

County Employment and Training (E&T) Plan of Action
[Insert County Agency Name]
FFY 2020

Part A: Cover Page and Authorized Signatures

County: *Enter the name of your County*

County Agency: *Enter the name of your County FNS E&T agency*

Federal FY: *Enter the Federal FY.*

Primary Contacts: *Complete the table with the name, title, phone and email address for those County agency personnel who should be contacted with questions about the E&T plan. Add additional rows if needed.*

Name	Title	Phone	Email
<i>Insert more rows as needed.</i>			

Certified By:

<Signature of Authorized Person>

County Agency Director

Date

Certified By:

<Signature of Authorized Person>

County Agency Fiscal Reviewer

Date

County E&T Program, Operations and Policy

Provide narratives in each of the areas below.

County E&T Program, Operations and Policy Overview	
Summary of the FNS E&T Program	
Program Changes	
Workforce Development System	<i>This applies if your county works with any Workforce Development Boards in the administration of your E&T Program</i>
Other Employment Programs	
Special Populations	<i>This would include any specific population a county intends to serve in its E&T Program. Some examples would be the homeless, veterans, ex-offenders, applicants, zero benefit households, etc.</i>
Screening Process	
Participant Reimbursements	

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County Name	Job Search	Job Search Training	Job Retention	Basic Education/ Foundational	Vocational Training	On-the-Job Training	Work Experience
County Name							

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Operating Budget

Instructions:

Complete the operating budget table, providing line item detail and the program total. **If there are contracts, enter the total contract amount.** Cost categories outside of contracts apply only to the County FNS E&T agency expenses. Additional detail on contracts should be provided in the Contractor Detail Addendum.

	County cost	Federal cost	Total
I. Direct Costs:			
a) Salary/Wages			
b) Fringe Benefits* Approved Fringe Benefit Rate Used _____%			
c) Contractual Costs			
d) Non-capital Equipment and Supplies			
e) Materials			
f) Travel			
g) Building/Space			
h) Equipment & Other Capital Expenditures			
Total Direct Costs			
II. Indirect Costs:			
Indirect Costs*Approved Indirect Cost Rate Used:_____%			
Total Indirect Costs			
III. In-kind Contribution			
County in-kind contribution			
IV. Participant Reimbursement (County plus Federal):			
a) Dependent Care			
b) Transportation & Other Costs			
c) County Agency Cost for Dependent Care Services			
V. Total Costs			

Budget Narrative and Justification Instructions

Provide a budget narrative that explains and justifies each cost and clearly explains how the amount for each line item in operating budget was determined.

I. Direct Costs: Explain all direct costs to the program

b) Fringe Benefits

c) Contractual Costs

d) Non-capital Equipment and Supplies

e) Materials

f) Travel & Staff Training

g) Building/Space

h) Equipment & Other Capital Expenditures

II. Indirect Costs:

III. In-kind Contribution

IV. Participant Reimbursement (County plus 50 percent Federal match):

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Contractor's Signatures:

Each third-party entity your county partners with is required to sign off on this Plan. Add additional signature lines if needed.

Agency Name: _____

<Signature of Authorized Person>

Agency Director

Date

Agency Name: _____

<Signature of Authorized Person>

Agency Director

Date

Agency Name: _____

<Signature of Authorized Person>

Agency Director

Date

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Summary of Federal Fiscal Year Costs

Funding Category	Upcoming FY Budget
1. E&T Administrative Expenditures	
a. 50% Federal	
b. 50% County	
2. Participant Expenses:	
a. Transportation/Other	
50% Federal	
50% County	
b. Dependent Care	
50% Federal	
50% County	
3. Total E&T Program Costs (=1a+1b+2a+2b)	
4. Total Planned Federal FY Costs (Must agree with Part I-Table 5: Operating Budget	