

Intro. **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.

Q1. Contact Information - Please fill in and complete each field for this section.

Tribal Nation Name / County / Consortium	<input type="text" value="Red Lake County Social Services"/>
Plan Year	<input type="text" value="2026-2027"/>
Contact Person	<input type="text" value="Peggy Nord"/>
Title	<input type="text" value="Financial Assistance Supervisor"/>
Address	<input type="text" value="125 Edwards Ave, PO Box 356"/>
City	<input type="text" value="Red Lake Falls"/>
State	<input type="text" value="MN"/>
Zip Code	<input type="text" value="56750"/>
Phone Number	<input type="text" value="218-253-4131"/>

Email Address

pmnord@mail.co.red-lake.mn.us

Confirm Email Address

pmnord@mail.co.red-lake.mn.us

Just a note. 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

QA.1. Identify challenges in **financial assistance** that are prohibiting you from properly serving Minnesota Family Investment Program (MFIP) families in your community.

Transportation and Childcare our biggest barriers. We have no public transportation such as bus, taxi, Uber or Lyft. Childcare for infants and toddlers is very hard to find.

QA. 2. Identify challenges in **employment services** that are prohibiting you from properly serving MFIP families in your community.

Lack of public transportation and licensed childcare. We lack resources to help clients that may have the skills to get a job in a close city but have no reliable transportation to get there. We also have a lack of employers willing to hire participants with justice involvement.

QA.3. Identify resources in your community that benefit MFIP families.

We have a robust food shelf. We have access to WIC right in our own city. Employment services provider in our own agency is a huge plus to our participants. We have a CAP agency that is very accommodating.

QA.4. Identify resources that are **not available in your community** that would benefit MFIP families.

Public transportation is a resource that would greatly benefit participants in our community. Employment in Red Lake County is lacking therefore most well paying jobs are at least 30 minutes away. Most of our participants lack having their own vehicle or having a valid driver's license.

QA.5. Tribal Nation / County Program 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.

This question was not displayed to the respondent.

QA.5a. Upload your PDF Supervisor Contact List document here.

This question was not displayed to the respondent.

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This question was not displayed to the respondent.

QA.5a. Upload your PDF Supervisor Contact List document here.

This question was not displayed to the respondent.

QA.5a. MFIP Employment Services Supervisor Contact

Name

Phone

Email

QA.5b. DWP Supervisor Contact

Name

Phone

Email

QA.5c. Financial Assistance Services Supervisor Contact

Name

Phone

Email

QB.1 . Minnesota Family Investment Program (MFIP) and Diversionary Work Program (DWP)

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

- Home visits
- Off-site meeting opportunities
- Virtual Appointments
- Workforce One Connect App
- Sanction outreach services
- Incentives, please specify:
- Other, please specify in the text box below

QB.2. What type of job development do you do? Check all that apply.

- Sector job development
- Individual job development
- Other, please specify in the text box below.

QB.3. 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.

- No
- Yes

QB.3a. Please check all activities community employers provide to help participants with employment.

- Interview opportunities
- Job skills training
- Job placement
- Job shadowing
- On-site job training
- Work experience
- Helps plan training programs
- Other, please specify in the text box below

QB.4. 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.

- No
- Yes

QB.4a. When it comes to the services provided to help prepare participants for work, please **check all activities that are provided.**

- Transportation
- Soft Skills Training
- Financial Planning
- Mentoring
- Other, please specify in text box below

QB.5. 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.

- No
- Yes

QB.5a. When it comes to job retention services for employed participants, please **check all that apply.**

- Available to assist with issues that develop on the job

- Transportation
- Financial planning
- Soft skills training
- Mentoring
- Personal contact with the employee and how often:
- Other, please specify in the text box below

QB.5b. How long do you provide job retention services?

- Up to 3 months
- 6 months
- 12 months
- Other (please specify)

QB.6. 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

- No
- Yes

QB.6a. When it comes to job advancement services for employed participants, please **check all that apply**.

- Career laddering
- Coaching/mentoring
- Education/training
- Networking
- Ongoing job search
- Other

QB.7. 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

- No
- Yes

QB.7a. When it comes to the programs that you utilize for career pathway, skills assessment, or credentialing, please **check all that apply**.

This question was not displayed to the respondent.

QB.FSS.1. 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)?

- No
 Yes

QB.FSS.1a. 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**.

- Licensed physician
 Advanced practice registered nurse
 Occupational therapist
 Licensed psychologist
 Mental health professional
 Physician assistant
 Physical therapist
 Licensed social worker
 Certified school psychologist
 Certified psychometrist
 Other

QB.FSS.2. 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?

- No
 Yes

QB.FSS.2a. When it comes to making referrals for children of FSS participants, please **check all that apply**.

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

QB.FSS.2b. Are any of these services for children offered to non-FSS families?

- No
- Yes

QB.FPG.1. **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.

- No
- Yes

QB.FPG.1a. 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.

This question was not displayed to the respondent.

QB.FPG.1b. How long do you provide these services?

- Up to 3 months
- 6 months
- 12 months
- Other (please specify)

QB.FPG.2. 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.

- No
- Yes

QB.FPG.2a. Please check all services that apply.

This question was not displayed to the respondent.

QB.FPG.2b. How long do you provide these services?

This question was not displayed to the respondent.

QB.FPG.2c. How many NCPs are you are currently serving?

This question was not displayed to the respondent.

QB.FPG.3. Describe the process you have in place to verify income below 200% FPG for families that are not on MFIP or DWP.

This question was not displayed to the respondent.

QB.Teen.1. Minnesota Family Investment Program (MFIP) Services for Teen Parents

Are there specialized workers who work primarily with teen parents?

- No
 Yes

QB.Teen.1a. Please indicate the specialized workers for each age group, **check all that apply** for each age group.

This question was not displayed to the respondent.

QB.Teen.2. 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.

	YES, for Minors (under age 18)	NO, not for Minors (under age 18)	Not Applicable (N/A)
Financial worker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Employment Services Worker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Social Worker (Social Services)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care Worker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Protection Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other job role <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

QB.Teen.2a. 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.

	YES, for ages 18 - 19	NO, not for ages 18 - 19	Not Applicable (N/A)
Financial worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Services Worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social Worker (Social Services)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Care Worker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Child Protection Worker	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Other job role

QB.Teen.3. 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**.

	Yes, mandatory	Yes, voluntary	No
Minors (under age 18)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Age 18 / 19	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

QC.1 . Describe how you are ensuring your services are **inclusive** for all.

We do not discriminate in Red Lake County. We screen individuals and meet them where they are at. We offer to meet with participants where they are comfortable. Everyone is offered to come into office, meet at an alternative site, virtual or by phone.

QC.2. Describe how you are ensuring your services are **accessible** for all.

We offer several different ways to meet with employment counselor. We offer virtual, in person, telephone and are willing to meet offsite where it is convenient for the individual. They can turn in journals in person, mail or email.

QC.3. How are you working to **advance equity in service delivery** in your Tribal Nation / County?

We attend mandatory trainings. We feel that we are very accommodating to the needs of our participants. We work on learning about each person individuals and work on learning about different cultures to work with our participants to create individualized plans to help make our participants more successful.

QC.4. 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.
- Yes, voluntary. If yes, provide the title of the training and how often it is offered.
- No. If no, please explain:

QC.5. Do you have culturally specific employment services for different racial / ethnic groups?

- No
- Yes, please describe.

QD.WF1.1. **Workforce One Connect App**

Does your Tribal Nation / County have the Workforce One Connect app available to participants?

No, please explain

We have offered this in the past but participants have declined. There are so many ways to turn in paperwork that they would rather just email, mail or drop off their paperwork.

Yes

QD.WF1.1a. 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:

This question was not displayed to the respondent.

QD.MAXIS.1. **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

QD.MAXIS.2. 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.

We have monthly staff meetings. Because our Eligibility Worker and Employment Specialist are the same person this cuts down on errors in this area.

QD.CCAP.1. **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.**

Shared electronic document management system

Regular case consultation meetings

Workers with dual MFIP and CCAP role

Workers with dual Employment Services and CCAP role

Specific CCAP workers process MFIP child care cases

MFIP and / or Employment Service workers receive training related to CCAP

Communications with CCAP worker via phone, email or fax

Use of agency-developed forms or documents

MFIP and / or Employment Services workers assist families with completing CCAP paperwork (for example: the CCAP application)

MFIP and / or Employment Services workers have MEC2 Inquiry access

Other, please specify

QD.CCAP.2. What barriers prevent timeliness?

We do not have any barriers to this. Because everything is housed in the same agency and building we are able to make changes quickly.

QE.1. Does your Tribal Nation / County provide emergency shelter or crisis services from your Consolidated Fund?

- No
- Yes

QE.2. 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.

QF.1. 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

If your service area is receiving a bonus, please share successful strategies of engagement:

N/A

QF.2. 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.

Red Lake County does not currently have any groups below the disparities reference line.

QG.1. What procedures are in place to ensure that program funds are being used appropriately as directed by law? **Check all that apply.**

- Budget control procedures for approving expenditures
- Cash management procedures for ensuring program income is used for permitted activities
- Internal policies around use of funds (i.e., participant support services)
- Other, please specify in the text box below

QG.2. What procedures are in place to ensure program policies are followed and applied accurately? **Check all that apply.**

- Case consultation
- Sample case review by supervisors

Sample case review by lead worker / mentor

Sample case reviews by peers

Others, please specify in the text box below

QH.1. If your Tribal Nation / County is interested in applying for the waiver for the upcoming biennium, please complete the following questions.

Describe the activity(s) you will provide.

N/A

QH.2. Explain the reasons for the increased administrative cost.

N/A

QH.3. Describe the target population and number of people expected to be served.

N/A

QH.4. Describe how the unpaid work experience is designed to impart skills and what steps are taken to help participants move from unpaid work to paid work.

N/A

QH.5. 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 eDocs to fill out the IPP form. Email the completed form to: Jonathan.Hausman@state.mn.us

QI.1. The following section will be collecting information on your current employment service providers. Please select one the following options and answer the following questions.

- We have multiple Employment Service Providers we work with.
- We have a Workforce Center that is our only Employment Service Provider.

QI.1a. 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.

This question was not displayed to the respondent.

QI.1b. 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	Red Lake County Social Services
Address	125 Edwards Ave , Red Lake Falls, MN 56750
Contact Person	Natalie Beyer
Phone Number	218-253-3110
Email	nabeyer@mail.co.red-lake.mn.us

Q1.1b.1. Please check the respective box to indicate which population is served by Red Lake County Social Services

- MFIP ES
- DWP ES
- FSS
- Teen Parents
- 200% FPG
- Other

Q1.1b.2. Please check the respective box to indicate if you have additional providers to add.

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

Q1.2a. List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

ES Provider Name	CareerForce Center
Address	1301 Hwy 1 E, Thief River Falls, MN 56701
Contact Person	N/A
Phone Number	218-683-8060
Email	N/A

Q1.2b. Please check the respective box to indicate which population is served by CareerForce Center

- MFIP ES
- DWP ES
- FSS
- Teen Parents
- 200% FPG
- Other

Q1.2c. Please check the respective box to indicate if you have additional providers to add.

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

Q1.3a. List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

This question was not displayed to the respondent.

Q1.3b. Please check the respective box to indicate which population is served by

This question was not displayed to the respondent.

Q1.3c. Please check the respective box to indicate if you have additional providers to add.

This question was not displayed to the respondent.

Q1.4a. List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

This question was not displayed to the respondent.

Q1.4b. Please check the respective box to indicate which population is served by

This question was not displayed to the respondent.

Q1.4c. Please check the respective box to indicate if you have additional providers to add.

This question was not displayed to the respondent.

Q1.5a. List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

This question was not displayed to the respondent.

Q1.5b. Please check the respective box to indicate which population is served by

This question was not displayed to the respondent.

QI.5c. Please check the respective box to indicate if you have additional providers to add.

This question was not displayed to the respondent.

QI.6a. List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

This question was not displayed to the respondent.

QI.6b. Please check the respective box to indicate which population is served by

This question was not displayed to the respondent.

QI.6c. Please check the respective box to indicate if you have additional providers to add.

This question was not displayed to the respondent.

QI.7a. List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

This question was not displayed to the respondent.

QI.7b. Please check the respective box to indicate which population is served by

This question was not displayed to the respondent.

QI.7c. Please check the respective box to indicate if you have additional providers to add.

This question was not displayed to the respondent.

QI.8a. List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

This question was not displayed to the respondent.

QI.8b. Please check the respective box to indicate which population is served by

This question was not displayed to the respondent.

QI.8c. Please check the respective box to indicate if you have additional providers to add.

This question was not displayed to the respondent.

QI.9a. List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

This question was not displayed to the respondent.

QI.9b. Please check the respective box to indicate which population is served by

This question was not displayed to the respondent.

QI.9c. Please check the respective box to indicate if you have additional providers to add.

This question was not displayed to the respondent.

QI.10a. List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

This question was not displayed to the respondent.

QI.10b. Please check the respective box to indicate which population is served by

This question was not displayed to the respondent.

QI.10c. Please check the respective box to indicate if you have additional providers to add.

This question was not displayed to the respondent.

QI.11a. List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

This question was not displayed to the respondent.

QI.11b. Please check the respective box to indicate which population is served by

This question was not displayed to the respondent.

QI.11c. Please check the respective box to indicate if you have additional providers to add.

This question was not displayed to the respondent.

QI.12a. List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

This question was not displayed to the respondent.

QI.12b. Please check the respective box to indicate which population is served by

This question was not displayed to the respondent.

QI.12c. Please check the respective box to indicate if you have additional providers to add.

This question was not displayed to the respondent.

QI.13a. List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

This question was not displayed to the respondent.

QI.13b. Please check the respective box to indicate which population is served by

This question was not displayed to the respondent.

QI.13c. Please check the respective box to indicate if you have additional providers to add.

This question was not displayed to the respondent.

QI.14a. List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

This question was not displayed to the respondent.

QI.14b. Please check the respective box to indicate which population is served by

This question was not displayed to the respondent.

QI.14c. Please check the respective box to indicate if you have additional providers to add.

This question was not displayed to the respondent.

QI.15a. List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

This question was not displayed to the respondent.

QI.15b. Please check the respective box to indicate which population is served by

This question was not displayed to the respondent.

QI.15c. Please check the respective box to indicate if you have additional providers to add.

This question was not displayed to the respondent.

QI.16a. List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

This question was not displayed to the respondent.

QI.16b. Please check the respective box to indicate which population is served by

This question was not displayed to the respondent.

QI.16c. Please check the respective box to indicate if you have additional providers to add.

This question was not displayed to the respondent.

QI.17a. List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

This question was not displayed to the respondent.

QI.17b. Please check the respective box to indicate which population is served by

This question was not displayed to the respondent.

QI.17c. Please check the respective box to indicate if you have additional providers to add.

This question was not displayed to the respondent.

QI.18a. List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

This question was not displayed to the respondent.

QI.18b. Please check the respective box to indicate which population is served by

This question was not displayed to the respondent.

QI.18c. Please check the respective box to indicate if you have additional providers to add.

This question was not displayed to the respondent.

QI.19a. List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

This question was not displayed to the respondent.

QI.19b. Please check the respective box to indicate which population is served by

This question was not displayed to the respondent.

QI.19c. Please check the respective box to indicate if you have additional providers to add.

This question was not displayed to the respondent.

QI.20a. List your current employment services provider(s). On the following question please check the respective box to indicate which population served. The list will be used to verify current providers available in Workforce One.

This question was not displayed to the respondent.

QI.20b. Please check the respective box to indicate which population is served by

This question was not displayed to the respondent.

QI.21. Does your Tribal Nation / County (select one):

- Have at least two employment and training service providers.

- 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 following question.

QI.22. Financial Hardship Request

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

This question was not displayed to the respondent.

QI.22a. If the Tribal Nation/County had a choice of providers in calendar year 2025, describe:

- 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

This question was not displayed to the respondent.

QI.22b.

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:

- 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).

This question was not displayed to the respondent.

QI.22c. 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.

This question was not displayed to the respondent.

Budget Context. **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.

QJ.1. 2026 Budget Line Items: Please ensure that the percent total does NOT exceed 100%

	Budgeted Amount	Percent
Employment Services (DWP)	1500	2.47
Employment Services (MFIP)	44292	73.07
Emergency Services/Crisis Fund	2000	3.3
Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver)	0	0
Income Maintenance Administration	11328	18.69
Incentives (include the total amount of funds budgeted for participant incentives but don't include support services here)	0	0
Under 200% Services	0	0
Capital Expenditures	0	0
Other	1500	2.47
#Conjoint, Total#	60,620	99.999999999999999 9

QJ.2. 2027 Budget Line Items: Please ensure that the percent total does NOT exceed 100%

	Budgeted Amount	Percent
Employment Services (DWP)	0	0
Employment Services (MFIP)	45793	75.54
Emergency Services/Crisis Fund	2000	3.3
Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver)	0	0
Income Maintenance Administration	11328	18.69
Incentives (include the total amount of funds budgeted for participant incentives but don't include support services here)	0	0
Under 200% Services	0	0
Capital Expenditures	0	0
Other	1500	2.47
#Conjoint, Total#	60,621	100

QK.1. Public Input

Prior to submission, did the Tribal Nation / County solicit public input for at least 30 days on the contents of the agreement?

- Yes, public input was gathered for at least 30 days regarding the contents of this agreement.
- No, public input was *not* gathered for at least 30 days regarding the contents of this agreement.

QK.2. Was public input received?

- Yes, public input was received and used.
- Yes, public input was received but *not* used.
- No public input was received.

QK.2a. If public input was received, but not used, please explain

QK.3.

Assurances

It is understood and agreed by the 2026-2027 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 \(Subpart F – Audit Requirements\).\[2\]](#)

Qk.3a. **Tribal Nation / County Name (Must match the name associated with the Unique Entity Identifier)**

2026-2027

QK.3b. **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.

Red Lake County Social Services

QK.3c. **Federal Award Identification Number (FAIN):** 2601MNTANF and 2701MNTANF

QK.3d. **Federal Award Date:** October 1, 2025 (projected) (The date of the award to the MN Dept. of Children, Youth, and Families.)

QK.3e. **Period of Performance (please use words and numbers, for example: May 23, 2025)**

Start Date

01/01/2026

End Date

12/31/2027

QK.3f. **Budget period start and end date:** January 1, 2026 – December 31, 2027

QK.3g. **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:

\$60621.00 per year.

QK.3h. **Federal Award Project description:** Temporary Assistance for Needy Families (TANF)

QK.3j. **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.

QK.3k. **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

2601

Title

Red Lake County Social Services

Total amount made available at time of disbursement

60621.00

QK.3l. **Is this federal award related to research and development?**

No

Yes

QK.3m. **Indirect Cost Rate for this federal award is:** up to 15% (including if the *de minimis* rate is charged)

QK.3n.

SERVICE AGREEMENT CERTIFICATION

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.

QK.3n.1. 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)

Allen Remick

Mailing Address

PO Box 356, Red Lake Falls, MN 56750

Tribal Nation / County

Red Lake County

QK.3o. 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. Please provide additional information about why you were not able to compete this form.

QK.3p. **DATE OF CERTIFICATION (please use words and numbers, for example: September 23, 2025)**

September 23,2025

Just a Note. This content will change closer to the date

QL.1. 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.

Location Data

Location: [\(47.8814, -96.2647\)](#)

Source: GeolIP Estimation

