

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="Polk County Social Services"/>
Plan Year	<input type="text" value="2026-2027"/>
Contact Person	<input type="text" value="LeAnn Holte"/>
Title	<input type="text" value="Financial Assistance Supervisor II"/>
Address	<input type="text" value="612 N Broadway Room 302"/>
City	<input type="text" value="Crookston"/>
State	<input type="text" value="MN"/>
Zip Code	<input type="text" value="56716"/>
Phone Number	<input type="text" value="218-399-8522"/>

Email Address

leann.holte@polkcountymn.gov

Confirm Email Address

leann.holte@polkcountymn.gov

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.

The Eligibility Workers are working with multiple, complex programs at the same time and there is not enough time in a day, or even a week, to get to everything they need to. There are different policies and verification requirements for each program. We are continuously getting updates, clarifications, and work arounds that often need to be processed manually for correct eligibility to be determined. It is very difficult for workers to stay current with all the policy changes for all the programs and know which change applies to which program. Many workers use multiple data entry systems to get their work done which can increase the possibility of errors and reduces timeliness of issuing benefits. There is a shortage of affordable housing, childcare providers, mental health providers and public transportation in Polk County. Chemical health and mental health issues continue to be an ongoing challenge. Prior to making progress in the employment areas, they need to stabilize in these areas which is often a long-term process.

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

Many of the MFIP clients we serve fall into the FSS category and are considered the hardest to serve. There are a variety of reason for this including: mental health issues for one or more family members, chemical health issues, a criminal record, lack of education, etc. We have also seen an increase in our New American population in the last several years. This requires additional time needed to communicate with the client and develop their plans due to the language barrier. Every communication event takes more time when the language line is needed. Other challenges include a shortage of public transportation, childcare providers and affordable housing in Polk County. Significant turnover in staff is also a challenge. We have recently lost staff to DHS/DCYF, retirement and other employment areas and hiring and training takes a great amount of time and effort.

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

Polk County Eligibility Workers and Employment Services providers are very active in developing relationships with other agencies in our county to help provide supports to families. There is a commitment to help families find the resources they need to reach a realistic level of self-sufficiency for each family member open on DWP, MFIP and beyond once they reach their time limits. We attempt to surround each family with support and supply tools they need for their success no matter what success looks like for any family. Eligibility Workers and CareerForce staff have great communication and teamwork with each other as they strive to serve their clients in the best possible way. We also have strong relationships with Aluma (Mental Health Center), Tri-Valley, and Inter-County Community Council (CAP agencies) the provide community supports to our clients. We also have food shelves and agencies that support those going through domestic violence issues. Our Family Resource Center (FRC) in Polk County continues to provide resources for families and has expanded to be operational in 4 communities in the county. The FRC supports many clients who come from diverse cultural backgrounds by assisting with applications, offering access to technology and providing personalized guidance for employment and other services that promote self-sufficiency. There seem to be jobs available in our community.

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

Money management services that DO NOT cost the client anything. More daycare providers are needed in Polk County, including those that may offer evening and weekend care for those who work non-traditional hours. A funding source to assist with school supplies, clothing, additional food needs, etc.

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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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	Jason Pangiarella
Phone	218-683-8063
Email	jason.pangiarella@state.mn.us

QA.5b. DWP Supervisor Contact

Name	Jason Pangiarella
Phone	218-683-8063
Email	jason.pangiarella@state.mn.us

QA.5c. Financial Assistance Services Supervisor Contact

Name	LeAnn Holte
Phone	218-399-8522
Email	leann.holte@polkcountymn.gov

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:

Gas cards or gift cards may be used as incentives for clients for certain scenarios

- 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.

This question was not displayed to the respondent.

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: weekly or as needed

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**.

Pathways to Prosperity (P2P)

Work Keys

National Career Readiness Certificate (NCRC)

Other

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.

- Child care
 GED
 Job postings
 Support services
 Job retention services
 ABE/ELL classes
 Computer lab classes
 Transportation/vehicle repair
 Other

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.

	Minors (Under age 18)	Age 18 / 19	Not Applicable (N/A)
Financial Worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Services Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Social Worker	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Public Health Nurse	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Child Care Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child Protection Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Other job role (please specify)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Family Based Service Provider with PCSS	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employment Services Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Social Worker (Social Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child Care Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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 type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Employment Services Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Social Worker (Social Services)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Public Health Nurse	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Child Care Worker	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" 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.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 use the language line to bridge the communication barrier with our clients. We also have applications and various forms available in multiple languages and can print from EDOCS as needed.

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

We utilize technology when possible to provide easier access to services. We will utilize phone, email, text and TEAMS/ZOOM as communication platforms in addition to in person contact. We assist with the completion of forms if needed, our buildings are ADA compliant and CareerForce can assist with bus passes or gas cards at times. We have a bilingual Job Counselor and Eligibility Worker (Spanish/English) we can use for translation along with utilizing the language line.

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

Increased use of technology to support all communication methods with clients. Ongoing DEI training for Polk County staff. We have formed an internal committee with the goal of moving our agency forward and keeping DEI at the forefront. The name of this committee is the IMPACT committee. The mission statement for the IMPACT committee is as follows: The Impact Committee aims to increase the ability of the Polk County Social Services Department to be person-centered and inclusive by offering culturally responsive training and services and addressing and removing unwelcoming barriers.

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.

We train various topics at different times. The most recent all agency mandatory trainings were as follows: 1-29-2024 - IDI Debrief, 3-12-2024 - Native American Best Practices, and 7-10 and 11-2024, Transgender 101 and Gray Area thinking.
- 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.

We have a Hispanic/Latino Employment Services worker and Eligibility Worker available if requested by the client.

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

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

- No, please explain
- 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:

- Employment Services
- Financial Workers
- Childcare Workers
- Other (please specify)

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.

EW's and ES Counselors communicate often and collaborate closely to clarify and correct any case discrepancies between MAXIS and WF1. Communication may be over the phone, in person, by email or other virtual platforms. They review progress, lack of progress, discuss goals, barriers, sanctions, etc. Home visits are scheduled as needed with both agencies having staff participate in the home visit. We meet every other month as a group to staff cases. We also review the number of months used so 48 and 54 month reviews can be scheduled timely. We review coding so Maxis and WF1 match up. We follow the FSS per-sanction checklist for all FSS cases.

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?

Delayed response from participants in providing necessary verifications. We do outreach as time allows on our pending cases to remind and offer assistance in obtaining the needed verifications.

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:

NA

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.

DEED and Polk County Social Services offer diversity, equity and inclusion training for all supervisors and staff. We also look to our IMPACT committee at PCSS to coordinate training in this area for us as well as other DEI categories. Supervisors have ongoing review and discussion with staff on how to appropriately approach and interact effectively with clients of diverse cultures. We will continue to increase staff knowledge and insight of DEI. We complete an annual affirmative action plan and are committed to affirmative action. We have a Hispanic/Latino bilingual speaking EW and ES counselor that are available to serve Hispanic/Latino clients when requested to help bridge the disparity. We utilize interpreting services and translation services to help bridge the language barrier. We will begin to use the self-support index reports regarding exit reasons.

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.

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

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

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.

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.

[Biennial Service Flyer 2025.docx](#)

516.7KB

application/vnd.openxmlformats-officedocument.wordprocessingml.document

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

CareerForce

Address	1301 Hwy 1 East, Thief River Falls, MN 56701
Contact Person	Jason Pangiarella
Phone Number	218-683-8063
Email	jason.pangiarella@state.mn.us

QI.1b.1. Please check the respective box to indicate which population is served by CareerForce

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

QI.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.

QI.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
Address	1301 Hwy 1 East, Thief River Falls, MN 56701
Contact Person	Carl Unbehaun
Phone Number	218-683-8062
Email	carl.unbehaun@state.mn.us

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

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

QI.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.

ES Provider Name	<input type="text" value="CareerForce"/>
Address	<input type="text" value="1424 Central Ave NE, East Grand Forks, MN 56721"/>
Contact Person	<input type="text" value="Albert Diaz"/>
Phone Number	<input type="text" value="218-399-8577"/>
Email	<input type="text" value="albert.diaz@state.mn.us"/>

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

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

Q1.3c. 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.

Q1.4a. 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.

QI.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)	0	0
Employment Services (MFIP)	555757	70.5
Emergency Services/Crisis Fund	70000	9
Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver)	59250	7.5
Income Maintenance Administration	80000	10
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	25000	3
#Conjoint, Total#	790,007	100

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)	555757	70.5
Emergency Services/Crisis Fund	70000	9
Administration (cap at 7.5% or up to 15% with an approved administrative cap waiver)	59250	7.5
Income Maintenance Administration	80000	10
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	25000	3
#Conjoint, Total#	790,007	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.

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

This question was not displayed to the respondent.

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.

Polk 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	January 1, 2026
End Date	December 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:

790,007

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	93.558
Title	Temporary Assistance for Needy Families (TANF)
Total amount made available at time of disbursement	790,007

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)	Joan Lee
Mailing Address	612 N Broadway Room 211, Crookston, MN 56716
Tribal Nation / County	Polk

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)**

October 21st, 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: [\(47.7732, -96.5938\)](#)

Source: GeolIP Estimation

