**Cover Page**



Maryland Department of Human Services, Family Investment Administration

Supplemental Nutrition Assistance Program Employment & Training

(MD SNAP E&T)

FFY 26-28 Proposal

Award Duration Period: October 1, 2025 - September 30, 2028

****

**SECTION I: APPLICANT PROFILE**

1. Full Organization Name / DBA:
2. Date Proposal Submitted:
3. Contact Person:
   * Name
   * Phone
   * Address
   * Email
4. Program Point of Contact:
   * Name
   * Phone
   * Address
   * Email
5. Authorized Signatory:
   * Name
   * Phone
   * Address
   * Email
6. DUNS Number:
7. UEI Number (SAMS):
8. Federal Tax ID Number:
9. Mailing Address:
10. Physical Address(es):
11. Business/Invoice Address:
12. Telephone Number:
13. Fax Number:
14. Website:
15. Counties/Locations Served:
16. W-9 Taxpayer Identification Number (TIN):
17. Program Totals

| **Fiscal Year Totals** | Administrative Reimbursement Amount | Participant Reimbursement Amount | Total Allocation for the SNAP E&T Program |
| --- | --- | --- | --- |
| FFY 2026 |  |  |  |
| FFY 2027 |  |  |  |
| FFY 2028 |  |  |  |
| **Three-Year Total** |  |  |  |

*Example: FFY 2026*

*Administrative Reimbursement Cost: $6,000.00*

*Participant Reimbursement Cost: $4,000.00*

*Total Allocation for the SNAP E&T Program: $10,000.00*

***Allowable Reimbursement Amount: $5,000.00***

*Note: This is a 50% reimbursement program for allowable costs associated with SNAP E&T participants only.*

**SECTION II: SNAP E&T PROPOSAL**

**Organizational Overview and Program Summary**

**Needs Statement (Including Enough Act)**

***Program Design Requirements***

**Program Design Requirements**

1. **Outreach and Target Population Strategy**
2. **Client Intake, Assessment, and Enrollment Process**
3. **Detailed Description of SNAP E&T Components**
4. **Program Enrollment and Duration of Services**
5. **Program Timeline and Workflow**
6. **Assessment of Participant Needs and Progress**
7. **Suitability Screening for Component Participation**
8. **Supportive and Wraparound Services**
9. **Performance Tracking and Evaluation**
10. **Labor Market Alignment**
11. **Pathways to In-Demand Employment**
12. **Serving Special Populations**
13. **Staffing and Organizational Roles**
14. **Components Table- (**Estimated number of SNAP Customers only/Case Management is a mandatory component**)**

| ***Description of Services*** | ***FNS Component(s)*** | ***In-House or subcontracted*** | ***# of Proposed Participants in Component*** | ***Price Per Customer per Component*** | ***Estimated amount: component (estimated number of participants X Price Per Customer)*** |
| --- | --- | --- | --- | --- | --- |
| *CNA Certification- Licensure, training,* | *BEV-Vocational Training* | *In-House* | *50* | *(EXAMPLE: total admin cost /total number of participants/number of components)*  *$100,000/500/5=$40* | *Price per component X # of participants in component ($40X50)=*  *$2,000.00* |
| Mandatory Component | Case Management |  | (All Customers) |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

1. **Building Space Costs (**If charging building space to the E&T program, describe the method used to calculate space value that is allocated to SNAP Customers/the SNAP E&T program**).** 
   1. ***Example 1: Building Space 2500 sq ft / $60k per year***
   2. ***Example 2: Building Space 1700 sq ft/ $18,000 (2x-location 1, location 2)***
   3. ***Example 3: Building Space 43,450 sq ft at a rate of $2.53 per square foot equates to $110,000 annually. This includes rent, utilities, and maintenance expenses.***
2. **Participant Reimbursement Services Offered**
3. **Sub Contractors *(****list all sub contractors/outside vendors- info must be provided for each sub contractor***)**
   1. **Vendor Name**
      1. Vendor Contact Name
      2. Vendor Address
      3. Vendor Email Address
      4. Vendor Website
      5. Vendor SDAT
      6. Description of services provided by the vendor
      7. EIN
      8. Sub-contract amount
      9. Describe how you will ensure that the subcontractor fully understands SNAP E&T requirements.
      10. Describe your process for ensuring the subcontractor complies with SNAP E&T requirements and contractual obligations.
      11. Describe the cost per customer served
4. **Staff Profile: Using the table below, please provide information on all staff within your organization who will be involved with the SNAP E&T Program**

| **Staff Name** | **Job Title** | **Role with SNAP E&T** | **Number of years in workforce development** | **Biography** |
| --- | --- | --- | --- | --- |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

1. **Proposed Outcomes for 2026-2028 (**complete table**)**

| **Metric Goals** | **FFY 26 Target** | **FFY 27 Target** | **FFY 28 Target** |
| --- | --- | --- | --- |
| Number of participants to be enrolled |  |  |  |
| Number of customers completing Component 1 |  |  |  |
| Number of customers completing Component 2 |  |  |  |
| Number of customers completing Component 3 |  |  |  |
| Number of customers earning a credential |  |  |  |
| Number of customers placed in jobs |  |  |  |
| Number of customers retaining employment 90 days after job placement |  |  |  |
| Number of customers retaining employment 1 year after job placement |  |  |  |
| Total # of **unduplicated** customers that enter the program |  |  |  |

**Section III- Attachments**

**Section IV- Attestation and Signature**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read and understand the proposal guidelines.

By Submitting this proposal, I attest to the following:

* 1. Your program has reviewed and understands the SNAP E&T Proposal Guidelines.
* 2. Your Program will not charge SNAP participants for any aspect of the program.
* 3. Your program will have the total amount of Non-Federal funding to support the program for the entire fiscal year (10/1 - 9/30) and will not be reliant on the reimbursement to sustain program functionality.
* 4. Your Program understands that this is a reimbursement program up to 50% and is not reliant on SNAP E&T reimbursements to run the program.
* 5. You verify that the information provided in the proposal is true.

Signature denotes confirmation of the above statements:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name Title

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Date

**Section V- Appendices**