

PART I

SUMMARY OF FOOD STAMP EMPLOYMENT AND TRAINING PROGRAM

A. Component Summary

The County must certify that each component summary is correct by checking the appropriate box following the component description. If the component description provided summarizes your particular component check the first box. If there are deviations from the component description provided, check the second box, and summarize your description of component. If the component is not offered in your county check, Not Applicable.

1. Independent Job Search

a. Description of component:

County certifies to the following description:

This component consists of an unsupervised job search effort, beginning at application, or at certification or a combination of both. The participant attends an orientation session, in which, the program requirements are explained, Rights and Responsibilities are provided, and guidance is given in the methods of a successful job search. Participants report back at scheduled intervals for verification of effort.

County certifies to the following description:

Not Applicable

b. Geographic areas to be covered:

Entire County Other: _____

c. Number of job contacts that will be required over what time period:

Contacts: 24 24 - 36 36 - 48 _____

Length of participation:

4 weeks 8 weeks other: _____

d. Anticipated number of mandatory participants who will enter the component: _____

e. Anticipated number of volunteers who will enter the component: _____

f. Anticipated number of Notices of Adverse Action (NOAAs) to be sent to mandatory participants who fail to comply with the component: _____

g. Population served:

Applicants Recipients.

h. Organization responsibilities:

- CWD Contractor

i. Method for monitoring job contacts:

- Verify all job contacts listed by calling each employer listed on client contact sheet
- Call every other employer listed
- Verify five (5) contacts
- Other: _____

j. Number of participants expected to receive reimbursement for dependent care: _____

k. Number of participants expected to receive reimbursement for transportation: _____

l. Total cost of participant reimbursement: for transportation \$_____ and for dependent care \$ _____

m. Total cost of transportation (\$_____) divided by number of participants expected to receive reimbursement for transportation (_____) equals \$_____ per participant.

n. Total cost of dependent care (\$_____) divided by number of participants expected to receive reimbursement for dependent care (_____) equals \$_____ per participant.

o. Administrative cost of component per participant: \$_____. (Number of mandatory participants plus volunteers that enter component excluding the number of persons sent NOAAs divided into the total cost of component less participant reimbursement).

p. Total cost of component: Including participant reimbursement - \$_____ ; excluding participant reimbursement - \$_____.

2. Supervised Job Search (Non-work component)

a. Description of component:

- County certifies to the following description:

This is an intensive, short term effort, in which the participant is provided with supervised use of:

- phone banks directories Individual counseling group activities
- other: _____

- County certifies to the following:

- Not Applicable

b. Geographic areas covered:

- Entire County Other: _____

- c. Length of participation:
 1 week 2 weeks 3 weeks Other: _____
- Job contacts:
 24 25 - 30 31 - 40 Other: _____
- d. Anticipated number of mandatory participants who will enter component: _____.
- e. Anticipated number of volunteers who will enter component: _____.
- f. Anticipated number of Notices of Adverse Action (NOAAs) to be sent to mandatory participants who fail to comply with the component requirements: _____.
- g. Population served:
 Applicants Recipients
- h. Target Group: Generally recipients who have been unsuccessful in securing employment as a result of:
 Unsupervised Job Search Job Club Other: _____
- i. Organizational responsibilities:
 CWD Contractor: _____
 Other: _____
- j. Methods for monitoring job contacts:
 Verify all job contacts by calling each employer listed on client contact sheet
 Call every other employer listed Verify five (5) contacts
 Other: _____
- k. Number of participants expected to receive reimbursement for transportation: _____.
- l. Number of participants expected to receive dependent care reimbursement: _____.
- m. Total cost of participant reimbursement for transportation: \$_____ and for dependent care: \$_____.
- n. Total cost of dependent care (\$_____) divided by number of participants expected to receive reimbursement for dependent care (_____) equals \$_____ per participant.
- o. Administrative cost of the component per participant: \$_____. (Number of mandatory participants plus volunteers that enter component excluding the number of persons sent NOAAs divided into the total cost of component less participant reimbursement)
- p. Total cost of component: Including participant reimbursement - \$_____; excluding participant reimbursement - \$_____.

3. Job Club: (Non-work component)

- a. Description of component:

- County certifies to the following description:

Participants are taught how to overcome barriers to employability, enhance their self-esteem, and gain confidence to go on a job interview. Specific activities will teach them how to identify skills, set goals, write resumes, complete job applications, and interview effectively.

County certifies to the following:

Not Applicable

b. Geographic areas covered:

Entire County Other: _____

c. Level of participant effort:

16 hours 20 hours Other: _____

Weeks of participation:

1 week 2 weeks 3 weeks Other: _____

d. Anticipated number of mandatory participants who will enter component: _____.

e. Anticipated number of volunteers who will enter component: _____.

f. Anticipated number of NOAAs for noncompliance: _____.

g. Population served:

Applicants Recipients

h. Target Group: Generally recipients who have been unsuccessful in securing employment as a result of:

Job Search Other: _____

i. Organizational responsibilities:

CWD Contractor: _____

Other: _____

j. Number of participants expected to receive reimbursement for transportation:

k. Number of participants expected to receive reimbursement for dependent care: _____.

l. Total cost of transportation (\$ _____) divided by the number of participants expected to receive reimbursement for transportation (_____) equals \$ _____ per participant.

m. Total cost of dependent care (\$ _____) divided by the number of participants expected to receive reimbursement (_____) equals \$ _____ per participant.

n. Administrative cost of the component per participant: \$ _____. (Number of mandatory participants plus volunteers that enter component excluding the number of persons sent NOAAs divided into the total cost of component less participant reimbursement).

o. Total cost of component: Including participant reimbursement - \$ _____; excluding participant reimbursement - \$ _____.

4. Workfare: (Work component)

a. Description of component:

County certifies to the following description:

This component consists of participants performing work in a public or private nonprofit agency that provides an opportunity to develop basic work habits or to practice existing skills.

County certifies to the following:

Not Applicable

b. Geographic areas covered:

Entire County Other: _____

c. Anticipated number of mandatory participants who will enter the component: _____.

d. Anticipated number of volunteers who will enter component: _____.

e. Anticipated number of NOAAs: _____.

f. Number of worksite positions expected: _____.

g. Population served:

Applicants Recipients

h. Target Group: Generally recipients who have been unsuccessful in securing employment as a result of:

Job Search Job Club Other: _____

i. Organizational responsibilities:

CWD Contractor Other: _____

j. Method for monitoring work assignment:

Verify time sheets Visit work site Other: _____

k. Number of participants expected to receive reimbursement for transportation: _____

l. Number of participants expected to receive reimbursement for dependent care: _____

m. Total cost of participant reimbursement for transportation is \$_____ and for dependent care is \$_____.

n. Total cost of transportation (\$_____) divided by the number of person expected to receive reimbursement for transportation (_____) equals \$_____ per participant.

o. Total cost for dependent care (\$_____) divided by number of persons expected to receive reimbursement for dependent care (_____) equals \$_____ per participant.

- p. Administrative cost of component per participant: \$_____. (Number of mandatory participants plus volunteers that enter component excluding the number of persons sent NOAAs divided into the total cost of component less participant reimbursement).
- q. Total cost of component: Including participant reimbursement - \$_____; excluding participant reimbursement - \$_____.

5. Vocational Training

a. Description of component:

County certifies to the following description:

Employment training includes "hands-on" internship assignment, or training in a classroom setting.

County certifies to the following:

b. Not Applicable

c. Geographic areas to be covered:

Entire County Other: _____

d. Level of effort:

3 months 6 months Other: _____

e. Anticipated number of mandatory participants who will enter the component: _____.

f. Anticipated number of volunteers who will enter the component: _____.

g. Anticipated number of NOAAs to be sent for failure to comply: _____.

h. Population served:

Applicants Recipients

i. Target Group: Generally recipients who have been unsuccessful in securing employment as a result of:

Job Search Job Club Other: _____

j. Organization responsibilities:

CWD Contractor: _____

Other: _____

k. Method for monitoring work assignment:

Verify time sheets Visit work site Other: _____

- l. Number of participants expected to receive reimbursement for transportation: _____
- m. Number of participants expected to receive reimbursement for dependent care: _____
- n. Total cost of transportation (\$_____) divided by the number of participant expected to receive reimbursement for transportation (_____) equals \$_____ per participant.
- o. Total cost for dependent care (\$_____) divided by number of persons expected to receive reimbursement for dependent care (_____) equals \$_____ per participant.
- p. Administrative cost of component per participant: \$_____. (Number of mandatory participants plus volunteers that enter component excluding the number of persons sent NOAs divided into the total cost of component less participant reimbursement).
- q. Total cost of component: Including participant reimbursement - \$_____; excluding participant reimbursement - \$_____.

6. On-the-Job-Training

a. Description of component:

County certifies to the following description:

This component consists of work experience to enable participants to move into regular employment. Assignments are limited to those serving a useful public purpose.

County certifies to the following:

Not Applicable

b. Geographic areas covered:

Entire County Other: _____

c. Level of participant effort:

Participants will be placed in a job with regular working days and hours.

Other: _____

d. Duration:

1 month 2 months 3 - 6 months Other: _____

e. Anticipated number of mandatory participants who will enter the component: _____.

f. Anticipated number of volunteers who will enter component: _____.

g. Population served.

Applicants Recipients

h. Target Group: Generally recipients who have been unsuccessful in securing employment as a result of:

Job Search Job Club Other: _____

- i. Organizational responsibilities:
 - CWD Contractor: _____
 - Other: _____
- j. Method for monitoring work assignment:
 - Verify time sheets Visit work site Other: _____
- k. Number of participants expected to receive reimbursement for transportation: _____
- l. Number of participants expected to receive reimbursement for dependent care: _____
- m. Total cost of participant reimbursement: for transportation \$_____ and for dependent care \$_____.
- n. Total cost of transportation (\$_____) divided by the number of persons expected to receive reimbursement for transportation (_____) equals \$_____ per participant.
- o. Total cost of dependent care (\$_____) divided by number of participants expected to receive reimbursement for dependent care (_____) equals \$_____ per participant.
- p. Administrative cost of component per participant: \$_____ (Number of mandatory participants plus volunteers that enter component excluding the number of persons sent NOAAs divided into the total cost of component less participant reimbursement).
- q. Total cost of component: Including participant reimbursement - \$_____ ; excluding participant reimbursement - \$_____)

7. Education

- a. Description of Component:
 - County certifies to the following description:
 This component assists the participant to develop basic skills in reading, language and arithmetic to better prepare participants for the job market.
 - County certifies to the following:

 - Not Applicable
- b. Geographic area covered:
 - Entire County Other: _____
- c. Number of hours of participation: _____.
- d. Length of participation:
 - 1 week 2 weeks 3 weeks Other: _____

- e. Anticipated number of mandatory participants who will enter component: _____.
- f. Anticipated number of volunteers who will enter component: _____.
- g. Anticipated number of NOAAs: _____.
- h. Population served:
 - Applicants Recipients
- i. Target Group: Generally recipients who have been unsuccessful in securing employment as a result of:
 - Job Search Job Club Other: _____
- j. Organizational responsibilities:
 - CWD Contractor: _____
 - Other: _____
- k. Method for monitoring attendance:
 - School attendance reports Other: _____
- l. Number of participants expected to receive reimbursement for transportation: _____.
- m. Number of participants expected to receive reimbursement for dependent care: _____.
- n. Total cost of participant reimbursement: For transportation \$_____ and for dependent care \$_____.
- o. Total cost of transportation \$_____ divided by number of participants expected to receive reimbursement for transportation (_____) equals \$_____ per participant.
- p. Total cost of dependent care (\$_____) divided by number of participants expected to figure reimbursement for dependent care (_____) equals \$_____.
- q. Administrative cost of component per participant: \$_____) (Number of mandatory participants plus volunteers that enter component excluding the number of persons sent NOAAs divided into the total cost of component less participant reimbursement).
- r. Total cost of component: Including participant reimbursement - \$_____; excluding participant reimbursement - \$_____.
- s. If cost for the education component is charged to the FSET program, please explain why the county cannot use existing educational classes. _____

8. Assessment (Non-Component)

a. Description of assessment:

County certifies to the following description:

This component determines, through an extensive interview, the training and/or employment plan of the participant

County certifies to the following:

Not Applicable

b. Geographic area covered:

Entire County Other: _____

c. Anticipated number of mandatory participants who will be assessed: _____.

d. Anticipated number of volunteers who will be assessed: _____.

e. Population served:

Applicants Recipients

f. Organizational responsibilities:

CWD Contractor: _____

Other: _____

g. Number of participants expected to receive reimbursement for transportation: _____

h. Number of participants expected to receive reimbursement for dependent care: _____.

i. Total cost of participant reimbursement: For transportation \$ _____ and for dependent care \$ _____

j. Total cost of transportation \$ _____ divided by number of participants expected to receive reimbursement for transportation (_____) equals \$ _____ per participant.

- k. Total cost of dependent care (\$_____) divided by number of participants expected to receive reimbursement for dependent care (_____) equals \$_____ per participant.
- l. Cost of assessment per participant: \$_____.
- m. Total cost of assessment: Including participant reimbursement \$_____ ; excluding participant reimbursement \$_____.

B. Geographic Coverage

This section should include a map that specifies where in the county FSET components will operate during the year covered by the Plan of Operations. Specific cities/towns, local agencies, districts, or any other relevant operational designation should be noted. If different components will operate in different locales, those variations should be specified.

<u>Where (local)</u>	<u>Component(s)</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Comments: _____

PART II

PROGRAM PARTICIPATION AND EXEMPTIONS

A. Work Registrant Population

1. The number of work registrants expected to be in the County as of October 1, 1995 through October 31, 1995 is estimated to be: _____
2. Anticipated number of new work registrants added between November 1, 1995 and September 30, 1996 total: _____
3. The total number of work registrants in the County between October 1, 1995 and September 30, 1996 is estimated to be: _____

The work registrant count in the County is: duplicated unduplicated

If duplicated what percent is duplicated: _____

Explain how you arrived at this percent: _____

B. Characteristics of Work Registrants

1. Average age: _____
2. Percent Male: _____
3. Percent Female: _____
4. Average length of assistance: _____
5. The following summarizes the characteristics of the work registrant population: _____

6. The information on work registrant characteristics was obtained via:
 Special survey Food Stamp Characteristics Survey Other: _____

C. Deferral Criteria

1. Individual/Personal Exemptions (Deferrals). The following are approved individual deferrals and definitions used to derive at figures for Table 1 part C and reported on the STAT 40 report form.
 - a. Circumstances which would exempt an individual from participation are hereafter referred to as "deferral criteria." The following circumstances shall defer an individual from participation:

- Lack of transportation.
- Lack of child care.
- Temporary disability or illness.
- Family difficulties.
- Temporarily unemployed.
- Participation in a program with requirements which exceed those of the FSET program.

b. Criteria used to authorize the above deferrals follow:

- Lack of transportation would be determined if: private or public transportation is not available at reasonable times or on a regular basis, or transportation costs of participation exceed \$25.00 per month or a round trip exceeds 2 hours.
- Lack of child care would be determined if: private or public child care is not available at reasonable times, or child care costs of participation exceed \$160 per month per dependent.
- Temporary disability or illness would be determined if a woman is in the second trimester of pregnancy, and/or if an individual has an illness or injury serious enough to temporarily prevent employment; minor ailments, such as colds, will not defer a person from participation.
- Family difficulties would be determined if: the individual was needed temporarily to care for an incapacitated or ill family member, or there was a death in the immediate family or of any person in the immediate household, or there is a severe family crisis.
- Legal difficulties would be determined if: the individual has a mandatory court appearance in the immediate future or there are other legal difficulties that preclude participation.
- Unemployment is considered temporary if the individual is expected to return to work within 60 days.
- A program is considered to exceed the participation requirements of FSET when it requires more than 120 hours of participation per month, or in the case of work programs, requires more hours than the number obtained by dividing the food stamp allotment by the minimum wage. In Counties where the General Assistance (GA) program requirements exceed 120 hours per month, the individual will be deferred due to participation in that substitute program. GA recipients who are required to participate in Job Search and Workfare simultaneously and whose total number of hours exceed 120 per month are also deferred from FSET participation.

c. The classification of staff who grant individual deferrals:

- Eligibility Worker
 Employment Program Worker
 Supervisors
 Other: _____

2. Complete Table 1 to indicate Estimated Participant Levels
3. Complete Table 2 to indicate Estimated FSET Placement Levels

Table 1
Estimated Participant Levels
Fiscal Year 1996

- A. Total number of work registrants in County during the planned Federal Fiscal Year TOTAL (A): _____
- B. List the number of work registrants categorically exempt from FSET participation _____
1. Substitute Program _____
 2. Geographical Exclusion _____
- TOTAL (B): _____
- C. List number of work registrants individually deferred from FSET participation _____
1. Physical or Mental Problems _____
 2. Lack of Child Care _____
 3. Lack of Transportation _____
 4. Family Difficulties _____
 5. Legal Difficulties _____
 6. Temporary Unemployment _____
- TOTAL (C): _____
- D. Total number of work registrants deferred from FSET (B + C) TOTAL (D): _____
- E. Percent of all work registrants exempt from FSET (D divided by A) _____ %
- F. Number of FSET mandatory participants (A - D) _____

Table 2
Estimated FSET Placement Levels
Fiscal Year 1996

1. Number of times mandatory participants expected to begin a component _____
2. Number of times volunteer participants expected to begin component _____
3. Number of NOAA's which will be sent for FSET noncompliance _____
4. Total number of placements the County expects to make during the year (1 + 2 + 3) TOTAL

Table 2 is to reflect a count of placements not participants. A participant may begin and participate in more than one component over the course of the year. Each time the participant begins a new component the county shall count it as a placement. However, if participation is not continuous (e.g., participation is interrupted by a disqualification), the participant may only be counted as placed at the time of initial commencement of the component.

PART III

PROGRAM COORDINATION

A. Intra-agency Coordination

Please check the appropriate boxes which describe the coordination methods used by the county.

1. **Narrative Coordination**

- Eligibility workers will conduct eligibility and employment services (ES) activities, eliminating the need for coordination.
- Eligibility workers will conduct food stamp intake, application, certification, recertification, work registration, and sanctioning for FSET noncompliance. The eligibility worker will forward forms for work registrants to the Employment Services Unit or contractor.

Other: _____

a. Information is coordinated in the County through:

- Use of County developed forms Computers
- Other _____

b. Coordination Timeframes

- The County will refer the participant to the component within 30 days of application.
- The County will not refer the participant to the component within 30 days of application.

B. Complete Table 3 to Summarize Interagency Coordination

[SEE PAGE 16]

Table 3

Summary of Interagency Coordination for the FSET Program

Area of Coordination	Agencies	Number of FSET Participants Expected To Be Served	Methods of Coordination
1. Delivers a FSET component			
2. The FSET Program delivers a service for another agency or program			
3. Joint component of the FSET Program and another agency or program			
4. Referral of individuals from FSET Program to another program or agency			
5. Other form of coordination			

C. Areas of Coordination

- _____

- The County refers individuals to: _____

for services.

List any other areas of coordination:

D. Methods of Coordination

- Non-financial inter-agency agreement
List agency(ies): _____

- Contractual
List contractors): _____

- Joint Plans of Operation

List with whom: _____

- Informal referral procedures. (e.g., the FSET Program refers participants to JTPA)

List to what agency(ies): _____

- Other methods of coordination in the County should be specified as appropriate.

Explain: _____

E. Conciliation Process

Registrants who fail to comply with FSET requirements shall be entitled to a period of conciliation prior to receiving Food Stamp sanctions. Conciliation shall begin the day following the discovery of noncompliance by the CWD employee responsible for administering FSET conciliation and shall not exceed 30 calendar days.

Within conciliation, the CWD shall inform the registrant in writing of the opportunity to both demonstrate good cause for the noncompliance and to avoid Food Stamp sanctions by performing a verifiable act of compliance.

If the CWD determines that no good cause existed, compliance must be achieved within the 30 calendar day conciliation period. Within conciliation, participants are entitled to reimbursement for dependent care, transportation, and other allowable expenses, provided such reimbursement is necessary to enable the participant to submit good cause information or comply with program requirements. If the registrant fails to comply by the end of conciliation, the CWD shall mail the individual or household on the final day of the conciliation period a Notice of Disqualification.

County certifies to the above process

PART IV

PROGRAM COSTS AND FINANCIAL MANAGEMENT

A. Planned Costs of the FSET Program.

1. Complete Table 4 to indicate Operating Budget for FFY 1996. [See page 23]
2. Complete Table 5 to indicate Planned Fiscal Year Cost of the County FSET Program. [See page 24]
3. Justification of Education Costs, if any.
 - a. FCS requires assurance that FSET funds for an educational component will not supplant State or local funds devoted to basic education programs.

Please justify FSET expenditures for educational costs: _____

4. Contractual Arrangements

If the county anticipates contracting out any portions of the FSET Program, this section of the County Plan should describe those contractual arrangements and briefly summarize the contract management approach that will be followed. **Please provide the following information for each contractor and separate by component for each contractor:**

- a. The name and location of the contractor: _____
- _____
- _____
- _____
- _____
- _____

- b. Component (list one component per page per contractor): _____

- c. The amount of the contract: _____
- d. The contract management approach that will be followed (e.g., performance-based contract, method of contract monitoring, auditing procedures, competitive procurement): _____

- e. The basis for charging for contractual services, (i.e., will actual costs be claimed or a certain amount?): _____

- f. The number of persons expected to be placed through the contract: _____
- g. Cost per placement: _____
- h. Transportation cost per placement: _____
- i. Total cost of transportation: _____
- j. Cost of dependent care per participant: _____
- k. Total cost of dependent care: _____

5. Participant Reimbursement

The County estimates that participant reimbursement will total \$_____ for transportation and \$_____ for dependent care for FFY 1996. This is based upon an estimated_____ mandatory participants and volunteers who will begin a component.

- Some of these individuals will participate in more than one component and consequently require reimbursement for the additional component(s).

6. Method of Reimbursement.

- Reimbursement for transportation expenses is required up to \$25 per month.

Reimbursement for transportation is:

- Reimbursed paid in advance consisted of bus tokens bus pass
 Other: _____

Reimbursement for dependent care is required up to (2 and under) \$200 & \$175 per dependent per month.

Dependent care is:

- Paid via a vendor paid via voucher system reimbursed
 Other: _____
-

Table 4
Operating Budget
Federal Fiscal Year 1996

	Total Cost		Total Contractual Costs	Total Dependent Care Cost	Total Transportation Cost
	Salary & Benefits	Other Costs (Overhead)			
Job Search	\$	\$	\$	\$	\$
Job Club	\$	\$	\$	\$	\$
Workfare	\$	\$	\$	\$	\$
Supervised Job Search	\$	\$	\$	\$	\$
Vocational Training	\$	\$	\$	\$	\$
Education	\$	\$	\$	\$	\$
OJT	\$	\$	\$	\$	\$
Total Costs:	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Total Component Costs: \$_____.

Assessment Costs: \$_____

Total Cost: \$_____

Table 5

Planned Fiscal Year Costs of the County FSET Program by Category of Funding - FY 1996

	Estimate of FY 1995 Expenditures	Fiscal Year 1996
1. E&T Grant Funds (100% Federal):		
2. Additional E&T Expenditures: 50% Federal: 35% State: 15% County:		
3. County Over Match for Administrative Cost: 50% Federal: 50% County:		
4. Participant Expenses Reimbursed: a. <u>Up to \$25 per month for transportation and other costs</u> 50% Federal: 35% State: 15% County: b. <u>Up to \$160 per dependent per month for dependent care costs</u> 50% Federal: 35% State: 15% County: c. <u>Above \$25 per month for transportation and other costs (optional)</u> 100% County: d. <u>Above \$160 per dependent per month for dependent care costs (optional)</u> 100% County: e. <u>County Over Match for:</u> <input type="checkbox"/> <u>Transportation</u> <input type="checkbox"/> <u>Dependent Care</u> 50% Federal 50% County		
5. Total E&T Program Costs (1 + 2 +3)		

PART V

COUNTY GEOGRAPHIC EXCLUSION

This part of the plan should be completed by a county requesting a partial or total geographic exclusion.

In order to obtain FNS approval to exclude certain geographic areas, strong, specific justification regarding the impracticality of operating a program in that area must be provided by the county.

The County is requesting a:

- Total geographic exclusion Partial geographic exclusion

A. Work Registrant Population.

If requesting a partial geographic exclusion please list those areas (towns, cities, communities) of your county you are requesting exclusion and the FSET work registrant population for that area:

<u>Area</u>	<u>Work registrant population</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

B. Unemployment.

County unemployment rate for the past 12 month period: _____ (percent)

How did the county arrive at the unemployment rate:

C. Exclusion Justification.

1. Transportation/Remoteness:

- No public transportation
- Round-trip travel time between unincorporated areas exceed two hours.
- Private bus line is inadequate and costly

List cost of private transportation and add any additional justification; such as, bus services limited to twice a day service: _____

2. Employment:

- Employment is seasonal:

Explain: _____

- Job opportunities are limited:

Explain: _____

- A major employer has had substantial layoffs.

Explain: _____

The county has experienced a natural disaster:

Explain: _____

3. Additional Justification.

Provide a narrative statement(s) about why your county should be excluded. Geographic exclusion requests will be judged on the circumstances of the area, not factors such as the county's ability to provide service in the area.

Only complete the following section if your county is requesting a total geographic exclusion:

D. Work Registrant Population

1. The number of work registrants expected to be in the County as of October 1, 1995 through October 31, 1995 is estimated to be: _____
2. Anticipated number of new work registrants added between November 1, 1995 and September 30, 1996 total: _____
3. The total number of work registrants in the County between October 1, 1995 and September 30, 1996 is estimated to be: _____

4. The work registrant count in the county is:

duplicated unduplicated

If duplicated what percent is duplicated: _____

Explain how you arrived at this percent: _____

5. Number of FSET work registrants last FFY (October 1, 1994 through September 30, 1995): _____

PART VI

MANAGEMENT INFORMATION AND PROGRAM REPORTING

A. Methods for Meeting On-Going Reporting Requirements.

The County will submit quarterly reports (STAT 40) to the California Department of Social Services the fifteenth working day of the month following the report quarter.

1. Management Information System (MIS)

The County will aggregate hard copy reports

Other: _____

B. Organizational Responsibility for FSET Reporting (STAT 40)

1. Responsibility for non-Financial FSET reports. Please provide the name, address and telephone number of contact person:

2. Responsibility for financial FSET reporting (claims). Please provide the name, address and telephone number of contact person.