment Services

## Emergency Services

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

<input type="checkbox"/>	No
<input checked="" type="checkbox"/>	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.

**Choose file** to upload. *no major changes made*

## Performance Measures

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=mndhs-072357&noSaveAs=1&utm\\_medium=email&utm\\_source=govdelivery](https://www.dhs.state.mn.us/main/idcplg?IdcService=GET_FILE&Rendition=Primary&RevisionSelectionMethod=LatestReleased&allowInterrupt=1&dDocName=mndhs-072357&noSaveAs=1&utm_medium=email&utm_source=govdelivery)

If your service area is receiving a bonus, please share successful strategies of engagement: *(text fill in response)*

Text fill in

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. *(text fill in response)*

Strategies will include offering culturally responsive, individualized support, connecting participants with employers who support inclusivity, partnering with community organizations, providing cultural competency training, and striving to hire diverse staff.

## Program Monitoring and Compliance

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 (fill in)

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
x	Sample case reviews by peers
	Other, please specify in the text box below (fill in)

## Administrative Cap Waiver

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 the eDocs to fill out the IPP form. Email the completed form to [Jonathan.Hausman@state.mn.us](mailto:Jonathan.Hausman@state.mn.us)

## Provider Choice

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

	We have multiple Employment Service Providers we work with.
x	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.

**Choose file** 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	Rural Minnesota Concentrated Employment Program, Inc (RMCEP)
Address	609 13 <sup>th</sup> Ave Ne, Suite G, Little Falls, MN 56345
Contact Person	Becky Costner
Phone Number	218-570-9129
Email	<a href="mailto:BeckyC@rmcep.com">BeckyC@rmcep.com</a>

Please check the respective box to indicate which population is served by [ES Provider Name]

x	MFIP ES
x	DWP ES
x	FSS
x	Teen Parents
x	200% FPG
	Other (fill in)

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

x	I have entered all of the current Employment Service providers we work with.
	I have additional Employment Service providers I need to add.

***\*If you select that you have additional Employment Service providers to add,*** you will be able to add up to 20 Employment Service providers. These questions will repeat until you select the option:  
*"I have entered all of the current Employment Service providers we work with."*

***\*If you select that you have entered all of the current Employment Service providers we work with...*** the following question will pop up.

Does your Tribal Nation / County (select one):

	Have at least two employment and training service providers.
x	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 the following question.

### Financial Hardship Request

To request approval of a financial hardship exception from the choice of provider requirement, please provide the following information.

If the Tribal Nation/County had a choice of providers in calendar year 2025, describe: *(fill in)*

- Factors that have changed which indicate a financial hardship
- Why the hardship is expected to continue; and,
- The magnitude of the hardship, which makes limiting delivery of employment services the best financial option for the Tribal Nation/County

N/A

Summarize options explored by the county, including use of other partners in a workforce center or other community agencies, such as a Community Action Program or a technical college.

The summary should also include: *(fill in)*

- Major factors which prevent the Tribal Nation/County from utilizing these options and include a cost analysis of each option considered; and
- The process used to determine the cost of other options (RFP or other Tribal Nation/County process).

N/A

*(\*If "Intend to submit a financial hardship request. See the following question." Is selected... )*

If the Tribal Nation/County proposes to directly deliver MFIP employment services, provide a budget and staffing plan that clearly indicates consolidated funds will not be used to supplant Tribal Nation/County funds. The description should include information about what steps will be taken to ensure that staff have the experience and skills to deliver employment services.

# Budget

## 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)	10,000	3.2
Employment Services (MFIP)	190,996	60.5
Emergency Services / Crisis Fund	15,000	4.8
Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver)	23,665	7.5
Income Maintenance Administration	75,875	24
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
<b>Total</b>	315,536	100

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

	Budgeted Amount	Percent
Employment Services (DWP)		
Employment Services (MFIP)	200,996	63.7
Emergency Services / Crisis Fund	15,000	4.8
Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver)	23,665	7.5
Income Maintenance Administration	75,875	24
Incentives (include the total amount of funds budgeted for participant incentives but don't include support services here)		
Under 200% Services		
Capital Expenditures		
Other		
<b>Total</b>	<b>315,536</b>	<b>100</b>