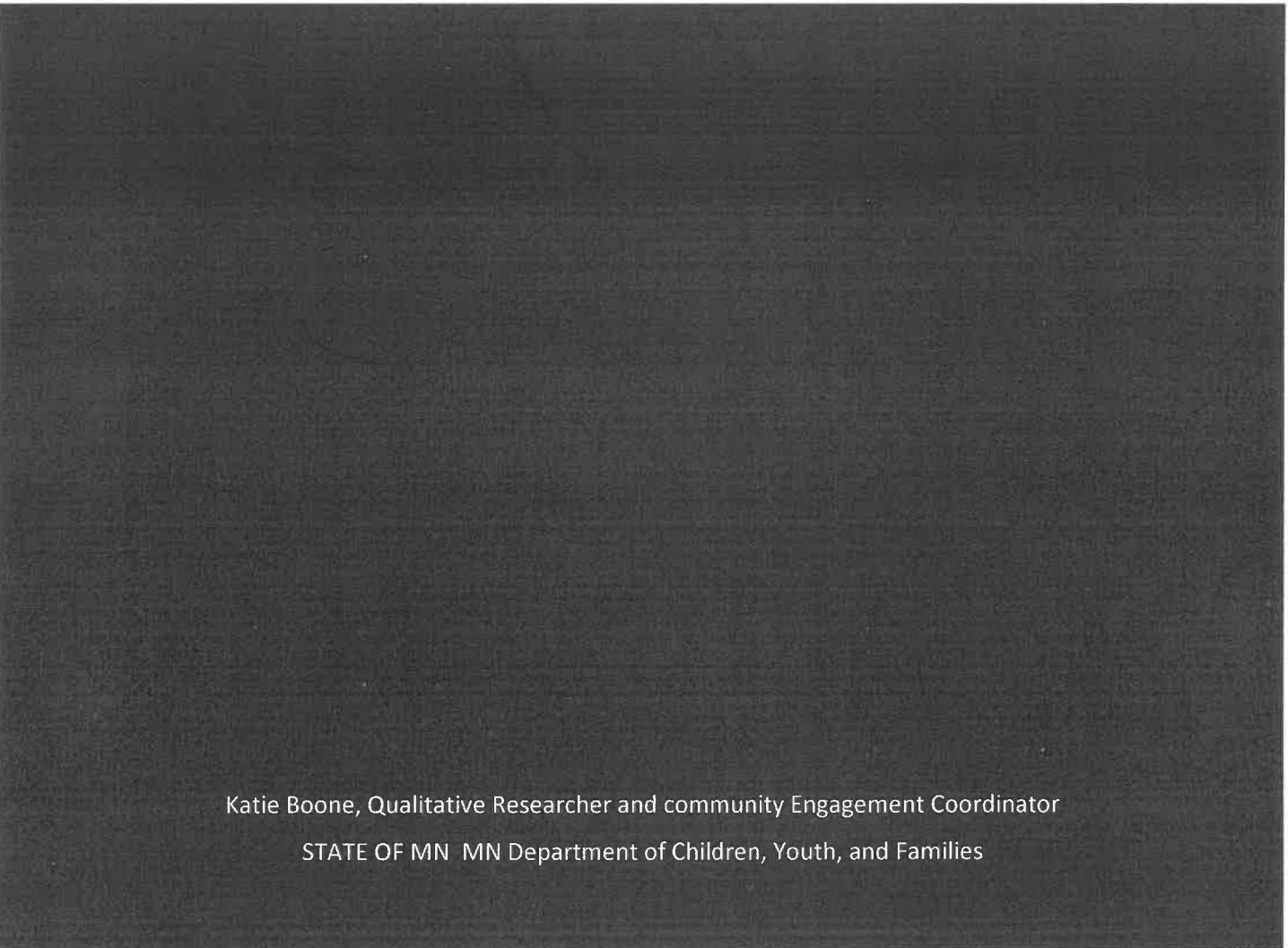




**2026 – 2027**  
**BIENNIAL SERVICE AGREEMENT (BSA)**  
**QUESTIONS IN QUALTRICS**



Katie Boone, Qualitative Researcher and community Engagement Coordinator  
STATE OF MN MN Department of Children, Youth, and Families

# Table of Contents

Introduction .....	3
Contact Information – Please fill in and complete each section.....	4
Needs Statement .....	4
Tribal and County Contact Information (Document Upload).....	5
Tribal and County Contact Information Fields .....	6
Service Models.....	7
Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP).....	7
Family Stabilization Services (FSS) .....	10
Services for families under 200% of Federal Poverty Guideline (FPG) .....	11
Minnesota Family Investment Program (MFIP) Services for Teen Parents .....	13
Using a Whole Family Approach .....	15
Collaboration and Communication with Others .....	16
Workforce One Connect App .....	16
MAXIS.....	16
Child Care Assistance Program.....	17
Emergency Services .....	17
Performance Measures.....	25
Program Monitoring and Compliance.....	25
Administrative Cap Waiver.....	26
Provider Choice .....	26
Budget.....	31
Certifications and Assurances .....	32
Public Input.....	32
Assurances .....	33

SERVICE AGREEMENT CERTIFICATION ..... 35

Public Comment Period ..... 35

# Introduction

## 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 15, 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 15, 2025.

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

Tribal Nation Name / County / Consortium	White Earth Nation
Plan Year	2026 2027
Contact Person	Sandra M. St. Clair
Title	Manager Maadaadizi Workforce Center
Address	P. O. Box 69 (3081 Workforce Center Rd)
City	Naytahwaush
State	Minnesota
Zip Code	56566
Phone Number	218-936-2444
Email Address	Sandra.StClair@whiteearth-nsn.gov
Confirm Email Address	Sandra.StClair@whiteearth-nsn.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.

Viable incentives for client achievements: Gift cards, gas cards, Phone cards, ordering in build for client needs as they move forward in Education and Employment.

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

*We have a very extensive support system in place for all their needs, Child Care for evenings and weekends tends to be harder for those that work evening and overnight shifts, they depend upon family and friends to provide much needed childcare services, and we can also provide temporary payment until child care is approved through the Child Care program.*

Identify resources in your community that benefit MFIP families.

*Child Care Assistance Program*  
DOVE

Lakes Crisis & Resource Center  
Anishinaabe Legal Services  
Job Corps  
Dislocated Workers Program Quest  
Vocational Rehabilitation  
Disability Benefits 101  
MN State Careerwise  
Becker county food shelf  
WE Feeding our Families Food shelf  
U of M Extension SNAP Education  
WEII  
Lifeline/ Link Up  
Telephone Assistance Program  
Child and Teen Checkup program  
Ways to work loan program  
Salvation Army- Heat Share  
Mahube  
Vinyard church  
Lutheran Social Services  
School Meal program  
Mn Energy Assistance  
WEN Constituents program  
MN SURE  
WE/Mahnomen DWI Court  
Tri Valley Transit  
WE Transit  
SNAP  
Food Distribution

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

*More child care in remote communities of the reservation ie Pine Point and Rice Lake areas*

## **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	Sandra M. St. Clair
Email	Sandra.StClair@whiteearth-nsn.gov
Phone	218-936-2444

### DWP Supervisor Contact

Name	Jon Weaver
Email	Jon.Weaver@whiteearth-nsn.gov
Phone	218-936-2444

### Financial Assistance Services Supervisor Contact

Name	Amy Littlewolf
Email	218-935-3789
Phone	Amy.Littlewolf@whiteearth-nsn.gov

# 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: (fill-in)
<input checked="" type="checkbox"/>	Other, please specify in the text box below (fill in) \$100.00 Incentives for completion of certificates new Drivers Licenses, or GED/ABE completions

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 checked="" type="checkbox"/>	Other, please specify in the text box below (fill in) on site job search, gas for interviews, car repairs

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 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 checked="" type="checkbox"/>	Other, please specify in the text box below (fill in) Temporary employment with Giizhaa or Day Labor

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
X	Other, please specify in the text box below (fill in) Outside resources for clients needs.

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) as needed weekly and by phone
X	Other, please specify in the text box below (fill in) emergency needs for employment, clothing uniforms, shoes, work boots, safety gear

*(\*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
	12 months
X	Other, please specify (fill in) as long as the client needs services or referrals for other support programs

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)
	Work Keys
	National Career Readiness Certificate (NCRC)
X	Other (fill in) TABE testing,

## 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
	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
	Follow Along Program
X	Public Health Nurse home visiting services
X	Women, Infants, Children Program (WIC)
	Other (fill in)

(\*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
X	GED
X	Job postings
X	Support services
X	Job retention services
X	ABE / ELL classes
X	Computer lab classes
X	Transportation / vehicle repair
X	Other (fill in) referral to other programs as they move forward in their career choices

(\*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) (fill in) As long as they need our services and referrals

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.

X	Childcare
X	GED
X	Job postings
X	Support services
X	Job retention services
X	ABE / ELL classes
X	Computer lab classes
X	Transportation / vehicle repair
X	Other (fill in) education training for employment needs

*(\*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) As long as our services are needed

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

20 + in our TERO, Quest Dislocated Worker program, Day Labor, 477 which they apply
--

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)*

Pay stubs, verification forms for our programs, Payroll departments, Tax forms-w2's Calculations of 6 month employment doubled

## 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	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			
Employment Services Worker			
Social Worker (Social Services)			
Public Health Nurse			
Child Care Worker			
Child Protection Worker			
Other job role (please specify) SYEP 14-21 Yrs	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) Case Managers Opportunities for Growth and SYEP Coordinator	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)*

*The White Earth Reservation Workforce Employment and Training Center programs are designed to assist all Federally Enrolled Tribal members and Descendants in their journey to Self Determination and being responsible members of the White Earth Tribal Nation and all our Entities. We ensure access for education and employment opportunities depending upon the needs of the clients and to share access to all needs for them to move forward. We have set additional options of services for their needs to be met in the communities they reside in*

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

*Online, in person mail knowledgeable Case Managers/Job Developers and employment and training opportunities to meet their needs in the future one Stop Career services for GED/ABE, job search, applications provided for other program access and one to one contact with the providers of services and personal job contacts.*

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

*Outreach/in office and attend all events to ensure there is a way to contact tribal youth, adults and elders for all of our services.*

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 (fill in)
X	Yes, voluntary. If yes, provide the title of the training and how often it is offered (fill in) We work with a variety of training both state and federal as they are sent to us.
	No. If no, please explain (fill in)

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

	No
X	Yes, please describe. (fill in) Tribal and other tribal nations

# 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)
	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:

	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
	Yes, please explain (fill in)

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)

Text fill in
--------------

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

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

<i>Text fill in</i>
---------------------

## 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. WHITE EARTH NATION FINANCIAL SERVICES**

### POLICY AND PROCEDURE

<b>Title:</b> Emergency Assistance Program	
<b>Effective Date:</b> 09/01/2025	<b>Review Date:</b> 09/01/2027
<b>Policy:</b> To the extent that funding is available, Low Income Emergency Assistance funds may be used to help families meet emergency needs to avoid a housing, utility crisis and/or employment related crisis.	

### I. LEGAL AUTHORITY

- 142G.76 [MFIP CONSOLIDATED FUND]

## II. BACKGROUND

- The 2003 Minnesota Legislature Abolished Emergency Assistance as a state-funded program associated with the Minnesota Family Investment Program. New statutes provided counties with a consolidated MFIP grant that included funding that could be used to pay for emergency needs of eligible participants. Please note that Emergency Assistance has been repealed and is no longer an entitlement.
- 
- White Earth Nation has chosen to address emergency needs of White Earth Nation members under the Consolidated Fund through a program called Emergency Assistance Program. White Earth Nation will serve families with a minor child, a pregnant woman, or a noncustodial parent of a minor child receiving assistance, with household income below 200% of the Federal Poverty Guidelines for a family of the applicable size. White Earth Nation will give priority to families currently receiving MFIP, the diversionary work program, or family stabilization services, and families at risk of receiving MFIP or DWP. MN Statute 256J.626 Subd 3

## III. DEFINITIONS:

- CAREGIVER** A person who provides care and support to a MINOR CHILD. The person may or may not receive benefits.
- Minor Child** – An individual who is less than 18 years old OR is under the age of 19 and a full-time student in a secondary school OR a group of minor children related to each other, along with their natural, step or adoptive parent(s) or another caregiver.
- LEGAL CUSTODIAN**

MFIP, DWP: A person under legal obligation to provide care for and who is in fact providing care for a minor. For a Native American child, any Native American person who has legal custody of a Native American child under tribal law or custom, under state law, or to whom temporary physical care, custody, and control has been transferred by the parent of the child. If assistance is being requested for the MINOR CHILD, this person meets the definition of CAREGIVER in 0002.09 (Glossary: Calendar Month...).

### **LEGAL GUARDIAN**

“Legal guardian” or “guardian” is a person appointed by a parent’s will or by the court to have the powers and responsibilities of a parent, except that the guardian is not legally obligated to provide support for the ward out of the guardian’s own funds. If assistance is being requested for the MINOR CHILD, this person meets the definition of CAREGIVER in 0002.09 (Glossary: Calendar Month...).

## IV. APPLICATION PROCESS

- Before an assistance unit can receive Emergency Assistance, the caregiver(s) or their authorized representative must complete an application and meet eligibility requirements. “Application” refers to the Combined Application Form. All adult members in the household must sign the application. The date of the application is the date the signed Combined Application Form is received by White Earth Financial Services.
- Application process includes the following:

1. A person contacts the tribal agency
2. The tribal agency advises the person of his/her right to file an application, tells the person how and where to apply, and, if necessary, assists the person with the application.
3. A person files a Combined Application Form.
4. The tribal agency evaluates the application for emergency need.
5. The tribal agency conducts a face-to-face or phone interview with the applicant.
6. The applicant provides required verifications.
7. The tribal agency determines eligibility and the beginning date of eligibility.
8. The tribal agency notifies the applicant of eligibility or ineligibility.
9. Emergency Assistance applications will be approved or denied within 30 days of the date of application.

V. ELIGIBILITY

***A unit must meet ALL the following conditions:***

1. At least one household member must meet the 30-day state residency requirement. Per MN Statute 142G.12 SUBD 1. 2. 3.
2. Household Unit - A household unit includes all individuals who live together in the same location with a pregnant woman or with a minor child who is living with an eligible caregiver. This includes all individuals including roommates who live at the same address.
3. The household unit income must be below 200% of the federal poverty guidelines that are in effect at the time of application; income to be considered is for the current month of application.

• **200 PERCENT OF FEDERAL POVERTY GUIDELINES**

Household Size	Monthly Standard (200% of Federal Poverty Guidelines (FPG)) <u>8-2025 CM</u>
	<u>16.18.01</u>
1	\$2,608
2	\$3,525
3	\$4,442
4	\$5,358
5	\$6,275
6	\$7,192
7	\$8,108
8	\$9,025
9	\$9,942
10	\$10,858
Each add'l person	\$917

4. The unit must be unable to resolve its emergency by combining:

- Bank Accounts & Assets: Checking, Saving, Cash on hand, Debit Cards exclude EBT cards

- Direct Express: SSA Benefits
  - Income they will receive in time to help
  - Other funds for which they are eligible
  -
5. Emergency Assistance is limited to once in a 12-month period. In the past twelve months, no member of the household unit has received any emergency assistance for utility or housing-related emergencies, this includes Emergency Assistance or Emergency General Assistance. This includes children.
    -
  6. Household income must be sufficient to continue to meet the need after EA has been issued. It should not simply postpone the problem, thus creating another emergency.
  7. Within the last 60 days from the date of application, the household must not currently or have been in a disqualification or sanction status, have had a voluntary job quit or discharge due to employee conduct, or refused employment or training for employment without good cause in Minnesota. Evaluate good cause by using Employment Services criteria for quitting suitable employment without good cause. See Combined Manual 028.18 (Good Cause for Non-Compliance-MFIP) 0028.18.03 (Suitable Work/Unsuitable Work)
  8. Households may apply for employment-related emergencies for transportation in addition to utility and housing emergencies. All other rules apply including using once in a 12-month period (with the exception of housing and utility), the 200% FPG income limit, and maximum payment amounts.

## VI. PROCEDURE

1. Determine amount needed to resolve the household unit's emergency.
2. Determine the countable income by all members of the household. Countable income is defined as all unearned income received by all members of the household and all gross earned income received by all members 18 years of age and older less the following deductions:
  - Federal, state, and local taxes withheld from wages
  - Child support payments paid to children living outside the household
  - Health and dental insurance premiums
  - Childcare costs
  - Other mandatory payroll deductions, except garnishment

- Exclude student income when attending school
- 3. Determine the countable liquid assets or assets that can be liquidated in time to help all household members.
- 4. Determine EA eligibility and cost effectiveness.
- 
- VERIFICATION
- *The following must be verified:*
  1. The applicant's identity.
  2. The emergency and the cost of alleviating the emergency. Examples of verification include utility shut-off notices, Formal Evictions, foreclosure notices, rental statements for moving assistance after eviction.
  3. All verifications must be in the applicant's name or verified on the account.
  4. All earned and unearned income in the household including Social Security benefits, Cash Assistance benefits and Child Support, Earned income credit and any tax refunds.
  5. Assets
  6. Age(s) of child in the household.
  7. Relationship to child or children in the household.
  8. Pregnancy, if applicable.
  9. Documentation of employment related expenses such as car repair estimate from a service station or insurance agency for premium amount.
  10. Employment verifications, Drivers license, Title card/registration, insurance, paystub, or Hire letter
  11. Do not delay assistance pending verification of eligibility factors if the delay jeopardizes the unit's health or safety.

**EMERGENCY NEEDS ARE LIMITED TO ONE OF THE FOLLOWING WITH THE EXCEPTION OF EMPLOYMENT RELATED -EMERGENCIES**

**VII. EMERGENCY SHELTER PROCEDURES**

1. To provide emergency aid for shelter, the following must occur:
  - a. Applicant has attempted to make payment arrangements with landlord.
  - b. The landlord or mortgagor served a lease termination or threat of eviction notice.
  - c. The lease or rental agreement must be in the applicant's name.

- d. Late charges will not be allowed, and the Landlord must agree to accept the EA issuance.
  - e. Payment will prevent the eviction.
2. For units with no existing shelter payments, will be provided for first month's rent and/or deposit up to the limit for the applicant's household size.
  3. At least 25% of household income must have been paid toward rent and housing expenses in the last 6 months.
  4. For units facing loss of shelter or having no existing shelter, a determination must be made if a unit's income is enough for the rent and utility costs of their present or future residence. If there is not enough income, EA funds should not be used for rental costs of their present or future residence. Emergency aid for moving expenses should be offered.

#### VIII. FORCLOSURE PROCEDURES

- Units may request aid for an arrearage on contract-for-deed, balloon, or mortgage payments, or a property tax delinquency, when a foreclosure action occurs.
  1. Payments to prevent foreclosure have the following conditions:
    - a. The unit must own, occupy, and maintain the home.
    - b. The unit's anticipated income must be enough to pay housing costs over the next 12 months.
    - c. The unit must verify that a lending institution denied refinancing.
    - d. The creditor will accept EA and any other payments as full payment of the arrearage.
    - e. EA should be used to pay back taxes and insurance ONLY when the creditor escrows taxes and insurance and will not stop foreclosure unless they are paid. This amount shall be included in the maximum issuance listed below.
    - f. An applicant must have paid at least 30% of the household income toward the mortgage or contract for deed costs in the application month and the 11 months prior to the month of application.

#### IX. UTILITY BILL PROCEDURES

- Utility Expenses: this includes municipal water and/or sewer, electricity, gas, heating fuel, or wood when that is the heating source.
  1. Termination or threat of termination of service must be documented.
  2. The bill must be in the applicant's name or listed on the account.
  3. EA should be used for utility charges only if the utility service verifies it will continue or restore service based on the amount of EA (and any other) payment.
  4. Utility deposits are based on the proposed move to another residence and is a required move and not one of convenience.

5. The household members have paid at least 8% of their income toward utility costs during the preceding 6 months or 12 months exclusive of any energy assistance program. Determined by Eligibility worker on case-by-case basis.

X. EMPLOYMENT-RELATED EMERGENCIES

- In addition to utility or housing emergencies, eligible households may apply for car repairs, car insurance, or other employment related transportation. The client must be employed or have a current job offer that requires transportation to and from work. The limits will be household size standard and can be in addition to utility and housing expenditures. Car repairs are limited to sustain safe operation of vehicle; any unnecessary charges client is responsible.

XI. EA ISSUANCE

- **Family Wage Level – at least one household member is employed and has earned income.**

The maximum amount of Emergency Assistance that may be approved and issued for a household until, adding together all expenses needing payment to resolve the crisis, cannot exceed 3 times the MFIP transition standard cash portion. Tables below are MAXIMUM EA CM 20.09

1 person	\$1257.00	6 persons	\$3129.00
2 persons	\$1926.00	7 persons	\$3402.00
3 persons	\$2268.00	8 persons	\$3642.00
4 persons	\$2583.00	9 persons	\$3870.00
5 persons	\$2856.00	10 persons	\$4071.00
Each additional person Add \$192.00--- Does not include housing grant			

**Traditional Standard – no household member has been employed in the last 30 days**

The EA issuance amount cannot exceed 2 times the MFIP transition standard cash portion:

1 person	\$838.00	6 persons	\$2086.00
2 persons	\$ 1284.00	7 persons	\$2268.00
3 persons	\$1512.00	8 persons	\$2428.00
4 persons	\$1722.00	9 persons	\$2580.00
5 persons	\$1904.00	10 persons	\$2714.00
Each additional person Add \$128.00--- Does not include housing grant			

---

Issuance of EA will be made in the form of vendor payments as per MN Statute 142G.35 SUBD 1.2.3.4(1) a county agency determines that a vendor payment is the most effective way to resolve an emergency pertaining to basic needs.

If an ongoing cash recipient makes an application and receives EA, their cash assistance payments will be issued in the form of vendor payments for shelter and utilities up to their cash assistance amount as per MN Statute subd 2 (6) a caregiver has exhibited a continuing pattern of mismanaging funds as determined by the county agency. As per MN Statute 142G.35 the director of a county agency, or the director's designee, must approve a proposal for protective or vendor payment for money mismanagement where there is a pattern of money mismanagement under clause (6).

During the time a protective or vendor payment is made, White Earth Nation will provide services through the MFIP employment and training program to alleviate the causes of the money mismanagement by providing Financial Literacy Education. The vendor payment will be for a period of 1 year from the date of EA issuance.

### XIII FUNDING LIMITS AND APPROVAL PROCESS

1. All Emergencies that may pose a risk to a household unit's health or safety will be reviewed and evaluated by the Financial Services Manager or by the Financial Services Manager's designee and approved at the discretion of the Financial Services Manager or by the Financial Services Manager's designee.
2. **All Emergency Assistance approvals over \$500.00 or denials will require Manager approval.**
3. Payments may not exceed the maximum established under XII EA Issuance.
4. White Earth Financial Services will only grant low-income Emergency Assistance when funding for the program is available through the designated portion of the MFIP Consolidated Support Services Fund, as established by White Earth Nation. Funding for the low-income Emergency Assistance Program will be adjusted as needed on an annual basis. There will be no waiting lists established for assistance. Availability of funding will be at the sole determination and discretion of the tribal agency.

•

# 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)*

Text fill in

# 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)
X	Other, please specify in the text box below (fill in) monthly review of budgets

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.

Text fill in

Explain the reasons for the increased administrative cost.

Text fill in

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

Text fill in

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.

Text fill in

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. **White Earth Maadaadizi Workforce Development programs**

**MFIP, 477, TERO and Day Labor SSC and Outside, Opportunities for Growth, Quest Dislocated Worker Programs** partner with a large variety of programming throughout the White Earth Reservation Entities serving Federally recognized Tribal members within the boundaries of the White Earth Reservation and our enrolled members, descendants in accordance with our TERO Ordinance, and Indian Preference policies for employment and training and the Indian Self-Determination act.

**MFIP** serves clients on public assistance to encourage training and employment opportunities: job search, resume, writing, referrals to other programs in the Workforce Center to provide and share our resources and funding in retention goals

**477** offers clients Adult and Youth that are single, low income, underemployed and we follow U.S. poverty guidelines to ensure services for employment and training goals: training opportunities will be attained through the Tribal College and other short-term educational opportunities.

**SYEP** is our Youth (14-21) Services program to encourage training and employment opportunities through work experience partnerships, we will be expanding to two sessions during the school year to service youth that are in alternative learning/GED settings and the Circle of Life Academy (BIA funded), with services for drivers training through Zoom, completing their diplomas and attaining their GEDs, we will cover the expenditures to achieve these goals, and provide a \$100.00 stipend for completion of a Driver's License and Diploma/GED will be our measurements of success. Providing half day work experience depending upon their needs to build work histories as they moved toward contributing members of our Reservation; as the White Earth Reservation is in need of licensed drivers in a variety of positions for employment, to achieve this goal we are target spending up to \$150,000.00 over the next two years to reach these goals for 60 youth

- **Orientation** to job search, resume, writing, referrals to other programs in the Workforce Center to provide and share our resources and funding in retention goals

**Growth Opportunities Program** is a new pilot project to assist 18 – 24 years that have barriers with education, courts and work as a diversion, driver's license fees and other needs also mental/Chemical/Substance abuse issues as barriers to employment. We will be servicing over 120 young adults over the next 3 years. drivers training through Zoom completing their diplomas and attaining their GEDs, we will cover the expenditures to achieve these goals, and provide a \$100.00 stipend for completion of a Driver's License and Diploma/GED will be our measurements of success. Also assisting with access to Construction opportunities and training with area contractors and Unions.

**TERO** offers training, as well as employment referrals by operating several employment related programs. Case Managers located in the workforce center can refer clients to these opportunities toward their employment goals:

- **Gitamagozi Construction** referrals and training on and off the Reservation for construction positions on Tribal Projects and Minnesota Department of Transportation projects: train and certify flaggers, as well as partners with the Unions for training opportunities, Seasonal Harvesting for crops in our area
- **Giizhaa Temps** provides employment opportunities in the entities of the Tribal programs on a as needed basis based upon skills abilities and hands-on job training
- **Day Labor**
  - on call for the Shooting Star Casino, filling several entry level openings as needed providing our Enrolled Members and Descendants an opportunity to try out positions and move toward full time employment in the hospitality industry, they are paid at the rate of \$16.00 per hour and can not work over 8 hours per day per shift.
  - **Outside Day Labor** work for exterior projects for elders: winterization, porches, cemetery fencing for our traditional cemeteries, environmental clean ups for natural resources, office

building clean ups, food shelf staffing, loading, or unloading trucks, limited to \$100.00 for a 6-hour shift targeting community assistance areas.

**Quest Dislocated Workers Disaster Program** will be serving 55 people per year for 2 years to train in Covid -19 related disaster assistance to provide employment and training services to clients affected by lay-offs: Self-Employed Business-related losses, Long Term unemployed/ underemployed Tribal members/Descendants' due to hiring freezes. We are targeting to train many CDL drivers for services that were affected during the pandemic through White Earth Tribal and Community College, and/ or transitional employment related to training, partnerships with Tribal entities and private employers to ensure trainees are placed into appropriate employment options.

Our programs partner with the tribal entities, State of Minnesota, Highway Construction contractors, county/city agencies, as well as the Unions to meet our tribal members' needs. Programs offer a variety of Supportive Services to meet the need of the clients, and we encourage sharing of resource from our other programs for the success of our clients.

Contact us at 218-936-2444 for an application, or online through the WE Nation website under Human Services: Workforce forms

### 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	Maadaadizi Workforce Center
Address	3081 Workforce Center Road
Contact Person	Sandra M. St. Clair
Phone Number	218-936-2444
Email	Sandra. St. Clair@whiteearth-nsn.gov

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

*Text fill in*

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).

*Text fill in*

*(\*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)	100000	12.46
Employment Services (MFIP)	500000	63.05
Emergency Services / Crisis Fund	15000	1.912
Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver)	11915	15
Income Maintenance Administration	15000	1.192
Incentives (include the total amount of funds budgeted for participant incentives but don't include support services here)	10000	1.912
Under 200% Services	10000	1.912
Capital Expenditures	5206	.013
Other	20000	2.549
<b>Total</b>	794360	100

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

	Budgeted Amount	Percent
Employment Services (DWP)	100000	12.46
Employment Services (MFIP)	500000	63.05
Emergency Services / Crisis Fund	15000	1.912
Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver)	11915	15
Income Maintenance Administration	15000	1.192
Incentives (include the total amount of funds budgeted for participant incentives but don't include support services here)	10000	1.912
Under 200% Services	10000	1.192
Capital Expenditures	5206	.013
Other	20000	2.549
<b>Total</b>	794360	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?

<input checked="" type="checkbox"/>	Yes, public input was gathered for at least 30 days regarding the contents of this agreement.
<input type="checkbox"/>	No, public input was <i>not</i> gathered for at least 30 days regarding the contents of this agreement.

Was public input received?

<input checked="" type="checkbox"/>	Yes, public input was received and used.
<input type="checkbox"/>	Yes, public input was received but <i>not</i> used.
<input type="checkbox"/>	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  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)**

92WHI135

**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.

**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	10-1-2025
End Date	9-30-2027

**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:

730811
--------

**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](mailto: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	
Title	
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)	Michael Fairbanks, Chairman
Mailing Address	Box 418
Tribal Nation / County	White Earth

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](mailto:Jonathan.Hausman@state.mn.us). Please provide additional information about why you were not able to complete this form.

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

<i>September 20, 2025</i>
---------------------------

## 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.